Changesmith

Stakeholder interviews to inform WHIN strategic plan 2022-2025

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Introduction and methodology

Individual interviews were carried out between 8 April and 24 May 2021. Interviews ranged from 35 to 90 minutes each, across a combination of video conferencing, face to face meetings and phone calls.

Interviews were structured around understanding the relationship between the stakeholder and WHIN; affirming that this was not an evaluation of a specific program of work rather seeking perspectives on WHIN as a whole; exploring the stakeholder perspective on WHIN's "SWOT" (internal strengths & weaknesses/gaps, external opportunities and risks/threats); and identifying their views on future priorities. Where stakeholders had reviewed a copy of the 2017-21 Plan, comments were invited on what should be retained or changed from the existing plan.

All interviewees were sent a draft copy of notes after the interview so they could amend any comments or quotes before they were used in this report.

Definitions/acronyms

AOD	Alcohol and Other Drugs
BRC	WHIN's primary prevention partnership (Building Respectful Communities)
CALD	Culturally and Lingustically Diverse
C&F	Child & Family sector/services
DFFH	Department for Fairness, Families and Housing (formerly DHHS)
DH	Department of Health (formerly part of DHHS)
EAL	English as an Additional Language
FARREP	Family and Reproductive Rights Education Program
FSV	Family Safety Victoria
FV	Family Violence
GADPod	Gender and Disaster Initiative, run in partnership between WHIN, Women's Health Goulburn North East – WHGNE – and Monash University Disaster Resilience Initiative
G/E	Gender Equity or Gender Equality Act
IHP	Integrated Health Planning
MARAM	Family Violence Multi-Agency Risk Assessment and Management Framework
MH	Mental health
MOU	Memorandum of Understanding
NIFVS	WHIN's family violence systems leadership partnership (Northern Integrated Family Violence Services)
NMR	Northern Metropolitan Region
PCP	Primary Care Partnership
SLA	Service Level Agreement
SRH	Sexual & Reproductive Health
TOD	The Orange Door (family violence intake service coordinated by Family Safety Victoria)
WHS	Women's Health Service
WHP	Women's Health Program (now located in Department of Health (DH))

Interviewees:

1. Petra Begnell, Executive Officer, North East Primary Care Partnership (NEPCP) (8 April 2021). Long-term BRC partner. On day of interview, PCPs had been recently advised funding would continue to March 2022. Future beyond that is uncertain. Coordinates IHP for catchment with WHIN as key partner.

2. Daryl Glynn, Manager Agency Performance and System Support, North East Melbourne Area, Department of Families, Fairness and Housing (DFFH) (9 April). Daryl's area does the same monitoring and accountability for Health as prior to the MoG change. A MOU/ SLA is being developed between Health and DFFH to support continuing role for DFFH regions re Community health, AOD and MH funding.
3. Mick Geary, CEO, Banyule Community Health (14 April) Long-term partner with WHIN. Mick is active in the BRC governance group and has utilised training in G/E.
4. Jade Blakkarly, CEO, Juno (a northern region homelessness support org, formerly WISHIN). Jade was Deputy Chair of NIFVS for 2 years. Runs a Family Violence Refuge Alliance with small providers. WHIN provided HP Training for staff – sexual health etc. Refer to GPs, share resources and advocacy. (16 April)
5. Jillian Dent, Manager Community Wellbeing, Merri Community Health (19 April). Jillian works closely with WHIN through the BRC partnership.
6. Dr Liam Leonard, consultant and Associate with GADPod. (23 April). Liam is former head of Gay and Lesbian Health Victoria, the initiators of Safe Schools and Rainbow Tick, and long-time collaborator with women's and LGBTQIA+ health services. He co-presented with WHIN at conferences including Sexuality at Work (Melbourne Uni), Gender and inclusion and Gender Justice conference. Added LGBTI focus to WHIN/GADPod training modules.
7. Pauline Wright, Senior Manager, Northern Specialist Family Violence Service, Berry Street Victoria (26 April). Pauline is a long-time partner with NFVS, including as Co-Chair of the governance group. Manager peer supervision during FV reform process and sends staff to anti-collusion and other training. Worked closely with Sarah and Helen R during working from home. Ada provided remote monthly 'journal club' on evidence-based practice.
8. Django Love, Sexual and Reproductive Health Officer - Health Promotion Team, Women's Health Victoria. Mischa Barr the HP Manager was not available in the timeframe. (26 April). Django worked with WHIN on a conference on reproductive coercion in July 2020. WHV and WHIN worked together due to combined interest.
9. Bernadette Hetherington, Manager Community Wellbeing, Moreland City Council (28 April). Bernie BH worked with WHIN while at Sunbury Community Health (SCH) – and came to Moreland Council 3 years ago. Role includes aquatics, rec, community development & social policy. Compared with CH, local government has more resources, more HP work upstream from community health. Active in Inner north e.g. involved in PCP governance and is a BRC partner.
10. Monique Hameed (Our Watch and Intersectionality trainer/consultant with WHIN staff) (3 May) Monique works in emerging practice at Our Watch, and has worked in past at WIRE and MCWH.
11. Claire Vissenga, CEO Family Planning Victoria (4 May). FPV is a key SRH stakeholder.
12. Jeremy Hearne, GM Healthy Communities, Sunbury Cobaw Community Health (7 May). Jeremy has been active with BRC and is new in Sunbury after working closely with WHIN while at cohealth. As of 1/1/21, Sunbury and Cobaw Community Health became a merged entity.
13. Emeritus Professor Frank Archer, Monash University Disaster Resilience Initiative, partner with GAD Pod (14 May). Key WHIN staff grew relationship with Monash. Started with Impact on women re. 2009 fires. Frank helped with agencies/ethics committees and remains a very active supporter.
14. Steve O'Malley, Diversity & Inclusion at Fire Rescue Victoria (MFB), Associate and partner of GAD Pod (24 May 2021). Steve has been "off shift" since 2006. He got involved with Gender & Disaster work after the 2009 fires. He worked with Deb P since 2012 and worked on a Fire Rescue Taskforce in 2014. Steve is a proud Associate of GADPOD. ON "Disasters" he emphasises, "*there's nothing "natural" about disasters – whether its climate change, arson or a pandemic*"

Jenny Willox (Family Safety Victoria – NIFVS stakeholder) and Naomi Bailey (Our Watch - consultant to GAD Pod) were not available in the timeframe.

General observations on the interviews

As is common with WHS stakeholders, most interviewees had a clear sense of WHIN's activities in the area where they partner and a lesser sense of other activities. Some perceptions of "gaps" were likely to be absence of knowledge. Comments were made predominantly prior to Victorian government budget 2021-22 being announced on 20 May. Some interesting insights came from stakeholders reflecting on how their own organisation or role could assist with WHIN's vision of "women in the north have voice, choice and power in all aspects of their health, safety and wellbeing."

Numerous potential priorities flowed from the interviews, underpinned by WHIN's capabilities, great connections, regional role and potential to deeply understand current and emerging gendered issues in the NMR:

- "COVID Recovery" as a stream that integrates numerous partnership and program activity;
- Supporting implementation of the G/E Act (including use of GADPod learnings to engage with mainstream organisations including emergency services);
- Continue to lead regional work to prevent gendered violence;
- Focus family violence systems leadership on Hume TOD rollout and other developmental/ intersectional aspects of service access such as psycho-social disability, or support a shared Lived Experience panel with NIFVS members.
- Partnering with health and other services scaling up the gendered aspects of mental health
- Develop the intersectional aspects of SRH activity.

A summary presentation of this paper will be prepared for WHIN strategic plan workshops.
Full approved notes are available for most stakeholders.

WHIN values and organisational capabilities

Values and ways of working

Several stakeholders commented (before being asked) that WHIN lives the values of feminist, ethical, inclusive, courageous and collaborative.

"*WHIN lives their values*" (Steve O'Malley)
"GADPod reflects the philosophy of WHIN and is conducted/respected within their philosophy" (Frank Archer)
"They work with integrity and quality. Feminist, collaborative and community led" (Jillian Dent)
"*WHIN is a longstanding partner with similar values*" (Claire Vissenga)

Petra Begnell described the "*authentic partnership*" enjoyed between NEPCP and WHIN. She spoke about how the North East Primary Care Partnership defers to WHIN on PVAW partnership activity (the BRC) and are well supported including with reporting to the department facilitated through the BRC; in turn, the PCP works closely with WHIN and three community health partners with integrated health planning, including a catchment-wide approach which other regions watch with admiration.

WHIN is seen as responsive and innovative. "Their strengths are the consciousness raised in evidence-based way, top shelf quality support to sector, and their COVID pivot" (Petra Begnell)

Training and research activity were regularly mentioned as being of high quality.

Frank Archer spoke very highly of the integrity of the GADPod team and WHIN as an organisation, saying "*Admiration for the group – also – the inclusiveness of committees – very diverse and inclusive, this benefits the project*.

Frank also lamented not being able to join as a member. "*I've been to a WHIN AGM - being other gender – can't join. I would like to join to lend support."*

Frank also spoke to the value of persistence when Emergency Management Victoria set up the gender and disaster taskforce. As soon as the G & D guidelines were finished, EMV decided to broaden to a "D&I" framework. "*It became a document in an office. Suzy and I have never been invited to the Diversity & Inclusion committee*." Despite the diminution of the gender issue, *"they dusted themselves off and kept going at WHIN and WHGNE."* Frank congratulated the spirit of WHIN and WHGNE – *"they weren't about to let gender be written out."*

The collaborative model is appreciated by partners. WHIN led the IT work for the joint conference on reproductive coercion with WHV in 2020. Django Love commented it was "*very amazing. They invested resources into the conference – everyone had their own zoom account… great support, visuals and social media. The team were able to negotiate and decide where strengths sat. Flexible to our strengths, it was amicable and we/they adapted to the change from in-person to online. The contributions to the table for conference membership database and money – was an equal contribution to content*"

Steve O'Malley is a proud Associate of the GADPod work. "*The Association with GADPOD resonates*" (indeed his adult son noted it recently and congratulated him). Steve doesn't carry rank within the Fire Services (despite L/T service) but carries credibility and can enable the work. For example, he coordinates family violence leave within the organisation.

WHIN leadership and key staff are admired and respected

The WHIN team, including leaders of external activity as well as comms & front office reception, were named and praised.

- *WHIN has had consistency which is a key strength. (Jillian Dent)*
- *"Fantastic skills and knowledge"*
- *"Systems are well established but are reliant on individual personalities"*
- *"Respect held for them - no direct skin in the game, not a What's In It For Me agenda"*
- *"(CEO) is approachable – can ring and have a chat if FSV is driving you barmy"* (Pauline Wright);
- *"Leadership, Persistence, Integrity, Collegial/Respectful. They listen, they acknowledge, they evolve*. *They take the group with them. Ably supported e.g. office manager and funding – a responsive team. Attending multiple meetings at office – the ambiance is always positive and collegial*" (Frank Archer)
- "*I respect them for standing on their own feet and not getting down and dirty with sector politics … WHIN has been quite apolitical, compared with some political brinkmanship in the sector*". (Steve O'Malley)

Mick Geary described WHIN leadership as "*terrific*", "*strong and respectful in engagement with other partners*" and with a "*deep understanding of community sector and the catchment".* Working knowledge of services and neighbourhood knowledge.

Mick works closely with the WHIN CEO and sees her as a *"calm stateswoman with deep care for her clients." "Especially multicultural communities – [she] manages delicate and challenging situations with class and deep respect. Clarity on greater purpose*. *Open to innovation. Happy to open herself up (e.g. this strategy planning). Honest off record conversations re. Women's Health in the North. Challenging decades of history/patriarchy. We have open conversations – not shot down."*

From a monitoring and performance perspective, Daryl Glynn praised the fact he had minimal need to engage with WHIN. "*Given WHIN (core) Health funding is $850K, it's not much funding - we only hear if there is a problem, and we have never had a problem escalated since (the CEO) has been in the job (includes ombudsman, public complaints etc.) No one has raised an issue*".

Small organisation with consistent high quality leadership creates high reliance on key staff

"Everyone at WHIN is great – but from external perspective, a few people are seen as WHIN… What happens when you can't leverage personal connections?" (Jade Blakkerly).

Jade also reflected on the pressures on small organisations, saying, "*size is a constant issue. Government has designed tenders for free input. The (large) religious backed service providers are more suited to this method of procurement. Small organisations are always challenged*".

Daryl Glynn reflected on key person/succession planning risks – as WHIN like many small organisations is very reliant on a small number of key people. "*The current leadership has got better and got the organisation better over time. The organisation needs key people with deep understanding of the cohort, but in a small organisation targeting half the population – it is vulnerable to succession risk*". He also reflected on the growth in various sectors that keeps pressure on future workforce for WHIN. "*With new funding in disability, child protection, family violence and mental health, where do you get your good staff? From small organisations. The smaller the organisation, the bigger the threat*". He suggested that some WHIN staff might take the job as a stepping stone to a pay rise into a statewide or hospital, amidst competition for new staff from large service providers as well as the department. His worry about small organisations included that they find it harder to carry vacancies for multiple months than larger providers.

Django Love also commented on the risks associated with key personnel. SRH at WHIN is run by a staff member who worked on reproductive coercion at ex-RWH – her individual passion matches organisation's interest but people do sometimes resign or take parental leave. "*How to retain? Network strengths rely on individuals*."

"Don't let your eyes get bigger than your tummy"

Several organisational revenue development challenges were canvassed (not necessarily specific to WHIN).

WHIN needs to keep working collaboratively within the region and with partners outside of the region.

Frank Archer argued that *"POD is at crossroad. As it grows it needs infrastructure to continue. It's not growing too fast but needs underpinning infrastructure. Needs business plan – reinforce this. As my mother used to say, make sure your eyes don't get bigger than your tummy. There are opportunities but a business case is needed".*

The balance discussed by several stakeholders was how to be innovative but avoid reaching beyond where you are well placed.

Consider when and how to partner – clear and different resources/contracts. One stakeholder said, "*WHIN is very collaborative but potentially over-stretching... Tension between collaboration and competition for work can be a challenge. People worry if they'll miss out so say yes – with competition to get name on things outside their region, e.g. emergency work."*

"*We have to compete for the funding but maintain the goodwill*" (Jillian Dent)

Regional role

Regional NMR focus broadly celebrated

"WHIN keeps issues of women front of mind in regions – regional focus is a massive strength". (Jillian Dent, who joined BRC 8 years ago)

Pauline Wright also celebrates the northern region focus of WHIN. "*A northern region person is always a great representative - able to crack on regarding ACCOs, emerging communities, etc. At a regional level we have the opportunity to take lead for northern services, recognising changing demographics."*

"*Good to do work with local practitioners and providers*." (Jade Blakkerly) although small providers miss the level of Family Violence training e.g. MARAM collaboration practice and collusion. But recognised need to reduce introductory courses (funding related). "*Other training service providers are lower quality*".

"*Specific regional remit. A place and focus for regional focused work*" (Django Love)

Petra Begnell reflected on how PCPs and WHSs are similar in that they don't follow statewide guidelines. Where PCPs and WHSs work well together this is not a problem but where there are weaknesses, this is a limitation: "*Women's health and PCPs don't have peak bodies, so it leads to different interpretations of roles and funding guidelines*".

Reach at the outer edges is hard

Jeremy Hearne: "*The challenge is that an agency like Sunbury is at extremity of their region. Feet on ground at localised partnerships is not viable. Opportunities with COVID – the virtual capacity of everyone has increased. WHIN could do more to their advantage*."

Being located in Northcote is not so close to target population groups

"*Their office location. In Northcote/Thornbury - optics are a tad "comfortable" – perhaps they should move north? If they are seen as boutique or niche they could have a presence in West Heidelberg to align closer with their purpose*". (Mick Geary)

Jeremy Hearne also wondered, "*could we look at opportunities for WHIN to co-locate into region e.g. 0.2/day a week in Hume council or DPV? Although with virtual this is less critical".*

Centralisation of funding and services as a risk to mitigate

Advocacy and training – "*there is a risk that funders and larger providers will say, do we need regional training? We can get on a webinar?*" WHIN needs to fund and articulate the value of regional presence (as it is their big strength) (Jade Blakkerly)

Value to partners

WHIN helps partners work "up the line"

It is the role of WHIN to support partners to do this… at multiple points - "*on the ground and meet the CEOs - influence from the top. You can't leave it to project officers – it doesn't work. We need CEOs and middle managers on board.*" (Petra Begnell)

Some gaps in "whole of WHIN – whole of sector" thinking

A need to join up across WHIN and assist partners to join up internally was described. "*BRC primary prevention issues – as a sector/region. Some organisations already have relationship in health promotion but not in G/E or primary prevention – could these be better used?"* (Jillian Dent)

One stakeholder commented that they found that some WHIN staff *"can't talk across their whole organisation (recognising that COVID taints this). Is this consistent across other WHSs or specific to WHIN? While there is a CoP in one area, not sure what other work is occurring. Gaps in joint work – a new topic come up – people want to be involved. Everyone is interested but people don't have resources to follow through. And if people don't have resources or money, is it a good use of time?"*

Practical support to G/E Act implementation

WHIN is well placed and needs to be there. "*We tend to talk to same people who we agree with*" (Mick Geary's pet peeve) yet "*start-up groups are talking with women about respectful relationships (urgh) – middle class men using networks to do talks*" (with an example from his own child's primary school).

Steve O'Malley spoke about the importance of a credible and well-connected advocacy voice outside of government agencies. When asked how WHIN can help those working to create change from within emergency services, he said it was important to keep supporting the work, to get and keep the new G/E Commissioner engaged and despite organisational barriers and difficult politics, keep an eye on "*the end goal is gendered safety and equality*."

"*(Key staff trainer) – incredible trainer – very highly regarded. Old world 'women's services' have moved on over time: Rainbow tick; More inclusive practices; Managers interact with (staff member); Berry Street doesn't work with perpetrators – but does work with victims when they return to partners; Good to learn re. non-collusive practice – scared to leave, scared to stay*" (Pauline Wright).

Several stakeholders spoke about the opportunities and risks of the G/E Act. *"Now that we have a G/E legislation framework and stat. body (G/E Commissioner): What are the next opportunities and challenges for us? We now have tools to force local government that we previously had to advocate for. What are the next opportunities and challenges for us? They are markers – WHIN needed to help partners operationalise".* (Jeremy Hearne)

"With the G/E legislation – funding and momentum is unlikely to stop in next 4 years. After 4 years, more of a risk." (Jillian Dent)

But will mainstream agencies decide "*G/E is sorted*" and withdraw? Jade expressed the risk regarding future funding re. gendered violence and sexual abuse. "*Overall – now 'we've got lots of equality, what's the big deal? 2 years out? People will say, we've done it now'.*"

Petra Begnell also felt there is a risk that G/E will soon be seen as "*done and dusted". "What if* (mainstream sectors such as health and local government) *reckon 'we've got the G/E thing done now' once the Act is established, ' I've got it now - thanks and goodbye'… 'Onto the next thing'*."

Supporting partners with implementation of the G/E Act is clearly a strategic priority for WHIN.

Bernie Heatherington suggested combining the requirements of the G/E Act together with the statutory role of local government emergency management to focus on gender and disaster resilience. "*WHIN hasn't been mentioned by Moreland emergency management people. They should know about the GADPod work but didn't until they went to a national conference*"

Jeremy Hearne also spoke about how GADPod is a way in to G/E work with local government. He said, "*post bushfires in Whittlesea, the work of GADPod was ground-breaking. Emergency response is still very local government-oriented – it's a legislative space. We need to drive local government to be more responsive in G/E*. Given that *COVID learnings are transferable, what is the role on interface local government's integrating G/E into emergency management work? The lever is to build on learnings – the legislative requirement is the lever for this to become BAU for local government. Look at MFB report re. institutional behaviour – it's easy to extrapolate and how does local government work with these opportunities?"*

Steve O'Malley also reinforced the importance of working with emergency management teams within local governments. He is working with Manningham, Kingston, Stonnington and Casey. Important to use the GADPod as a way in as there are trusted ex-fire service colleagues in several of the roles in local government. Also, good to focus on sporting clubs via local government.

Jillian Dent: *"Does WHIN have the capabilities to do the shift beyond 'general' workplace G/E initiatives? It won't happen <u>soon</u> (plenty of scope!) but move into niche areas"*.

Mick Geary wants to partner with WHIN but notes: "*Everyone wants to do training with health sector - working with women survivors, working with perpetrators, Gender Equity etc. The Dental nurses at BCHS on 0.6 FTE have so much training to do! FV information sharing, organisational OHS, anti-bullying etc. It makes an enormous demand on health services. WHIN says training has to be half or full day, not 1-2 hours. How can we rethink passing on knowledge?"*

Other than COVID recovery and mental health priorities, Liam Leonard advocated for WHIN to focus strongly on women in leadership. Based on his work on GADPod, he commented on the need for more women leaders in economic and "male" industries e.g. rubbish management, and from the focus on sexual and reproductive health – including that children <u>are</u> men's concerns.

The work building out of the GADPod program is well supported. Professor Frank Archer spoke about this at length. *"Their priorities are a need not a self-generated flavour of month. Research, advocacy, evaluation - an important area to continue. The work and need is there and they responded to it.*

"*POD is growing because there's a need and they are responding to it. POD has delivered on time with output, conducted ethically, to the terms of the grant. Very solid track record with recurrent funding."*

Frank argued that gender stereotypes should be a major focus for WHIN, focusing on misperceptions of women and men, using the research already undertaken to re-consider traditional stereotypes. He also argued that there is an opportunity to exercise leadership as "*agencies in the mood and are acting on Women in Emergency Services*."

Knowledge of priority population groups and intel sharing

"*WHIN resources – great support. In a big region with 7 LGAs, Juno is small with gender focus so can't be across LGAs across the region. WHIN is a great resource across the region. Willing to share the info on Hume or Banyule (especially on gender stuff e.g. Darebin grants intel – is it worth applying? (Not just FV space)."*

"CALD engagement is strong and helpful across region and WHIN offers reliable up to date and relevant statistics and communications". (Jade Blakkerly)

Highlight importance of WHIN working with priority groups/response to marginalised or vulnerable (or new arrival) groups rather than population-wide approach. Daryl Glynn said, "*We are pleased WHIN promotes women's health in particular their focus on people with CALD backgrounds*. *Every confidence in WHIN. It is clear they pivoted for COVID – e.g. the bicultural health educator program*".

Targeting priority population groups: "*I like HP targeted at the vulnerable (priority population groups) not population wide".* For example, smoking cessation has not worked with vulnerable groups. *"We care more about Indigenous, CALD, growth corridors".* Regarding new arrival groups… e.g. Northern region – Asian communities are becoming established, whereas *"it is African communities in the northern region who haven't yet got a foothold into the health system*". (Daryl Glynn)

"Focus on younger women and CALD important - keep these key priorities" (Jillian Dent)

Supporting service partners to engage priority population groups will enhance the WHIN vision.

HP/PP strategy. Good recent meeting re. data. *"It can feels like its too hard but intersectionality is big – it would assist us if we know more about our community."* (Pauline Wright)
Mick Geary talked about how BCHS can address WHIN Vision's (voice, choice power for women in the north). He reflected on BCHS role, saying "*Our community is many communities*" in terms of priority population groups. "*How can BCHS enable specific targeted interventions or plans? A recent example has been 6 suicides in Whittlesea involving women who were not engaged with the service system; clearly these women did not have voice, choice or power*". (Suggested talk to Whittlesea Community Connections re. their Indian community engagement)

"*It's all good to get more women on boards and leadership in the community – but will it trickle down from leaders to Indian women not being isolated? Trickle down is too slow in an economic sense. Will it impact on voice, choice and power? A long journey*".

A community health example is a woman with pram waiting for a $25 Emergency Relief Voucher, a client of the Aboriginal health team. The woman is carer for her mum, aunty, 2 children, 2 nieces/nephews (due to one sister having passed away and one sister whose children have been removed by Child Protection). "*She might not be empowered by "rights" training. Do we assume that employing women will change culture? Or employing people who are Aboriginal? Gender diverse? There is a need to both plan and chase things to ensure change happens. WHIN can help us consider our reach and impact*."

Primary prevention of violence

Bernie Heatherington talked about opportunities to strengthen the Moreland Council relationship with the BRC. This has been her main focus given her community health background. However, she wondered, "*how to crack the local government system? G/E Impact assessments?"* Bernie's social policy area covers GE, while PVAW covers violence against all genders. The Moreland staff person who attends BRC does not seem very engaged. Bernie was not sure why this is and wondered why WHIN's training offerings are not better known within MCC.

"With the creation of peaks/funding into organisations, e.g. Our Watch, DVRC/DV Victoria, Respect Victoria etc. This opens up WHIN's role in sector capacity building – primary prevention role was previously out in the regions with WHSs. What now?" (Jeremy Hearne)

Engagement with Aboriginal communities

NIFVS has been successful at this: *"Both commitment and the ability to engage Indigenous FV players* 2-3 ACCOs at every meeting". (Jade Blakkerly)

In the PVAW partnership – engagement could be better with Aboriginal communities. ACCOs have low resources – spread thin so don't participate – "*As a region how do we go to <u>them</u> where they are? NIFVS is okay - ACCOs with FV funding do attend those meetings".* (Jillian Dent)

Gender and disasters work is internationally recognised

Frank Archer spoke very highly of WHIN's "*outstanding research - integrity, qualitative research… on time, under budget, with output*" and described it as a privilege to work with the WHIN team and leadership on the GADPod. He listed the various papers, conferences, the national guidelines project and accolades for the work, and described how VicPol had commenced by blocking access to the work but when WHIN went and did the research anyway, "*VicPol now work with them for training*." Frank feels that the program run jointly with Women's Health Goulburn North East (WHGNE) gives "*comfort that we collaborate across a wedge of Victoria*." He sees respect to WHIN offered by other agencies with key personnel (e.g. Steve O'Malley) being "*influential and loyal supporters*." The evaluation at Monash also assisted as "*external and internal evaluations provide more credibility with funders"*. Frank spoke with pride about the COVID pivot to online training and how the project is "*now a cost centre in its own right*. He also mentioned the World Association Emergency and Disaster Medicine 2019 Congress in Brisbane, with the workshop that led to a position paper on gender and disasters adopted by WAEDM.

Future priorities for preventing gendered violence were canvassed.

"*A sector-wide shift in last 8 years in primary prevention from zero to 'a lot' – with some tougher leads e.g. on especially vulnerable – WHIN will need people to push beyond where we are now. They need to keep sector accountable to the tougher/harder areas as we develop".* (Jillian Dent)

Petra Begnell: *"Shine a torch - but fine line to tread. There is a risk of banging on about things being wrong - people will turn off, especially if they think they're doing well. As the community and local government sectors lift, people will think they are doing well – a risk of disconnect?"*

Fee for Service (FFS) training. "*The FV team does excellent training and PVAW team runs 'lets talk money' with peer educators with councils. Great to share this through fee for service?"* (Jade Blakkerly)

Keep the feminist frameworks and knowledge of change processes, and *"get out of comfort zone into difficult spaces.*" Mick Geary valued the 2020 bystander training - all men online. 10-15 people did 3x2hr sessions. "*It was managed well and easier to get people to log on not drive to a 2hr session*". "*Could WHIN target Somalis in West Heidelberg and other CALD communities? Who to partner with?"* (Mick Geary)

Jeremy Hearne: BRC steering group – need to influence partners and with the key advocacy messages. "*BRC is a partnership which is evidence of joined up advocacy. Steering group – operational questions: when do we advocate for partnerships, when for our own services?"* Jeremy sees it as his role to help with this. Useful for WHIN to think about this also.

Jeremy Hearne emphasised the role of WHIN as a primary women's health partner – (although SCCH also partners with Loddon Mallee)**.** *"We are looking for leadership/pressure on each of the RCFV recommendations. Keep government honest. We need to 'hold the course' although violence rates are not reducing – in fact greater reports due to relentless media and community focus (both WHIN and LMWH as well). Primary prevention work - G/E and PVAW is a key priority for our HP over the next 4 years."*

Frank Archer emphasised the importance of working with partners on prevention with emergency service workforces, in particular gender-related violence in disaster.

Steve O'Malley spoke passionately about prevention of violence using opportunities in different settings. "*The challenge for emergency services is that prevention of violence is not an operational or response issue. Although, prevention does get the discourse going e.g. risk prevention." "Our language is prevention, preparation, response and recovery. Prevention logic – a Chief would say 'any fire is a failure' so I use the same logic*".

Steve spoke about some examples where fire was used to destroy property, evidence and can deliberately kill/injure women and children. "*It was Watsonia Easter Sunday, children were killed; officers doused it then went back to the station in my area. The firies might say 'it adds to our PTSD' whereas I would say it's about prevention to change the behaviour of men. We respond then go back to the station. But if we can partner with WHSs on prevention, we model what a male dominated workplace can do."*

Steve also said that if the national plan to reduce family violence includes disaster training/ preparedness, this is a big opportunity that WHIN should pursue.

SRH partnership activity

As well as the successful work between WHIN and WHV in 2020, a continuing focus on SRH is also appreciated by Family Planning Victoria. Claire Vissenga said, "*With the FV area, a focus for all the WHSs - the family violence lens applied to everything has diluted focus on respectful relationships and consent. The FV focus has diluted the WHS sector's ability to speak on other relevant issues for women and children. A bit myopic – violence is the focus to the detriment of other issues. Although WHIN has continued to contribute valued opinions."*

Claire Vissenga advocated for continuing partnership work, despite State government funding pressures**.** She spoke about the work undertaken by then Health Minister Jill Hennessy who launched the SRH strategy in 2017. "*Lots of noise – but now a question re ongoing funding. Over 2020 the state has gone from a firm 'on-going strategy' to 'established skills in education and health' – which should be seen as ordinary business of community health. This is similar to the Mary Wooldridge policy – no need for additional funding – implies the approach is being driven by Health not the Minister*?"

Claire thought that while 1800 My Options had been refunded at Women's Health Victoria, "*they have to retain something in place of the RWH service and there is a need for a focus on key issues e.g. medium-term access to contraceptives*". She also commented that university research partners will be more resource constrained than in the past.

It is clear that SRH is a strategic priority for WHIN, but the details of the strategy need to be well integrated with other priorities and priority communities.

Merri Health is not a SRH service provider. "*SRH focus needs to be very tailored. In <u>some</u> communities this is important e.g. FGM e.g. International students e.g. EAL audiences - tailored work with schools/unis and community GPs*". (Jillian Dent)

SRH community health partnership? "*Happy to advocate for funding e.g. Pilot SRH projects. SRH priorities don't come through internal staff. Not a specific focus – people don't call asking for it. Where to start? Need WHIN to guide*". (Mick Geary)

The conference on reproductive coercion run in 2020 was successful, due to WHIN being able to put resources on the table to complement the women's health partnership. Django Love did comment that this worked on this occasion but sometimes WHS partnerships get overly complicated if there are multiple partners but not enough resources. "*Reproductive coercion makes sense and everyone advocated for 'collaboration' but this isn't (always) realistic."*

Claire Vissenga thought WHIN well placed for professional development with the mainstream health system – as a conduit. She gave an example of a contact made by a nurse practitioner on a Northern Hospital MH ward. They wanted to improve access to LARC – update contraception, needs etc. Due to a connection being made, FPV was able to deliver a Specialist course to the Practitioner, so they could provide SRH to inpatients. "*That kind of connection could usefully be delivered by WHIN*".

She also felt WHIN is a good conduit to community workers in housing, and used the example of a 'sex in the city' course and links with specialist services run by FPV. She felt that WHGIN can identify the need and make links with statewide services. She felt there is still a need for local service directories

for local referrals. "*There is value in WHIN being the connect and referral point/secondary consults, training etc"*.

"WHIN is also well placed in new/emerging communities. Diversity has really shifted. e.g. Craigieburn was very white Anglo – now has huge cultural diversity"

However, while resourcing is challenging Claire felt that WHIN is well placed. "*We can do this and can return value to government through partnerships. FPV (expertise) plus WHIN (connection to community) equals value add proposition."*

Jeremy Hearne argued that WHIN has a major role with SRH, saying "*The challenge is intersectionality with an equity lens. Sunbury doesn't prioritize in the way co-health did. With SRH – WHIN is the only provider in the area. At co-health – we had a project looking at disability community regarding positive sexual lives. There is a need for work with partners to improve – important to support WHIN as a priority especially advocacy for funding and service design"* He also asked about the future of FARREP (Family and Reproductive Rights Education Program – cross-cultural), saying that "*Sunbury and Cobaw – demographics are less cross-cultural so less insight into this in this role, but important that funding for this continues*".

Family violence systems leadership

"*NIFVS is WHIN's greatest strength*" (Daryl Glynn) "*Similar to networks elsewhere but others are not really as good*. *A person in Southern region said: 'I'd love to have your network*'. *The strength is in the coordination and in the CEO, really important".*

Daryl praised the tenacity of WHIN/NIFVS *"despite the commencement of the Orange Door (which didn't engage NIFVS well). FSV has engaged mostly with its operational partners. The TOD development could fragment the sector but NIFVS has rebuilt and taught FSV how to do it.*

Pauline Wright discussed the dynamic and roles between Family Safety Victoria, the statewide peaks (DVVic and DVRC) and NIFVS.

Regarding the process of implementation of the Orange Door in NEMA, she commented that the *"arrogance, push and shove by FSV has left a wound, that the DHHS was not told what FSV was doing, and that providers had to take some refuge via Domestic Violence Victoria to get direct support through the Hubs Working Group". "Throughout (the implementation phase), WHIN (Sarah and Helen) have stayed resolute, members stayed strong and retained goodwill."*

Pauline was also concerned by the *"mystery"* between DV Vic and NIFVS, with a sense that "*the DV Vic Hubs Working Group is disconnected from the regional integration committees. They haven't figured out the best way to get best out of each other. DV Vic has challenged FSV. TOD is part of big system – largely pulled together regionally by WHIN – FSV can't overlook them! It's improving now, with room for PSAs hopefully opening up. With the DVV/DVRC merger – how will PSAs relate with DV Vic and Hubs working group? Scarce resources (DV Vic and RICs) – why not pool it?"*

Jade Blakkerly felt that NIFVS works well with WHIN as the lead. *"Non-service provider as coordinator is interesting – I like that approach – helps the family violence network stay at strategic level - Doesn't avoid interagency unhappiness but stops the network being consumed with this"*

- Pauline: North region focus is important "*as it's the best we do*" (Berry Street is a statewide)

- (staff member) sits on FSV committee – useful to committee members
- HP and strategy – v good "listen and deliver"
- A lot of competing priorities. Berry street is tier 1 provider – upside is that we hear early and inform/across FSV initiatives. (Staff member) has to translate – pass info out to the system
- Uniting services – unified group/coalition. Not all RICs work that well. Big committee – lots of interest and affection. We play our part.

Daryl Glynn's team works with 12 sectors/98 organisations, so he sends a member of his team – "*I don't attend but I see it as effective.*" He stated that NIFVS is valued by other FV providers, and noted that WHIN administers funds/small projects with small partners – "*I don't like the process but WHIN handles it well"*

Review and future focus of NIFVS.

"*BCHS + WHIN looked at family violence support and leave in organisation years ago. A no brainer. They did it before the unions came on board (ANMF + ASU). Need to get into other industries – how?"* (Mick Geary)

"*The Family Violence Royal Commission – the response by government has not given clarity, it has added layers (Family Safety Vic, Respect Vic, Orange Doors, etc). The Orange Doors and Early Years Hubs have not engaged community health as well as they could. There has been a lack of respect for leading work over decades (community health and local community services). With huge reform it is not clearer what WHIN's role is as a result. There are more committees – but are the networks any stronger?"* (Mick Geary)

Pauline Wright focused mainly on NIFVS in her interview and talked about the relationships between DV Vic (the FV service sector peak), which is undergoing a merge with DVRC (a statewide FV response and prevention training body) and the overlapping areas in terms of training and systems work led by WHIN.

"In the context of DV VIC/DVRC changes, WHIN is a good trainer. Can they stay in FV training game?" Pauline felt that the Domestic Violence Victoria (DVVic) practice development "*pulls up short on practice*". Whereas WHIN is also delivering training, which opens up a risk of non-coordination – spread resources that could be combined. Pauline also seeks greater connection by DVVic with the family violence regional committees and clarity on the role for different sectors. She is concerned by potential overlap and missed opportunities between the statewide peak and the regional committees and wants to see both sides make necessary effort to connect more effectively.

As a senior manager of a key Orange Door service provider, Pauline commented that the integrated family violence committee is not perceived as valuable for active FV providers who are part of the Orange Door operational arrangements, but there are areas of practice that need broader discussion. An example is the disability and family violence practice role – psycho-social expertise illuminates mental health practice. "*Safety – women not compliant and in chaos – have they a mental health condition? There is a risk of missing opportunities if not clear on mandate. Every other service provider seeing these clients overuses the word 'complex.' Complex can mean different things: multiple services needed and or life of trauma to unpack. Some organisations get the money but don't have skills to deliver".*

Pauline also advocated for NIFVS to focus on being on and ahead of emerging trends in the region *"for example, A&E departments, emerging homelessness issues, the DV Vic Monash –COVID/workforce*

survey – although be aware of disengaged busy people e.g. training workforce development – don't try to do everything… What's unique about the NMR? Learn and use information effectively to get new funding". A focus on emerging data would allow people to *"advocate to get FSV to focus on what other data we need to know*. *The number of LI7s? – we know they're busy. What else? School drop outs and employment rates?"*

Pauline suggested numerous opportunities, especially relevant to family violence systems leadership:

- *Sort out relationships and roles with regard to DV Vic/DVRC.* WHIN is an excellent clearing house for many things. The merger of DVRC and DV Vic is bringing workforce development and practice development together. "*Should one entity focus as clearing house and or tailor to regional audiences? What's 'tier 1' what's 'specialist'?"* Title has to mean something.
- *Regional data* – stay ahead of the game.
- Staff could *bring innovation ideas from other regions*. Professional gatherings – there is no VIC specialist FV conference (unlike AOD conferences which bring people working with high-risk clients together with police to talk collusive practice – we could use a 2 day conference).
- *Justice system focus*. Safe and Together – David Mandell – Berry Street and Anglicare deliver the training. Child centered on perpetrator accountability. Magistrates Court has purchased a license (*One court visit can undo a decade of work, very patchy*).
- *Join up and escalate issues for attention*. Men's services, Women's services and police and rainbow tick and Disability Victoria and others. Pauline is happy to be on convening panel. Minister Williams had gained an impression that FV and C&F sectors had "difficulties" and needed to be briefed.
- *"Bigger audience, juicer conversation"* Not yet another conversation about police with the same people e.g. bring in housing & homelessness sectors plus MH, AOD & FV. *Enriched by hearing from people.*
- NDIS – a struggle for the sector. "*WHIN could look at how psycho social disability/trauma interface with disability*." As a regionally well-connected entity.

Plenty more stakeholders had ideas on future work regarding family violence systems leadership.

Daryl Glynn had a strong sense of WHIN's priorities regarding rollout of Orange Doors. He said a key priority is the continuing role of NIFVS in context of rollout of Orange Door (TOD) in NE Melbourne. "*Family Safety Victoria and The Orange Door (TOD) are not yet where they ought to be. NIFVS has been active in piecing the network together. The Orange Door navigation function doesn't navigate as well as NIFVS. The Orange Door doesn't leverage off it – NIFVS needs to be an active part of a better functioning TOD. Let's realise the results that the creation of TOD was meant to realise*" (Daryl Glynn)

He also argued for prioritisation of planning for the Hume-Moreland TOD – in WHIN's catchment. He was keen that WHIN support whole North Metro region. "*Be active/pro-active re. TOD despite FSV mainly talking with people in the building. Find ways to effectively support entire catchment e.g. Broadmeadows and Sunbury*."

Daryl also used a NIFVS example to reflect on the need to focus on strategic outcomes. "Don't count the number of events and claim an outcome! NIFVS used to consider number of meetings and number of attendees as success measures. Now they are better at distribution of information. Impact/reach is what's important".

Jeremy Hearne also reinforced the importance of NIFVS. "*We rely on WHIN as a conduit regarding MARAM. With the rollout of The Orange Door, we need the info - and Hume rollout of Orange Door is due soon. WHIN/NIFVS is a key partner to keep us across peak issues, as a universal service".*

Steve O'Malley talked about the value of WHIN key staff doing the MARAM training with Fire Rescue Services: "*they represent WHIN and are a credit to the joint effort.*" He thinks WHIN and DVRCV should collaborate to run a "101 FV" as part of fire-fighter training, especially medical incidents. He also spoke to the importance of engaging emergency personnel in family violence response work. He talked about the role of Fire Services at the UK Home Office with a child and women's protection advisor. "*Here, we need for the external sector, feminist folk, to support internal leadership*". Be informed by UK focus on gender in emergencies/emergency services. He referred to MARAC (the equivalent to MARAM in the UK). Fire services sit in this in the UK. Steve talked about this in his RCFV submission in 2015 but the Vic Fire Service "*not cognisant*" of prevention (or role in response) as core business.

Economic and employment

This focus area was cited positively by stakeholders, but at times a sense that *"the last couple of years – appear more inward focus - broader presence less evident to Juno e.g. visible gambling/women and money, seems less of that now. Good to be active on broader gender issues not just 'health' e.g. gambling, money."* (Jade Blakkerly). There was also recognition that 2020 was an unusual year and broader conversations about activities adjacent to a particular meeting or workshop might not have occurred during remote working.

Jade also mentioned the value of workshops to "talk about money" in the context of family violence systems leadership and prevention work.

COVID recovery

Several stakeholders felt WHIN is well placed to frame and articulate the post-COVID work, in ways that integrate PVAW, economic inequalities, funding and also apply the GADPod approach.

Liam Leonard proposed a new stream: "Post COVID impacts":

- Financial security
- Apply GADPod thinking to COVID recovery
- Address government responses that favoured male – dominated industries
- Impact on primary prevention workers – taken away to do response work
- Primary prevention networks – resources pulled out

Bernie Heatherington talked about how WHIN is not mentioned frequently within senior levels of Council at Moreland with regard to primary prevention, implementation of the G/E Act or emergency recovery (although after going to a national conference a staff person did hear about GADPod). This contrasts with the strong relationship held by Sunbury Community Health with WHIN in the Hume region, and she wondered if that is a function of local government being different to community health, or some other reason. She recommended that WHIN engage Council "*up the line*" with a range of WHIN activities, as some mid-level staff may not be engaged, but that shouldn't stop WHIN from engaging with others.

Frank Archer also spoke about work on disasters as a way in to work with the new national recovery agency to "*broaden to the pandemic. Gender lens is an important part. Roles that WHIN can play are gender inclusive statement training, data and evaluation. WHIN knows that COVID + Bushfires – lots of overlap. With gender-based violence/leadership. People don't see the 'stereotype' issue – and the overlap with COVID/social disasters. We can frame domestic violence as a disaster. Sporadic and scattered but data meets the definitions."*

Mental health

Mentioned consistently by stakeholders, mental health system reform is a necessary focus for WHIN.

"*Mental health money is coming. Attract funding - or leverage organisations that get better capacity with the new funding, to promote better health outcomes."* (Daryl Glynn)

Liam Leonard also argued for WHIN to prioritise work on mental health, with an intersectional lens.

Use internal skills and capabilities to help partners

WHIN plays a useful role across multiple touch-points. For small agencies/partners, this is really valued. Jade Blakkerly felt that WHIN has community engagement knowledge but also strong project and project development capabilities. "*Good to share this knowledge wider? Potential to share skills and ways of working – share this e.g. gendered poverty. Make some fee for service out of using expertise broadly.*"

Strategic issues for consideration

The focus of the women's health program

Several stakeholders spoke about the Machinery of Government (MOG) change to 2 departments, DH and DFFH. While DFFH region manages the funding contract to WHIN (and according to Daryl Glynn will continue to do so), there are tensions regarding the role and priorities of (gendered) health promotion funding within the State Government.

"*Where does women's health sit? It's a vulnerability for WHIN. With grumblings within the department of DH about WHSs 'double dipping' on PVAW funding from core WHP money, as Office for Women (DFFH) are also funding projects – this offers a risk for WHIN. Also, for the community health sector, what if IHP or Community Health are told they can't use money for PVAW? Key partners might step out of the space, especially Health*". (Petra Begnell)

Petra Begnell also spoke about the new public health units being the new regional presence of DH. She wondered how WHIN might work with the north east public health unit. Their primary focus is COVID contact tracing and vaccinations, but the long term vision is communicable/notifiable diseases and possibly non-communicable diseases/STIs. Is there a scenario where Integrated Health Planning might end up being located out of the DH public health units?

Daryl suggested that uncertainty re. future of PCP funding could be an opportunity for WHIN if the government decided to use PCPs funds differently. In effect, HP organisations including WHIN could step in after PCP funding finishes in March 2022. He was clear that the Victorian Government won't leave it to PHNs, however suggested that health promotion agencies "*only servicing half the community*" (i.e. women) would need to position carefully. And he also suggested that the opposite scenario might apply creating a risk for WHIN if ultimately, health promotion funding bundled PCP and WHS core funding together and larger scale IHP core funding was procured.

Claire Vissenga described attending a recent DET meeting about Respectful Relationships funded flagships, and she said, "*The point is that 'consent' is not used in the program. Setting boundaries doesn't equal 'consent'*." She noted that despite the need for significant resourcing in prevention, the Department of Health is "*now pushing back on funding and looking to pull back on some things. Always a risk*".

Consideration of key population groups to engage more deeply

Engagement with Aboriginal communities/ACCOs. "*Aboriginal self-determination is great – but an unintended result is that mainstream services abandon the Aboriginal community - saying 'every child should be at VACCA*'. *No – what if they trust or live closer to another agency? WHIN could 'assume' VAHS is doing Aboriginal health but they need to ensure women's health expertise is used to partner with ACCOs – while leaving decision-making up to the ACCO*" (Daryl Glynn).

"Advocacy for marginalised women e.g. Aboriginal carers, women in prison – important not get lost in diabetes or obesity or smoking issues, along with other voices. Thinking about Aboriginal health sector and health promotion, the Aboriginal controlled health services create healthy lifestyles, not tell people what not to do. One Women's representative at a diabetes coalition doesn't affect change. One leader can get people to stop smoking. Use time wisely in ways where you can make a difference" (Mick Geary)

Younger women. "*Younger women are coming in now, keep them engaged*". (Jillian Dent)

CALD. Locations or communities – "*Ensure work is led in a culturally safe way by those women. Culturally diverse staff. Seek external advice/partners*". (Jillian Dent)

"It's an ongoing challenge to reach diverse region and decide which communities to focus on (culture, SES, etc) Most in need? Least serviced? Most impact? Most marginalised? If WHIN can figure it out and tell me that'd be great!" (Jade Blakkerly)

Daryl Glynn: "*WHIN needs to remain on the cutting edge"* - In emerging communities e.g. focus on mental health/suicides by South Asian women; women who lose children to child protection – mental health issues. e.g. South Sudanese women. People who came in the 1970s may be doing okay. "*Focus on the newest emerging communities*. *South Asian and African is priority in the NMR*".

Other vulnerable groups (Daryl Glynn): Public housing tenants especially estates. COVID has focused attention and relations have now become more positive (after July 2020 lockdown crisis) HP + PVAW in partnership with multicultural communities in Hume (different to Whittlesea) "*Some less recent arrivals that are under-supported? - Arabic communities in Hume?"* (Daryl Glynn)
Claire Vissenga also spoke to the importance of working closely with local community partners. Her sense was that the exponential population growth across the region is a challenge, and that services in growth corridors are stretched thin. Her comment was that it is "*hard to attract funding to cover growth, especially in priority populations e.g. NESB, new arrivals, cultural diversity*". She went on to say, "*We all face challenges. We attract similar GPs/(qualified professionals) to our sector – similarity in culture, values and qualities and with a lack of diversity in staff we cannot truly appreciate diversity of needs. Women's Health Services are better than FPV – more community worker roles than us. Can be a problem - contributes to copycat suicides where we're taken aback - if they'd been a part of the community, we might have been more aware"*

Claire Vissenga felt that the fact "*DFFH/DH are so disconnected, (WHIN is well positioned to) maintain the mechanism of contact"* (with examples of North Melbourne and Frankston local lockdowns).

Jeremy Hearne: *"WHIN is strong on older people and CALD – people going into care re. discrimination on sex and gender. But I've not yet seen material from WHIN on this*"

Monique Hameed said, *"intersectional work is important – although it's hard to link to a specific outcome area. Need to bring people together to make connections. Connecting to emerging practice is a priority. Noting OFW grants to small local organisations, WHIN has relationships so benefits might be via connection with regions plus connection with the Emerging Practice Team at our Watch".*

Monique Hameed spoke about the work she did with WHIN on intersectionality and spoke to the importance of walking the talk as an intersectional feminist organisation and calling out # race and racism. She felt very positive about the strengths of the project, which primarily focused on consideration of cultural inclusion: "*WHIN had done prior work. Position paper had already been prepared. WHIN was already sure of focus on that area and had committed core funding. Someone was already leading it. Project Steering Group represented different parts of the organisation. There was buy-in at top, with the leadership seeing the importance".* Key points:

- Buy-in and organisational support. Respect rests with everyone. Unless work is connected to work plans, Intersectional strategy becomes an add-on
- Not been around to see aftermath, but meetings were good to talk in practice e.g. communications and peer education # race and racism was a key focus*. "'Racial literacy' can be a fear to name race and have direct and honest conversations. Intersectionality is a way to analyse power in the system – need to centre racial analysis – sexuality, ability – often treated as 'competing' issues".*
- Challenges to implement change. After peer education consultation, staff were excited to expand pathways to employment – P/T and F/T employment to expand program. People felt listened to – great opportunity to expand – the question was how to expand at a time when more funds were/are available to organisations. Not clear what has occurred re peer education expansion. Also - access to skills development is harder on casual contracts.

Community partnerships with LGBTIQ organisations were also advocated. (Jillian Dent)

Mental Health system reform

"*The lack of gender focus in RC mental health report is a problem. WHIN could work to bring people together to address this… the next Family Violence for the government – gender is clearly missing from the conversation*" (Jade Blakkerly)

"*Mental health money is coming. Attract funding - or leverage organisations that get better capacity with the new funding, to promote better health outcomes."* (Daryl Glynn)

Liam Leonard also argued for WHIN to prioritise work on mental health, with an intersectional lens.

Trans & gender diverse inclusion

"The old WHIN plan is binary language". (Jillian Dent)

Several stakeholders raised the topic of gender diverse inclusion. Those operating in service provision settings (e.g. community health) had different perspectives to others, who work in gendered or priority population settings.

Liam Leonard who partners with WHIN in training as part of the GADPod, commented that while gender diversity needs attention by WHIN, "*in operating within a binary system – you need separate*

strategies for different groups (don't assume the same strategy for inclusion /engagement of lesbians with strategy for engagement of non-binary community members) and you need an intersectional lens but not lose focus on the primary core group." More comments from Liam are included below.

The bottom line is a need for WHIN to lead a clear intersectional feminist analysis, applied through competent and assertive engagement and advocacy strategies.

Several stakeholders discussed the challenges of progressing issues of gender inequity in settings where the default is "diversity and inclusion" and where issues of race, disability and other intersectional factors require major focus as well. Steve O'Malley discussed this in the context of work within Fire Rescue Victoria and applauds the work of WHIN in being tenacious and persistent in raising issues of gendered violence in connection with disasters and in promoting the importance of employing more women in traditionally male workforces.

Some interviewees commented that Family Safety Victoria has sought to downplay violence against women, in favour of "family violence" – which is reasonable in the context of the impacts on children of any gender, and the need to be inclusive of people impacted in the LGBT community; while the department of health (DH) is seen to be seeking to remove prevention of violence against women from the priorities of the WHP, in favour of other women's health priorities such as SRH. These developments offer a risk and an opportunity to WHIN to continually evolve your thinking and strategy.

Jeremy Hearne felt there is an opportunity/risk for WHIN with regard to changing definitions of gender – with "*lots of LGBTI tenders – what is WHIN's strategic intent?"* Important to note that women's health services are "*still defined the same as 30 years ago in the mind of government, with a binary/cis definition*. *This becomes a risk for WHSs when well-funded e.g., Zoe Belle, Thorne Harbour emerging with a different space*."

Frank Archer used GADPod as an example where LGBTIQ issues could be introduced with the engagement of Liam Leonard as an Associate to the project to produce a specific module on the training program that was "*well received*".

Gender diversity. "*Should WHIN change to something else health in the north*"? Berry Street has a neutral and inclusive client charter. Not sure. (Pauline Wright) Pauline also spoke about intersectionality and reflected on the rainbow tick. "*Where is the queer person with disability who experienced family violence? Focus groups could service the sector as a whole".*

For Merri Health – Healthy Relationships sits in PVAW and LGBTIQ sits in their social inclusion work. "*WHIN has to find a way to integrate differently*". Merri Health applied for WGEA award – citation report was on women and men and no one else. They lobbied WGEA to change their definitions. Need to highlight inequalities but not exclude others. (Jillian Dent)

Gender diversity/inclusion. Jade Blakkerly said, "*Great if they could do some regional leadership with this, especially for small organisations with limited capacity*". WISHIN changed its name to JUNO. "*Carries feminist history but doesn't exclude people. Women and non-binary people is the direction*".

Monique Hameed spoke about gender diversity in the context of intersectionality more generally. "*Women's Health Services are discussing "Gender" and how to define this. We still need gender specific services, while we also need to think about barriers for trans and GD people and others".*

Liam Leonard offered a deeply considered perspective, in response to the provocation that some agencies (and partnerships) are moving towards a broad diversity lens and taking a reference to women out of their mission statement:

"*My point was that the primary focus of WHIN is women and the impacts of gender inequities on their health and wellbeing. We operate within a binary system of sex and gender and while we may want to challenge this, this should not be at the expense of WHIN maintaining its primary focus on women and gender inequity. So how you broaden your lens to include gender diverse and non-binary women, and women who identify with other marginal groups while keeping your focus on women is an issue.*

"Like any organisation that is dedicated to addressing the needs of a particular constituency, WHIN starts with it's primary group, women and then layers diversity and intersectionality on top of that (in the same way that an Aboriginal organisation starts with race and colonialism and layers other differences onto that. e.g. Aboriginal LGBTIQA+ people, Aboriginal people with disability, etc). This ensures that WHIN maintains its primary focus on women, includes gender diverse and non-binary women within its remit, and uses an intersectional lens to include women who are part of other marginal and minority groups.

"This is not the flattening out model of intersectionality where priority groups disappear in a sea of equally weighted differences and discrimination…. It is *important to make the connections between minority sexuality without eclipsing the focus on women". 'Intersectionality' is not the best way to do it"*. (Liam Leonard)

Jeremy Hearne spoke in some detail about the definition of gender, as his recent merger included the well-established LGBTIQA+ WayOut program at Cobaw Community Health. He argued that "*within primary prevention and G/E planning there is a need to define gender in progressive society. Co-health did a lot 4 years ago and WH agencies are adapting to this language now, which they need to do. As a partner – especially in Respectful Relationships work – there is a binary view of G/E and we need to encompass broader definitions of gender".*

Focus on gendered issues that engage men

Liam Leonard discussed the Australia Institute Disaster Resilience Conference and the notion of the heroic male. "*This heroic or hyper masculinity carries with it, and justifies, increased violence against women and children during and after disasters. This could be given greater focus in WHIN's next strategic plan under 'Gender and disaster' heading and/or 'Post COVID priorities*'."

"*A lot of people work in emergency services where there is risk of Family Violence, PTSD etc. Prevention work aims to reduce risks of violent choices by men and skill up women in emergency management. Disaster planning – women want to do logistics etc. not just back office roles and gender stereotypic roles".* Beyond the "heroic" stereotype, men want/need more caring roles. (Liam Leonard)

Frank Archer spoke to the opportunities in emergency services management, which may be relevant to other land management agencies. He spoke about how "*gender is flavour of the month – GADPOD is respected. Vicpol/ CFA/ MFB. All had internal critical reviews. Can WHIN offer Consultancy? At DELWP there is a women in leadership funding project…*"

Frank spoke pragmatically as he pointed out that WHIN has worked on the issues with masculinity not just direct impacts on women, and how the work demonstrates to male-dominated audiences that WHIN is "*not just a bunch of rabid feminists! They look at gender diversity and men for men's sake.*" He also used the example of a very successful final panel at a session with the Emergency Commissioners, all male CEOs. *"Lined them up like ducks – asked them 'What do you intend to do?" Done in good spirit – not to embarrass them."*

More engagement with men would focus on men who need to be encouraged to be allies to achieve gender equity and reduce violence.
With FV and G/E events, it is "*mostly women and mostly women between 30 and 55 years old. How to reach out beyond those who already support?" (Jillian Dent)*

Mick Geary: "*The feminist perspective has become unfairly muddied by some – usually men. Conversations need to be had in more environments. How to influence these spaces? It needs people who can respect different perspectives but not budge/collude. WHIN training is run by the brightest people e.g. Ada Conroy couldn't be a better trainer!"*

The key stakeholders involved with GADPod all spoke about the benefits of engaging with male-dominated agencies.

Emergency management culture and viewpoint: a white male, entitled workforce.

- Diversity and Inclusion – should no longer need to make the case – "*fire fighters need to represent the community we serve – the issue is we have a 0% African and a 4% female workforce*." The relevance of diversity is that outside of putting out fires, we live with each other.
- "*The hero narrative doesn't do anyone any good*." Steve talked about the loss of identity after fires. "*People do romanticise the job but the working conditions are good (on and off days, leave, Super), and that is good enough for someone to join as a firefighter*" (i.e. no need for hero narrative).
- "Equity rather than equality" works well – although Ambulance and Police are doing better than fire services.
- Steve can work in a feminist framework and as a minority in women's health, this gives him further perspective in trying to open up Fire Rescue to minorities. He commented that some men feel challenged by being in the minority.

Expand into service delivery or stick to what you are good at?

Petra Begnell encouraged consideration of direct service delivery."*Operating through influencing people and practice is always harder than direct impact. No carrot or stick - so have to bring people along! So much harder. Is it worth building more direct connection? Expand a more direct communities impact? Or run direct services? FV + SRH + GP services? MH/Counsellors + psych's (there's always other things to talk about)".*

Petra felt that Women's Health West is more financially stable than WHIN due to running specialist family violence services, and she suggested that there is a need for SRH in the North. She asked, "Could WHIN do this? It's not easy but for example if WHIN ran a GP service - women would be knocking down the door. Mum's Face Book in the north, there is a constant search for "good female GP". Local GPs have to work in corporate medical centres but they would prefer to work in/like "for purpose" setting and could offer SRH - high quality holistic women's service"

Daryl Glynn said the opposite regarding direct service delivery: *"During strategic planning there is always temptation to go into new business. What new businesses?' is often a question at Strategy Plan Time. A mental health promotion org may consider going into new business e.g. become a clinic, vaccinate people. No - Stick to what you're good at. Growth can cost money and lose viability*".

Depth versus breadth was discussed by Jillian Dent: "*Funding is always the biggest risk. Potential vulnerability to funding. They are a small organisation – noting "Growth" was identified in old strategy plan. G/E – yes. PVAW - yes. Less opportunities with SRH. Economic inequality – link to employment – post COVID. Should they focus more and build more depth?"*

Numerous points were made relating to future community-facing priorities. Some were ideas to iterate existing activity, other ideas offer new directions.

Between younger and older women? The way we plan and how we approach our shared advocacy? (Jillian Dent)

Jillian Dent felt that there are opportunities to partner with service providers in community facing research or service innovation/evaluation: "*Capacity building of orgs (should stay & is important) versus direct community programs? WHIN could lead projects that are community facing, in partnerships".*

Monique Hameed also discussed these opportunities. She felt that WHIN is well placed to offer training, capacity building and needs analysis as a contribution to practice/research-action partnerships.

Mick Geary talked at length about partnerships to reach "hard to reach" communities, using the COVID/High risk Accommodation Response HRAR as an example. Led by cohealth Flemington – talking with residents about isolation plans, providing masks and sanitiser to people in poor housing conditions. All community health services have been funded with month by month funding. The focus is on SRSs and Rooming Houses, public housing, medium and high with shared space and as a result, BCHS has discovered safety and legal issues that they can assist with "*so people don't have to find us*" Many people can't isolate. e.g. international students sharing a room. Legal services partnerships also. Western Heidelberg legal now part of BCHS and this enables Somali development work in the community and connections between the care sector, FV, with health and legal services.

He used another example of community-based work to make his point about deep community engagement, mentioning that Whittlesea Community Connections has taken over Mernda neighbourhood house, with program development by an Indian woman worker, not a consultant.

Django Love also felt that WHIN should work in partnership with community partners rather than run a direct service: *"Stick to what you know and what you're good at. Build on strength in region. No need to open a direct service. Can WHSs promote targeted referral services to SRH service providers? WHIN could work with existing GPs to meet needs of priority communities in their area. Increase understanding re. long-term reversible contraception – more GPs need to be skilled to provide correct information, for example regarding O.Ds to women pre-children."*

Monique Hameed recommended a priority on partnerships with small ethno-specific organisations in the region – e.g. sharing spaces, promote events, "*always important to expand these partnerships*".

Other community engagement ideas were proposed.

"*Contribute to the evidence base. Work with partners to do the action research, M&E of the relevant project and expansion by WHIN e.g. G/E in sporting clubs. Merri Health might work direct with clubs and some staff capacity building action research in coordination with WHIN*". (Jillian Dent)

Mick Geary spoke about opportunities to partners with male dominated sectors e.g. sporting clubs. He has 4 daughters involved in junior sport in the NMR and he feels that men need to take on more but need WHIN's help. "*WHIN is needed to shape these clubs/schools/workplaces – more so than health services… Male dominated, well intended but don't want to give up too much. Male dominated clubs, women doing canteen. Club rooms – no names or images of girls yet they are trying to encourage girls in sport. 5,000 images of men in the club room and you can't be what you can't see. Do women have to get angry or can men take it on? Put movement into practice – how?*"

Mick also commented that a few tips in G/E audit reports are the most useful aspect, "*15 pages with 2 lines of really practical tips e.g. Respect at work tips: How can I action this? Essentially through getting women in leadership, limits on alcohol at work and 1-2 other key tips*".

Women's voice/support lived experience

Daryl Glynn commented on WHIN's vision (voice, choice and power), and commented there is an opportunity re "voice" of the women/client/consumer, "*No one is good at it. WHIN is smaller size and closer to people and could do this. Although noting that it's the clients who are doing best e.g. literate/healthy that tend to advocate and have "voice". Not Northcote to represent women in Sunbury*". His advice was to "*Get voice into WHIN and interaction with health services – build in the voice, and resource it via Fee for Service + fund the person with lived experience*".

Pauline Wright suggested that WHIN is well placed to coordinate lived experience panels, especially with victim survivors as most organisations struggle with this. *Client voice – harness it for agencies?* It's not real for us to engage one ex-client from a year ago e.g. V/S on committee? "*WHIN could get people in and get them trained – so we can all hear stories and experiences"*

Last words from stakeholders

Jillian Dent: State election 2022? Next 4 years – political? Prep for state government elections. Be organized as a collective on shared priorities. "*WHIN have good reputation and we enjoy working with them across the region*"

Petra Begnell "*Be visionary. Always look to next thing. Disrupt or you'll fall behind. There are competitors for attention - WHIN has been blessed with opportunities and has taken advantage."* Petra also suggested looking at WHSs in USA, where there is more philanthropic activity – with interesting work and projects to look at.

Daryl Glynn: "*To summarise opportunities: work with ACCOs; focus on emerging communities; leverage mental health funding*" and regarding the interview process, "*so many organisations don't reach out to government. It's good they want people's voice e.g. to ask stakeholders – I praise them for the approach*".

Mick Geary: "*If there was no WHIN what would be lost? Knowledge of the community. Hold services to account. Especially where services are businesses. Collective responsibility*"

Jeremy Hearne: *"Do the changes of the last few years offer an opportunity to do less on capacity building and revisit mission and vision to refocus work?"*

Steve O'Malley: Keep doing IWD, 16 days and 10 Dec human rights day; affiliation with international women's development. Keep doing the work with areas relevant to women's health/gender equity e.g. gambling. Keep up the research. Enviro Justice/disaster role and links with gendered violence very important. Bushfire affected areas! Huge CALD client base – Craigieburn is different to western and eastern suburbs.

Jade Blakkerly: "*Great job – well respected – well placed*"

Claire Vissenga: *"FPV welcomes the opportunity to work with WHIN – a trusted and respected partner"*

Priorities

Numerous potential priorities flowed from the interviews, underpinned by WHIN's capabilities, great connections, regional role and potential to deeply understand current and emerging gendered issues in the NMR:

- "COVID Recovery" as a stream that integrates numerous partnership and program activity;
- Supporting implementation of the G/E Act (including use of GADPod learnings to engage with mainstream organisations including emergency services);
- Continue to lead regional work to prevent gendered violence;
- Focus family violence systems leadership on Hume TOD rollout and other developmental/ intersectional aspects of service access – possibly pilot a Lived Experience panel.
- Partnering with health and other services scaling up the gendered aspects of mental health
- Develop the intersectional aspects of SRH activity.

For further discussion!

Cath Smith and Jess Bounds, 1 June 2021.

ENDS