



**WOMEN'S HEALTH**  
**GOULBURN NORTH EAST**

*Challenging inequity, embracing diversity.*

## **Sexual and Reproductive Health Policy Scan, 2013**

This Sexual and Reproductive Health Policy Scan has been developed by Women's Health Goulburn North East (WHGNE) in 2013 to contribute to the strategic directions of the Sexual Reproductive Health, Hume region strategy.

The key interests that have been considered in the scan include:

- Key policy and legislative directions, action plans, frameworks, prevention strategies, position papers and networks that relate to young men and women's health and wellbeing
- Sexual and Reproductive Health determinants of young men and women, particularly vulnerable populations within these.

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## International Context

### *CEDAW Action Plan for Women in Australia*

CEDAW is the United Nations Convention on the Elimination of All Forms of Discrimination Against Women, the international bill of rights for women which Australia has ratified. The CEDAW plan points out what the Australian Government should do to carry out the Committees recommendations around upholding and protecting women's human rights in Australia. The UN last reviewed Australia's performance 2010 and made a series of recommendations. These recommendations focus on anti-discrimination and human rights protection, participation in public and political life, violence against women, employment, education, Aboriginal and Torres Strait Islander women, women with disabilities, and culturally and linguistically diverse women. <http://www.ywca.org.au/advocacy-policy/our-united-nations-work/cedaw>

### *UN Women*

The United Nations General Assembly created UN Women, the United Nations Entity for Gender Equity and the Empowerment of Women, in July 2010. The UN has and continues to make significant progress in advancing gender equality. The main roles of the UN Women include; supporting inter-governmental bodies in their formulation of policies, global standards and norms, help Member States to implement these standards and to hold the UN system accountable for its own commitments on gender equality.

UN Women's focus is on upholding women's rights to participate in public life, the removal of barriers to equal participation, education and health care.

<http://www.unwomen.org/>

### *Global Ambassador for Women and Girls*

In 2011 Australia appointed their first Global Ambassador for Women and Girls. Penny Williams, career diplomat, is at the forefront of ensuring that there are improvements in access to education and health services for women and girls. In Australia, Ms Williams will champion the needs of women and girls in foreign policy thinking. On the world stage, she will be an international advocate for the Australian Government's work.

<http://www.ausaid.gov.au>

**Points of interest:** As a feminist organisation leading a regional strategy to address the gaps and barriers to sexual and reproductive health for young men and women, these plans and leaders in their field provide direction for which this strategy can take shape.

## National Context

### *National Women's Health Policy*

The Government's Department of Health and Ageing coordinated the development of the National Women's Health Policy in 2010, which recognises the solid foundation of the inaugural Policy in 1989. The policy aims to improve the health and wellbeing of all women in Australia by addressing the key social determinants of health with a particular focus on four priorities:

- Prevention of chronic disease and control of risk factors
- Mental health and wellbeing
- Sexual and reproductive health
- Healthy ageing

As a result of the consultation process, five goals were established which are intended to bring to light the health inequities between men and women.

- 1) Highlight the significance of gender as a key determinant of women's health and wellbeing
- 2) Acknowledge that women's health needs differ according to their life stage
- 3) Prioritise the needs of women with the highest risk of poor health
- 4) Ensure the health system is responsive to all women, with a clear focus on illness prevention and health promotion
- 5) Support effective and collaborative research, data collection, monitoring, evaluation and knowledge transfer to advance the evidence base on women's health.

As it stands, there is no funding available to support the priorities and key goals set out in the National Women's Health Policy nor have implementation measures been considered.

<http://www.health.gov.au/womenshealthpolicy>

**Points of interest:** The first national women's health policy was more progressive than its successor. Women's health, safety and wellbeing were at the forefront of the political agenda to improve the health status of women.

### *National Male Health Policy*

The National Male Health Policy was coordinated in 2010, the first of its kind in Australia. The policy encompasses 6 priority areas for action to improve the health of all Australian men. They are:

- 1) *Optimal health outcomes for males*
- 2) *Health equity between population groups of males*
- 3) *Improved health for males at difference life stages*
- 4) *A focus on preventive health for males, particularly regarding chronic disease and injury*
- 5) *Building a strong evidence base on male health and using it to inform policies, programs and initiatives*
- 6) *Improved access to health care for males through initiatives and tailored healthcare services, particularly for male population groups at risk of poor health*

A funding commitment of \$16.7 million will be invested in men's health programs that are designed to support the policy, such as men's sheds, health promotion materials and a national longitudinal study on men's health. Despite evidence that shows Australian men's violence against women is both pervasive and prevalent, the plan does not commit to redressing the health implications of men's violence against women, children or other men. The supporting document, *Social Determinants and Key Actions Supporting Male Health*, has a significant focus

on men as victims of violence with no comparable focus on women's victimisation. There is therefore an inference that rates of intimate partner violence by women and men are equivalent.

<http://www.health.gov.au/malehealthpolicy>

## *National Plan to Reduce Violence against Women and their Children*

The National Plan to Reduce Violence against Women and their Children 2012-2022, the first of its kind, sets out a framework for action over the coming 12 years. The core objectives of the plan are focused on the upholding of human rights of Australian women and their children to live free from violence.

The plan outlines 6 national outcomes for all governments to deliver during the next 12 years.

1. *Communities are safe and free from violence*
2. *Relationships are respectful*
3. *Indigenous families are strengthened*
4. *Services meet the needs of women and their children experiencing violence*
5. *Justice responses are effective*
6. *Perpetrators stop their violence and are held to account*

The plan has incorporated primary and secondary prevention strategies with tertiary responses to violence against women. It builds on an extensive amount of research and consultation processes undertaken in 2008 by the National Council to Reduce Violence against Women. POI??

<http://www.facs.gov.au/sa/women/progserv/violence/nationalplan/Pages/default.aspx>

## *National Sexual and Reproductive Health Strategy*

Australia remains without a national sexual and reproductive health strategy that provides a comprehensive overarching evidence-based framework for research, policy and program development, implementation and evaluation. Many of the current policies focus on single issues and don't address the broader social determinants of sexual and reproductive health. A National strategy would enable more accurate data collection and the development and operation of national standards (eg for relationships and sexual health education, workforce training, and health service delivery). In recent years, there have been calls from the Australian Public Health Association and the Australian Sexual Health and Family Planning Association, among other agencies, for a national strategy as evident in the background paper *Time for a National Sexual and Reproductive Health Strategy for Australia*.

<http://www.fpwa.org.au/resources/srhbackground.pdf>

## *National Disability Strategy 2010-2020*

Under this National strategy, all governments are committed to supporting people with a disability to experience improved health outcomes as well as that of their families and carers. This is the first time in Australia's history that governments have made this commitment. The strategy consists of six policy areas:

1. *Inclusive and accessible communities*
2. *Rights protection, justice and legislation*
3. *Economic security*
4. *Personal and community support*
5. *Learning and skills*
6. *Health and wellbeing*

<http://www.fahcsia.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/national-disability-strategy-2010-2020>

**Points of interest:** Importantly, one of the principles guiding this policy is equality between men and women. The strategy highlights the differing challenges between men and women, particularly the inequities experienced by women with a disability. The policy is committed to advancing the strategies toward reducing the violence experienced by women with a disability as well as increased breast and cervical screening rates, which aligns with the Hume regions Sexual and Reproductive priority direction.

## *A Road Home: A National Approach to Reducing Homelessness*

A Road Home is the Federal Government's homelessness strategy. The plan sets out two targets to be achieved by 2020, to halve homelessness and offer supported accommodation to all rough sleepers who need it. The strategy includes a 55 per cent increase on the current investment in homelessness. The agreement provides \$6.1 billion over five years to support the targets.

[http://www.fahcsia.gov.au/sites/default/files/documents/05\\_2012/the\\_road\\_home.pdf](http://www.fahcsia.gov.au/sites/default/files/documents/05_2012/the_road_home.pdf)

**Points of interest:** The strategy addressed domestic and family violence and sexual assault as one of the major underlying causes of homelessness among women and children. Based on this evidence, through an integrated approach between state and territory governments and not-for-profit organisations, service models have the following features:

- Specialist workers to carefully assess the safety and support needs of women and children to stay in their homes
- Brokerage funds that could be used to stabilise housing or increase home security for women and children
- Integrated criminal justice, health and community service policies and protocols to support women and their children.

## *National Disability Insurance Scheme*

In February 2010, the government commissioned a Productivity Commission inquiry into a long-term care and support scheme for people with a disability in Australia. The report recommends a national disability insurance scheme to provide all Australians with insurance for the costs of support if they or a family member acquire a disability. The scheme will be phased in from 2014 and will be fully operational by 2018.

<http://www.ndis.gov.au/>

**Points of interest:** The report failed to acknowledge gender inequity and its implications, such as the increased risk of partner violence experienced by women with a disability. Crucial to the safety and positive health outcomes of women with a disability is their ability to access appropriate services where their needs will be met by professionals who understand and take on a social model of health, prevention approach.

## *National Sexual Assault, Family and Domestic Violence Counselling Line*

The Commonwealth Government has established a national domestic violence and sexual assault telephone counselling service, providing \$12.5 million over four years to fund the new 24-hour service. The service provider, Medibank Health Solutions, is required to sub-contract expertise from the domestic violence and sexual assault sector to ensure that the specialised counselling, information and advice meets best practice standards.

<http://www.facs.gov.au/sa/women/progserv/violence/help/Pages/default.aspx>

## *Marriage Equality Amendment Bill 2012* *Marriage Amendment Bill 2012*

The Marriage Equality Amendment Bill and the Marriage Amendment Bill both seek to remove all discriminatory references in the *Marriage Act 1961* and amend the definition of marriage. The *Marriage Amendment Bill 2012* seeks to repeal the definition of marriage and substitute the words 'a man and a woman' with the words 'two people'. The *Marriage Equality Amendment Bill 2012* goes further in redefining the definition of marriage as 'the union of two people, regardless of their sex, sexual orientation or gender identity, to the exclusion of all others, voluntarily entered into for life.' On the 18 June 2012 these Bills were tabled for federal parliament.

<http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id:legislation%2Fbillhome%2F4748>

## *Family Law Amendment (Family Violence and Other Measures) Bill 2011*

In November 2011, Family Law Legislation Amendment (Family Violence and Other Measures) Bill (with government amendments) was passed. The new act amends the *Family Law Act 1975* to protect children and families at risk of violence or abuse by prioritising the safety of children in parenting matters. This includes harmful behaviour in the definitions of 'abuse' and 'family violence' and requires family counsellors, dispute resolution practitioners and legal practitioners to prioritise the safety of children; placing additional reporting requirements for evidence to courts; and child protection authorities to participate in family law proceedings where appropriate.

<http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id:legislation/billhome/R4562>

## *Equal Opportunity for Women in the Workplace Amendment Bill 2012*

The Australian government introduced legislation into parliament on 1 March 2012 to improve gender equality outcomes in Australian workplaces, following a review of the *Equal Opportunity for Women in the Workplace Act 1999*. The main objectives of the Act are to promote and improve gender equality in the workplace, with specific recognition of equal remuneration and a focus on the removal of the barriers to women's full participation in the workforce.

The bill will amend the title of the 1999 Act to *Workplace Gender Equality Act 2012* and sets out gender equality indicators and allows for minimum standards and performance benchmarks to be developed over time in consultation with industry and experts. The Act specifically refers to equal pay for women and men and organisations will have to report on pay data. The bill also moves from women-specific to gender-neutral language, such as changing the name of the agency from the Equal Opportunity for Women in the Workplace Agency to the Workplace Gender Equality Agency.

<http://www.fahcsia.gov.au/our-responsibilities/women/programs-services/economic-security/the-workplace-gender-equality-act-2012>

**Points of interest:** While this proposal has some potential on face value, shifting to gender-neutral language before the problems of women are resolved can mask the political and gendered nature of these problems.

## *Sex and Age Discrimination Legislation Amendment Bill 2010*

In May 2011, the *Sex and Age Discrimination Legislation Amendment Bill 2010* was passed. The new law significantly strengthens Australia's Sex Discrimination Act by:

- prohibiting discrimination on the basis of family responsibilities for men and women in all areas of employment
- establishing breastfeeding as a separate ground of discrimination, and allowing measures to be taken to accommodate the needs of breastfeeding mothers
- introducing new protections from sexual harassment for students, including by way of new technologies such as the internet, social networking sites and mobile phones.

Disappointingly, one amendment that would have strengthened protection against indirect discrimination on the basis of family responsibilities was rejected in the senate. This amendment provides a lower level of protection, particularly for men who might experience indirect discrimination in relation to family responsibilities. There is also a concerning exemption that allows state and territory laws to prevent transgender people who marry from changing their legal sex on identity documents. For further information see:

[http://www.aph.gov.au/Senate/committee/legcon\\_ctte/sexandagediscrimination2010provisions/report/index.htm](http://www.aph.gov.au/Senate/committee/legcon_ctte/sexandagediscrimination2010provisions/report/index.htm)

## *AANA Code of Ethics Review*

In August 2010, the Australian Association of National Advertisers (AANA) undertook a review of their code of ethics, which provides the overarching set of principles to which all advertising and marketing communications should comply. The object of the Code is to ensure that advertisements are legal, decent and truthful, bearing in mind the responsibility to the consumer and society at large.

Revisions to the code released in November 2011 now state that 'advertising or marketing communications should not employ sexual appeal in a manner which is exploitative and degrading of any individual or group of people'. This means that it is now possible to successfully change advertising that is sexually exploitative of women and girls, where these grounds for complaint were not previously available.

<http://www.aana.com.au/codes.html>

## **State Context**

### *Victorian State Government*

The Liberal/National Coalition Government led by Premier Ted Baillieu was elected on 27 November 2010. With fixed terms and election date the next state election is to be held in November 2014.

In the lead up to the state election, WHG's health promotion advocacy included working in partnership with Women's Health Association of Victoria to organise the 'Setting Our Agenda' Political Forum, which gave the major political parties in Victoria an opportunity to respond to the call for transparent, measurable outcomes for women's health, safety and wellbeing. WHG also participated in the WHAV campaign *I Vote for Choice* to support state MPs who supported women's right to access safe and legal abortion.

Key policy documents that became 'former government policy' include:

- ***Victorian Women's Health and Wellbeing Strategy 2010-2014***
- ***Victorian Men's Health and Wellbeing Strategy 2010-2014***
- ***A Right to Respect: Victoria's Plan to Prevent Violence Against Women 2012-2020*** – the ten-year plan engaged statewide and place-based primary prevention strategies that work to redress the key social drivers of violence against women across five key settings
- ***A Right to Safety and Justice: Strategic Framework to Guide Continuing Family Violence Reform in Victoria 2010-2020*** – the Labor government's strategic framework to guide family violence reform in Victoria from 2010 until 2020
- ***A fairer Victoria***

### *Victorian Government Violence Against Women Action Plan*

This plan reflects the Baillieu Government's commitment to preventing violence happening, holding perpetrators to account for their actions and providing support to women and children who experience violence. The government is investing \$90 million in 2012-2013 which will fund a range of prevention, early intervention and response measures, specifically tackling family violence and sexual assault.

#### **Action Plan: summary**

- **Vision:** That Victorian women and their children live free from violence
- **Objective:** To eliminate all forms of violence against women in the long term. To intervene earlier and to respond more effectively in the short term

The action areas:

- **Prevention:** Strategies to prevent violence against women and their children from occurring in the first place Prevent violence against women and their children by fostering relationships, organisations, communities and cultures that are **gender equitable and non-violent**.

- **Early intervention:** Strategies that enable early intervention where individuals or groups are at risk of experiencing violence or of being violent, so that this violence is not experienced or committed. Intervene earlier by **identifying and targeting individuals and groups** who exhibit early signs of violent behaviour or of being subjected to violence
- **Integrated response:** Strategies to support victims of violence after it has occurred and to hold perpetrators to account  
Respond through an integrated system which provides **consistent, coordinated and timely responses to women and their children** and which holds perpetrators to account

Current financial commitment of government:

- Prevention \$4 million
- Early intervention \$2 million
- Response \$70 million

<http://www.dhs.vic.gov.au/for-business-and-community/community-involvement/women-in-the-community/preventing-violence-against-women/action-plan-to-address-violence-against-women-and-children>

### *Victorian Health Priorities Framework 2012-2022: Rural and Regional Plan*

In May 2011 the Victorian Government released the Victorian Health Priorities Framework 2012–2022, which provides the blueprint for the planning and development priorities for the Victorian healthcare system for the coming decade. The framework provides the foundation for the Rural and Regional Health Plan. It has been applied to the rural and regional health system to drive the development of key actions that will deliver services in rural and regional Victoria that are more responsive to people’s needs and rigorously informed and informative.

The plan delivers on a key promise of the government: better long-term planning across the health system. The plan addresses particular issues facing rural and regional Victorians such as travel time to specialist services and the ageing of the population. It also addresses the relative differences within rural Victoria and with metropolitan Melbourne in terms of population health status and outcomes.

The framework identifies 7 priorities for rural and regional Victoria:

1. Developing a system that is responsive to people’s needs
2. Improving every Victorian’s health status and health experiences
3. Expanding service, workforce and system capacity
4. Increasing the system’s financial sustainability and productivity
5. Implementing continuous improvements and innovation
6. Increasing accountability and transparency
7. Utilising e-health and communication technology

In developing the *Victorian Health Priorities Framework* the Ministerial Advisory Committee identified a number of key areas that required further consideration. Women’s Health is listed here:

*Women's health. To improve the health and wellbeing of all rural and regional women (with an emphasis on those most at risk), the development and dissemination of health information and research, and the provision of community and professional education is required. These activities should take place directly with women and in partnership with the health and community sectors.*

<http://docs.health.vic.gov.au/docs/doc/Victorian-Health-Priorities-Framework-2012-2022:-Rural-and-Regional-Health-Plan>

## *Victorian Public Health and Wellbeing Plan 2011-2015*

The *Victorian Public Health and Wellbeing Plan* aims to improve the health and wellbeing of all Victorians by engaging communities in prevention, and by strengthening systems for health protection, health promotion and preventive healthcare across all sectors and all levels of government. There are nine strategic objectives:

1. Build prevention infrastructure to support evidence-based policy and practice
2. Develop leadership and strengthen partnerships to maximise prevention efforts across sectors
3. Review financing and priority-setting mechanisms to ensure available resources are based on population need and potential for impact
4. Develop effective modes of engagement and delivery of evidence-based intervention in key settings
5. Strengthen local government capacity to develop and implement public health and wellbeing plans
6. Improve health service capacity to promote health and wellbeing
7. Integrate statewide policy and planning to strengthen public health and wellbeing interventions
8. Increase the health literacy of all Victorians and support people to better manage their own health
9. Tailor interventions for priority populations to reduce disparities in health outcomes

Although this plan takes on a health protection-preventative approach, there is a heavy focus on individual responsibility, health literacy and (downstream) health promotion actions primarily in the context of focusing on lifestyle-related risk factors such as smoking, diet and physical activity to reduce the economic burden of disease. The role of local government in fostering healthy communities has been widened and enhanced and the private sector has been acknowledged as a key partner in prevention. The plan has a limited focus on gender and diversity.

The nine statewide health promotion priorities identified in this document are:

- increasing healthy eating
- increasing physical activity
- controlling tobacco use
- improving oral health
- reducing misuse of alcohol and drugs
- promoting sexual and reproductive health
- promoting mental health
- preventing injury
- preventing skin cancer

<http://www.health.vic.gov.au/prevention/vphwplan>

## *Victorian Homeless Action Plan 2011-2015*

\$76.7 million has been committed to a range of initiatives under the Victorian Homeless Action Plan including supporting people early so as to avoid them becoming homeless and better integration of services to meet their needs. Of the initial \$76.7 million, \$25 million will fund Innovation Action Projects across Victoria. These include, three new 40-bed 'Youth Foyers' for young people who are homeless which will link accommodation with education, training and employment and five new 'Work and Learning Centres' located on public housing estates will link tenants with education and training. The plan focuses on three key areas:

- supporting innovative approaches to homelessness
- investigating models that focus specifically on early intervention and prevention
- targeting resources when and where they are most needed and where they will make the biggest difference

The Baillieu government intends to implement reforms that are outcome based and focus on an integrated and coordinated service system that includes specialist housing services and a broad range of mainstream services.

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/victorian-homelessness-action-plan-2011-2015>

## *Victorian State Disability Plan 2013-2016*

The Victorian State Disability Plan 2013–2016 sets out how the Victorian Coalition Government will work with the disability sector and the broader community to break down barriers faced by people with a disability. The plan has four key goals:

1. Build a strong foundation for education and health outcomes for people with a disability
2. Uphold the rights of people with a disability and promote their participation in the community
3. Improve access and transport for people with a disability
4. Prepare Victoria to make a successful transition to a viable National Disability Insurance Scheme (NDIS) and reformed system of disability support

The draft plan is open for community consultation and feedback until Wednesday 11 July 2012 and will be finalised in 1 January 2013.

The plan acknowledges that family violence and sexual assault is a priority, that women are more likely to be carers of people with a disability and that many women with a disability do not access preventative healthcare. <http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/plans-and-strategies/disability-services/state-disability-plan>

## *Victorian Refugee Health and Wellbeing strategy*

The state government is working in partnership with the Victorian Refugee Health Network and the Advisory Committee to develop a Victorian Refugee Health and Wellbeing Strategy. The paper provides an overview of the key findings identified through the consultation process:

- A broader determinants lens to understand the impact of external factors on the health of people from refugee backgrounds such as housing, education and literacy levels, under employment, changed social status.
- Enablers of quality refugee health care include: effective communication, expertise in refugee health, culturally responsive services, accessibility, service coordination and flexibility of service models.
- Health issues of greatest concern include oral health, social connection, maternal health, sexual and reproductive health, diet and nutrition, chronic disease, infectious and vaccine preventable diseases, mental health, alcohol and other drugs, vitamin D, and vision and hearing

[http://docs.health.vic.gov.au/docs/doc/0F60BD1E412C7014CA257A6000095286/\\$FILE/Consultation%20Summary%20-%20Victorian%20refugee%20health%20and%20wellbeing%20strategy.pdf](http://docs.health.vic.gov.au/docs/doc/0F60BD1E412C7014CA257A6000095286/$FILE/Consultation%20Summary%20-%20Victorian%20refugee%20health%20and%20wellbeing%20strategy.pdf)

**Points of interest:** Health literacy, the effects of gender, stigma and discrimination, the ability to access and use health services, are highlighted as some of the broader factors affecting the health of people from refugee backgrounds. These are concurrent with WHGNE research and inform future direction of the Hume region Sexual Reproductive Health Strategy.

## *Statewide Sexual and reproductive health strategy*

In keeping with the national context, Victoria has a number of sexual and reproductive health strategies that focus on sexually transmitted infections, blood born viruses and Indigenous sexual health. However, Victoria is without a comprehensive statewide strategy.

**Points of interest:** Women's Health Association of Victoria has strongly advocated the need for a statewide sexual and reproductive health strategy in 2011 through the position paper, *Proposal for a Victorian Sexual and Reproductive Health Strategy*, and meetings with the Minister for Health and Minister for Women's Affairs.

[http://www.whin.org.au/images/PDFs/whav\\_proposal\\_for\\_statewide\\_srh\\_strategy.pdf](http://www.whin.org.au/images/PDFs/whav_proposal_for_statewide_srh_strategy.pdf)

## *The Centre of Excellence in Intervention and Prevention Science*

CEIPS is a new public health research capacity, established to strengthen the preventive health effort in Victoria. An initiative of the Victorian Health Department, it is a private, not-for-profit company limited by guarantee. Independent of the Health Department and the Universities, it works closely with both to help improve the health and well-being of all Victorians. The centre has its own research agenda, to advance the science of systems thinking and its application to population health, and will act as a catalyst to support new working relationships between research, policy and practice. Their main focus is to support the implementation of the prevention community model, which has been implemented in a number of pilot local government areas across Victoria.

<http://ceips.org.au/>

## *Women's Health Program*

WHGNE Health Promotion is funded by the Department of Health under the Women's Health Program. Established in 1987, the aim of the Victorian Women's Health Program was to provide services 'by women for women'.

**Aims:** To Improve the health and well being of all Victorian women (with an emphasis on those most at risk), through the development and dissemination of health information and research and through the provision of community and professional education. These activities take place directly with women and in partnership with the health and community sectors.

The dual strategy of delivery gender-specific health services whilst working to improve mainstream services remains a key aspect of women's health. A total of 12 services are funded through the Women's Health Program in Victoria (VWHP). They include 9 regional services and three statewide services.

**Targets:** Women's Health Services work to improve the health and wellbeing of all women, but prioritize those population groups for whom access to health services is difficult. These include Koori women; women from culturally and linguistically diverse backgrounds; women with disabilities; rural women and those identified by state-wide, regional and community health planning processes.

**Philosophy:** Women's Health Services are based on an understanding of health within a social context and recognises that:

- health factors are determined by a broad range of social, environmental and economic factors
- differences in health status and health outcomes are linked to a range of factors including gender, sexual orientation, socioeconomic status, ethnicity and disability, and
- health promotion, prevention, equity of access and strengthening the community and home-based health system are necessary along with high quality treatment services.

<http://www.health.vic.gov.au/vwhp/>

## *Prevention Community Model*

The Prevention community model (PCM) aims to improve health and reduce health disparities in selected Victorian communities. It is jointly funded by the State Government of Victoria and the Australian Government.

The PCM aims to improve people's health outcomes by addressing the underlying causes of disease. The PCM is using local partnerships and a skilled health promotion workforce to deliver disease prevention in 12 local prevention areas that include 4 local government authorities.

Existing health promotion efforts will be strengthened through alignment with the new prevention system and by providing access to:

- a significant new prevention workforce and a workforce development strategy

- tailored interventions at the community level, including significant funding to implement healthy living programs
- support for the implementation of health promoting policies in schools and workplaces
- community level and state-wide health promotion networks
- support for the establishment of local partnerships for health
- innovation in community engagement and social marketing
- research and evaluation support via the newly established Centre of Excellence in Intervention and Prevention Science (CEIPS).

Prevention areas will undertake community assessment and system mapping so that healthy living programs can be selected and delivered in accordance with community needs. The only PCM site in the Hume region is City of Wodonga.

An investment of over \$80 million from the National Partnership Agreement on Preventative Health with the Victorian government will combine to make this model effective.

\*\*\*Link to SRH?? le disease prevention but aligns with the same principles of access to information/resources and using a preventative approach to health outcomes

[http://docs.health.vic.gov.au/docs/doc/BB2F0E106F1BFCB3CA2579AA0000EF53/\\$FILE/Prevention%20Community%20Model%20FAQ%20FINAL%20feb%2015%202012.pdf](http://docs.health.vic.gov.au/docs/doc/BB2F0E106F1BFCB3CA2579AA0000EF53/$FILE/Prevention%20Community%20Model%20FAQ%20FINAL%20feb%2015%202012.pdf)

### *Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012-2022*

In May 2012, the Victorian government launched *Koolin Balit*, which outlines the strategic directions for Aboriginal health over the next ten years. The strategic directions guide two year actions plans and respective targets to be implemented by the Department of Health both centrally and regionally. The policy objectives are to:

- close the gap in life expectancy for Aboriginal people living in Victoria
- reduce the differences in infant mortality rates, morbidity and low birthweights between the general population and Aboriginal people
- improve access to services and outcomes for Aboriginal people.

The six key priorities of the policy include: a healthy start to life; a healthy childhood; a healthy transition to adulthood; caring for older people; addressing risk factors; and managing illness better with effective health services.

**Points of interest:** The policy cites gender as a 'risk factor' and acknowledges the need for gender sensitive approaches to redress the health needs of Aboriginal men and women. However, this is predominantly discussed in reference to chronic diseases, health behaviours and lifestyles, rather than the need for a gender sensitive approach across all six of the key priority areas. Importantly, the policy outlines strong Aboriginal organisations and improving data and evidence as key enablers for the policy.

### *Strong Culture, Strong Peoples, Strong Families*

The aim of the Strong Culture, Strong Peoples, Strong Families 10 year plan is to lead the development of a safer Victoria for all Indigenous families and communities. The Indigenous community and the Victorian Government, in partnership, plan to action eight key targets:

- 1) Cultural safety: Make Victoria a safer place for all Indigenous Victorians
- 2) Healthy families: Support strong, robust and healthy families that provide a safe nurturing environment

- 3) Education, awareness and prevention: Intervene early to improve education, awareness and prevention of family violence
- 4) Safety for victims: Increase the safety of Indigenous families and individuals, especially women and children
- 5) Accountability: Increase the accountability and personal responsibility of perpetrators of family violence within Indigenous communities
- 6) Healing: Increase opportunities for healing for victims and perpetrators
- 7) Service capability: Increase the cultural competency and capacity of the service system to improve responses to Indigenous family violence
- 8) Research and evaluation: Improve the effectiveness and efficiency of responses to Indigenous family violence through ongoing research and evaluation.

<http://www.dpcd.vic.gov.au/indigenous/strong-culture,-strong-peoples,-strong-families-ten-year-plan>

### *Engage, Involve, Create – Youth Statement*

The Victorian Government’s new youth statement, Engage, Involve, Create, launched by the Minister for Youth Affairs Ryan Smith at the Victorian Young Thinkers forum in April, outlines the commitment to ensure young people are supported to achieve their full potential, participate in the workforce and are involved in the community, now and into the future. Under the policy, young people will: ‘be engaged in education and training, and employment; involved in decision making activities, programs and in their communities; and create change, enterprise and culture’. The policy outlines three priorities:

1. Getting young people involved – supporting the full and active participation and engagement of all young people to ensure: social participation; community participation and economic participation
2. Services that meet the needs of young people – creating better outcomes by allowing young people to access services that are: young people focuses, integrated, and provided at the right time
3. Create new ideas and partnerships – families and young people, government, business, community and philanthropic organizations all working in partnership to deliver a range of outcomes for young people.

**Points of interest:** This policy fails to consider gender and the different policy, program and service responses needed by young women and men. Despite sexual ill health disproportionately affecting young people, there is no commitment to sexual health and healthy relationship education programs or the provision of youth friendly sexual health services.

<http://www.dhs.vic.gov.au/about-the-department/news-and-events/news/general-news/a-vision-for-all-young-victorians-to-engage,-involve,-create>

### *Launch of ‘No to Homophobia’ campaign*

The Department of Health funded ‘No to Homophobia’ campaign was launched in October 2012. The initiative is led by the ALSO Foundation in partnership with the Victorian Gay and Lesbian Rights Lobby, Transgender Victoria and the Anti-Violence Project of Victoria, with key support from the Human Rights Law Centre, Headspace and the Victorian Equal Opportunity and Human Rights Commission. The campaign aims to challenge all forms of harassment and discrimination faced by people who are gay, lesbian, bisexual, transgender, queer and intersex (GLBTQI). It aims to reduce the incidence of homophobic, biphobic and transphobic harassment in Victoria, and empower GLBTIQ people and the broader community to respond to and speak out against harassment and discrimination.

<http://www.notohomophobia.com.au/>

**Points of interest:** No To Homophobia is the first campaign of its kind to be broadcast on mainstream national television. While the campaign focus is on harassment in Victoria, No To Homophobia sends the message to all Australians that homophobic, transphobic and biphobic harassment are never acceptable, and that those who experience unlawful harassment have official avenues to respond to it, including the Victorian Equal Opportunity and Human Rights Commission and the police, which can result in consequences for perpetrators.

### *Equal Opportunity Act 2010 Vic*

In April the Victorian government passed the [Equal Opportunity Act 2010](#)<sup>1</sup>. The act makes several significant changes to the current anti-discrimination legislation, including widening the definitions of direct and indirect discrimination to make it easier to establish a claim; extending protection against sexual harassment to unpaid workers and volunteers; and enabling complainants to lodge claims directly with the Victorian Civil and Administrative Tribunal. The act clarifies that an employer has a positive duty to make 'reasonable adjustments' for a person with an impairment. For further information see:

[http://www.humanrightscommission.vic.gov.au/index.php?option=com\\_k2&view=item&layout=item&id=1123&Itemid=569](http://www.humanrightscommission.vic.gov.au/index.php?option=com_k2&view=item&layout=item&id=1123&Itemid=569)

**Points of interest:** In June 2011, the Baillieu government reversed amendments made to the Act by the Labor government that aimed to limit the exemptions given to churches and religious schools. Churches and religious groups are now able to discriminate against a person due to their religious beliefs, sex, sexual orientation, marital status, parental status or gender identity.

### *Victorian Charter of Human Rights and Responsibilities Act*

The Charter of Human Rights and Responsibilities sets out fundamental human rights and makes it a legal obligation for government to comply with them. On 19 April 2011, Attorney-General Robert Clark announced a review of the charter to be undertaken by the Scrutiny of Acts and Regulations Committee (SARC). The government received almost 4,000 submissions from individuals and organisations, with 95 per cent supporting keeping or strengthening the charter. On 14 March 2012 the government stated that there is an 'ongoing place for courts in protecting rights' under the charter and they have committed to seeking further advice on how courts and tribunals can best fulfil this role. At this stage a number of organisations have seen this as a committed to retaining the charter in its official response to the review. The Baillieu government has held off making a decision on whether to roll back Victoria's Charter of Human Rights, saying it needs to seek legal advice on judicial decisions involving the charter.

<http://www.justice.vic.gov.au/home/your+rights/human+rights/human+rights+charter/>

### *Reducing Violence against Women and their Children Grants*

In February 2012, the Victorian government announced new funds for prevention of violence against women (PVAW). The Victorian Reducing Violence against Women and their Children Grants funding program of \$7.2 million over three years will support primary prevention and early intervention-focused partnership projects across community service organisations and local government. One grant will be available per region (sub regions can also apply) and projects must involve regional partnerships across local government and community organisations.

**Points of interest:** WHGNE was successful securing one of these grants of \$600,000 over three years. The plan is a developmental plan, beginning with the development of a regional PVAWC strategy for 2013-2017. The plan

has a focus on primary prevention and health promotion action to address determinants of violence across Hume region.

## *Law Reform Committee Inquiry into Sexting*

In June 2012, the Law Reform Committee of the Parliament of Victoria called for public comment on the incidence, prevalence and nature of sexting, and the efficacy of current educational initiatives for young Victorians. The committee also called for consideration of current laws that pertain to sexting, most notably the Sex Offenders Registration Act 2004 and its application to minors who engage in sexting.

[http://www.parliament.vic.gov.au/images/stories/committees/lawrefrom/isexting/LRC\\_Sexting\\_Final\\_Report.pdf](http://www.parliament.vic.gov.au/images/stories/committees/lawrefrom/isexting/LRC_Sexting_Final_Report.pdf)

## *Women's Health Association of Victoria (WHAV):*

### *WHAV 10 point plan for Victorian Women's Health 2010-2014*

The Women's Health Association of Victoria (WHAV) is made up of the nine regional and two state-wide women's health services funded under the Victorian women's health program (DoH). WHAV act as the peak body for women's health services and the WHAV committee meetings are designed to facilitate the collaboration between member organisations.

The 10 point plan 2010-14 builds on the Women's Health Matters 2006 document, *From Policy to Practice – Setting an Agenda for Victorian Women's Health* and reiterates the call for a whole of government strategy and action plan for improving women's health.

Victorian women's health services advocate for the following 10 points for action over the next five years

1. *A social determinants framework:* that recognises/includes gender as a determinant of Health.
2. *A gender equity approach:* legislating gender equity requirements and a gender-based analysis of health outcomes.
3. *A human rights approach:* prioritises the rights of groups of women at higher risk of poorer health and wellbeing, including those with multiple needs and multiple indicators of disadvantage.
4. *Social inclusion:* takes in to account the different ways in which women from diverse sub-cultures create community and relate to the broader community - such as women in metropolitan, regional and rural communities, Aboriginal and Torres Strait Islander women, immigrants and refugee women, women with disabilities and same sex attracted women.
5. *A diversity rather than a lifecourse approach to women's health policy:* that recognises the diversity and complexity of women's lives and aligned with a social determinants approach.
6. Retain and increase funding to women's specific services.
7. *High level cross-government:* leadership, coordination and oversight by the premier's office.
8. *Provide new funding to ensure that new initiatives and research can realistically deliver required changes and improvements.*
9. *Establish and resource mechanisms that ensure an inclusive approach:* establishment of Women's Advisory Committees within each of the critical portfolio areas, and the establishment of diversity units across all government departments.
10. Resource the following **key priority areas and recommendations:**
  - Women in a changing society
  - **Sexual and reproductive health**
  - Prevention of violence against women; and
  - Mental wellbeing and social connectedness.

[http://whv.org.au/static/files/assets/325ab91a/10\\_point\\_plan\\_2010-2014.pdf](http://whv.org.au/static/files/assets/325ab91a/10_point_plan_2010-2014.pdf)

## *Disability and Family Violence Crisis Response Initiative*

The Disability Services Division is developing and trialling a Disability and Family Violence Crisis Response Initiative for women with disabilities escaping violence. The program will enable women with a disability who are escaping family violence – particularly from an unpaid carer – to connect with disability services and access short-term disability-related crisis support. The program will complement existing family violence services and supports and may provide funding to cover the costs of items like personal care for disability-related needs. Specialist family violence services and disability services will work in partnership to support the woman escaping family violence and plan for beyond the crisis period.

## **Regional**

### *Medicare Locals*

The establishment of Medicare Locals – a national network of primary health care organisations – will drive improvements in primary health care and ensure that primary health care services are better tailored to meet the needs of local communities. The establishment of Medicare Locals is a key part of the Australian Government's National Health Reforms and represent a shift from hospitals to primary health care including general practice, allied health and community care. Medicare Locals will have a number of key roles in improving primary health care services for local communities.

In the Hume region, we currently have two medicare locals operating.

- **Hume Medicare Local** unites the former Albury Wodonga Regional GP Network and the North East Division of General Practice to cover an extensive area north to Henty and Urana; west to Finley; east to Walwa and Corryong and south to Mansfield. The Hume Medicare Local services an area that includes the NSW Southern Riverina, North East Victoria, the Upper Murray and parts of the Victorian High Country
- The **Goulburn Valley Medicare Local catchment** consists of five Local Government Areas – Moira, Greater Shepparton, Strathbogie, Mitchell and Murrindindi

[http://nphcp.com.au/site/content.cfm?page\\_id=65307&current\\_category\\_code=4314](http://nphcp.com.au/site/content.cfm?page_id=65307&current_category_code=4314)

### *Primary Care Partnerships*

Primary Care Partnerships (PCPs) are made up of a diverse range of member agencies. All PCPs include hospitals, community health, local government and divisions of general practice as core members of the partnerships. The partners can also be specific to local issues and needs. For example, some PCPs have engaged with the police, schools and community groups.

The Primary Care Partnership Strategy and associated program logic outlines the following domains of activity:

- Partnership Development
- Integrated Health Promotion
- Service Coordination
- Integrated Chronic Disease Management

WHGNE actively contribute to the four PCP's in our region, Central Hume, Lower Hume, Upper Hume and Goulburn Valley. They are currently implementing a bridging year plan and working on the development of a new strategic plan for 2013-2015. Department of Health, have confirmed their funding til mid-2015.

<http://www.health.vic.gov.au/pcps/>

## *Hume Region Health Promotion Strategy*

The overarching intentions of the Regional Health Promotion Strategy are to:

- Limit the number of health promotion priorities addressed at the agency and sub-regional (currently Primary Care Partnership) level to allow consolidation of effort and sharing of resources and knowledge
- Support an integrated approach to planning and evaluation at Regional and Sub-Regional (currently PCP) level
- Concentrate IHP activity to focus mainly on the identified state-wide health promotion priorities
- Support an increased focus on evidence-based or evidence-informing practice
- Support an increased focus on vulnerable groups and individuals within the community

### **Implications:**

Every funded health promotion agency will contribute to the regional and sub-regional plan in their PCP catchment. They will report and plan at a catchment level not as individual agencies.

<b>Regional Priority:</b>	Healthy Eating
<b>Sub-regional Priorities:</b>	Alcohol & other drugs (Lower and Upper Central Hume)
	Physical Activity (Upper Hume)
	Mental Health & Social Connection (Goulburn Valley)

Three working parties have been established to guide the implementation of the strategy

1. Planning process and priorities
2. Quality and practice
3. Workforce development

### **WHGNE's Role**

- WHGNE will have a small role in supporting the regional priority "Healthy Eating" with a gender lens and specific focus on vulnerability- food security etc (10% of budget)
- WHGNE will work on two main priorities determined by their health promotion planning process informed by the core WH documents and the population health data available identifying need
- WHGNE will continue to participate in the PCP across the four catchments contributing to the regional priority and sub-regional work that fits within our strategic direction
- WHGNE to continue its leadership role and to consider how they can effectively and equitably contribute to the health and wellbeing of women across the Hume region
- Reporting requirements: WHGNE to submit one plan Sept 2012, covering the two agency priorities and contribute to the regional healthy eating plan through the PCP's
- WHGNE will consider the intentions of the Hume Region Health Promotion strategy where appropriate and use these to guide our work where appropriate

WHGNE IHP Priorities:

1. Prevention of Violence against women and children
2. Promoting sexual and reproductive health
3. Healthy eating

<http://www.upperhumepcp.com.au/uploads/documents/Hume%20Region%20-%20Integrated%20Health%20Promotion%20Strategy%202012-2015.pdf>

## *Hume Region Closing the Health Gap*

Our five priorities for action in closing the health gap in the Hume Region are to:

- improve the interface (client journey) between hospital and primary care services in the Hume Region
- increase the cultural competency of the service system across the Hume Region
- identify health needs and develop service models for the Aboriginal communities living in the Central Hume and Lower Hume PCP catchments
- improve the services and programs available to address the health and wellbeing of young Aboriginal women living in the Hume Region
- reduce the rate of tobacco use in the Aboriginal communities in the Hume Region

As part of this WHGNE has had a three year Closing the health Gap Young Womens Project. **The long term aim of the young women's health project is to "improve the service and support available to address the reproductive health and wellbeing and pregnancy journey of young Aboriginal and Torres Strait Islander women living in Hume region".**

The project *rationale* identifies "sexual health, pregnancy support and ante and post natal care outcomes' as the priority health issues". Sexual health, pregnancy support and ante and post natal care outcomes for young Aboriginal and Torres Strait Islander women living in Hume Region are worse than for non-Aboriginal women.

The project is in its final year of implementation working with Ovens and King CH and Seymour Health.

[http://docs.health.vic.gov.au/docs/doc/B20CBCB7D7266FA5CA2578D3002180CA/\\$FILE/Hume%20Closing%20the%20Health%20Gap%20Plan%202009-13.pdf](http://docs.health.vic.gov.au/docs/doc/B20CBCB7D7266FA5CA2578D3002180CA/$FILE/Hume%20Closing%20the%20Health%20Gap%20Plan%202009-13.pdf)