



Stakeholder Engagement and Impact Survey 2022

Report on feedback from partners,
members and stakeholders on WHISE's
performance



Prepared by
Women's Health in the South East Inc

Acknowledgement of Country

Women's Health in the South East acknowledges the traditional owners of the land of the Southern Metropolitan Region of Melbourne including the Bunurong People and Wurundjeri People of the Kulin Nation. We pay our respects to Elders past, present and emerging. WHISE acknowledges that sovereignty of this land has never been ceded and we are committed to honouring Australian Aboriginal and Torres Strait Islander peoples in our work.

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Who are we?

Women's Health in the South East (WHISE) is the regional women's health service for the Southern Metropolitan Region. WHISE is a not-for-profit organisation that focuses on empowering women.

We work to improve the health and wellbeing of women in our region by providing health information and education to governments, organisations, education providers, and community groups.

Our team of health promotion professionals work to promote gender equality, sexual and reproductive health and the prevention of violence against women.

Primary prevention

Primary prevention in health promotion is at the very core of what we do. It is a deliberate way of changing the underlying causes of poor health. Rather than treating disease, our work seeks to prevent disease. WHISE work aims to reduce incidence of poor health of women in our community.

We train and raise understanding about gender equality because we know that this is the root cause of violence against women. We work in partnership with communities on sexual and reproductive health to support women to take control over their own health and wellbeing.

Health Promotion and Primary Prevention increases community wellbeing and most importantly for us, empowers women.

Where we work

We work across 10 local government areas. Our area of work is called the South Metropolitan Region and consists of approximately 1.3 million people, representing about one-quarter of the state's total population.

We cover Port Phillip, Bayside, Kingston, Frankston, Stonnington, Glen Eira, Dandenong, Cardinia, Casey and Mornington Peninsula.

Acronyms

CALD	Culturally and linguistically diverse
CoP	Community of Practice
GHDS	Good Health Down South
LGA	Local government area
PRET	Promoting Respect & Equity Together
GE	Gender equality
NPS	Net Promotor Score
PVT	Preventing Violence Together
PVAW	Prevention of violence against women
SC	Steering Committee
SMR	Southern Metropolitan Region
SRH	Sexual and reproductive health
WHISE	Women's Health in the South East

Background

WHISE values working in partnership with businesses and individuals in the Southern Metropolitan Region (SMR). These relationships are important as they add to our knowledge of the SMR and inform and strengthen the success of our work. WHISE is informed by these partnerships through Community of Practice (CoP) meetings, Steering Committee (SC) meetings, working group meetings, consultations and more.

In 2019, WHISE made the decision to collect views and feedback more purposefully from our partners. We also wanted to know more about the people and businesses who were connected to WHISE. Thus, the first annual *Stakeholder Engagement and Impact Survey* was undertaken to enable us to better understand the needs of our partners, members and stakeholders, and to help us to better support all women, young girls and gender diverse people in our region. This survey was distributed again in 2020, 2021, and 2022.

With a two-year boost of funding for the Victorian Women's Health Services announced in the 2022/23 State Budget, the government has shown a commitment to eliminating gender inequities and improving outcomes in women's health, safety and wellbeing through primary prevention and health promotion. Thus, measuring our reach and impact is now more important than ever.

The responses to this year's survey are therefore important as they will help to inform the areas/issues and priority areas that WHISE will work/advocate on over the next 12 to 18 months.

This report will provide a summary and discussion of the results from the *Stakeholder Engagement and Impact Survey 2022*.

Methods

The 2022 annual *Stakeholder Engagement and Impact Survey* included the same questions as the previous iterations of the survey. Some of the questions, however, included additional response options to reflect WHISE's evolving work. For example, the question asking, "Which of the following issues and agendas do you know WHISE has presented on and/or produced position papers on?" included several new additions that reflected the work we produced in 2022. The same questions are presented each year to enable comparisons that reveal changing trends.

The survey was open from October 10th, 2022, to January 2nd, 2023. WHISE promoted the survey through social media posts, a banner in WHISE's employee's email signatures, and through their Electronic Direct Mail (EDM) list.

The survey was completed by 54 people. This was a 41% decrease from 2021 when 91 people completed the survey. This may be because the survey was delivered a bit later in the year during a busier time for our partners and stakeholders. Of the 54 respondents, on average 74% (n=40) completed all quantitative questions. On average 30% (n=16) completed all qualitative short-answer questions. The most skipped question was, "Are there any areas around women's health and primary prevention in the South East metro region that you would like to see WHISE work on/advocate on?" (skipped=45). Overall, this survey had a 70% completion rate.

Survey results

About the respondents

Local Government Areas

Figure 1 shows the local government areas (LGAs) that people were working in. As can be seen, respondents **mostly** worked in the following LGAs:

- Greater Dandenong and Casey: both 22%
- Mornington Peninsula: 20%
- Cardinia: 19%

Few respondents worked in:

- Glen Eira: 11%
- Port Phillip: 9%
- Stonnington: 7%

People who selected “other” (7%) said that they worked in:

- Box Hill
- CBD
- Monash
- Buloke Shire

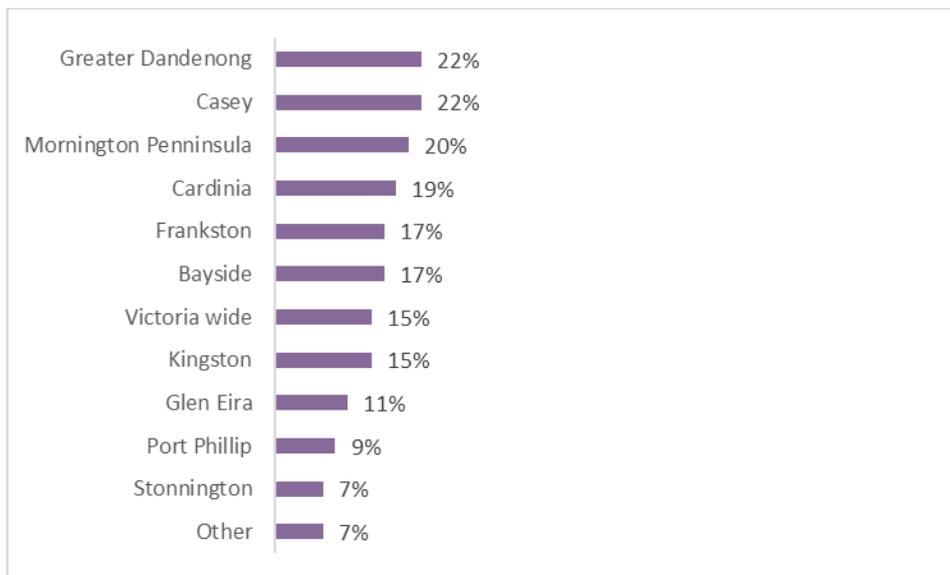


Figure 1. Local government areas that respondents worked in 2022.

Compared with the 2021 survey, Figure 2 shows that 2022 saw **increases** in the proportions of respondents from the following LGAs:

- Stonnington
- Frankston
- Port Phillip
- Glen Eira
- Mornington Peninsula
- Bayside
- Other identified areas mentioned above

Meanwhile, the proportions of respondents from the following LGAs showed **decreases** from 2021 to 2022:

- Cardinia
- Casey
- Greater Dandenong
- Victoria wide
- Kingston

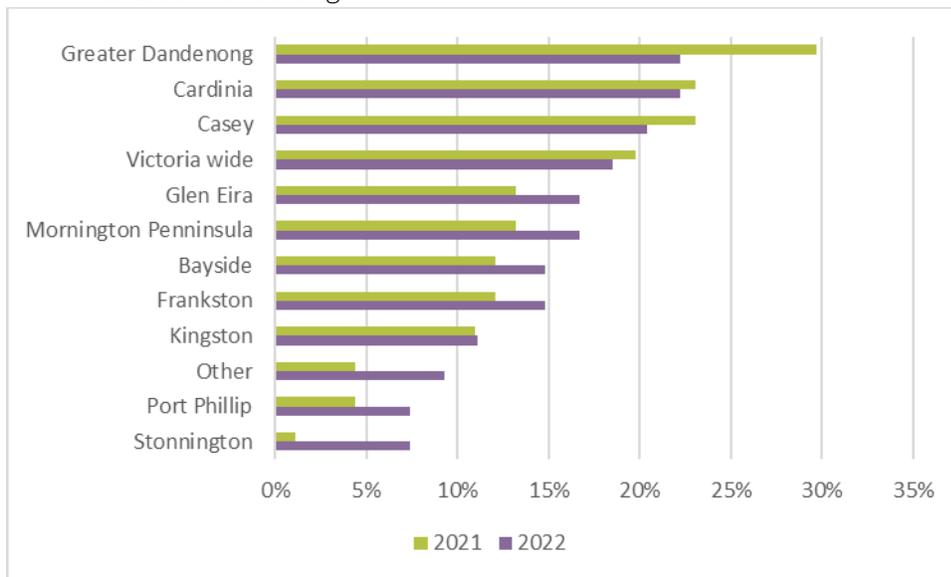


Figure 2. Local government areas that respondents worked in 2021 and 2022.

It was identified that despite a decrease in the proportions of respondents from Cardinia, Casey, and Greater Dandenong, it was recognised these regions have the highest proportions of respondents in both 2021 and 2022.

Type of organisation

In 2022, the respondents worked in a variety of different organisations. As can be seen in Figure 3, the majority of respondents worked in:

- Local government: 33%
- A large not for profit organisation (defined as having a turnover above \$1 million): 20%
- A small not for profit organisations (defined as having a turnover under \$1 million): 15%
- Community health organisations and those who 'do not identify with an organisation': Both 9%

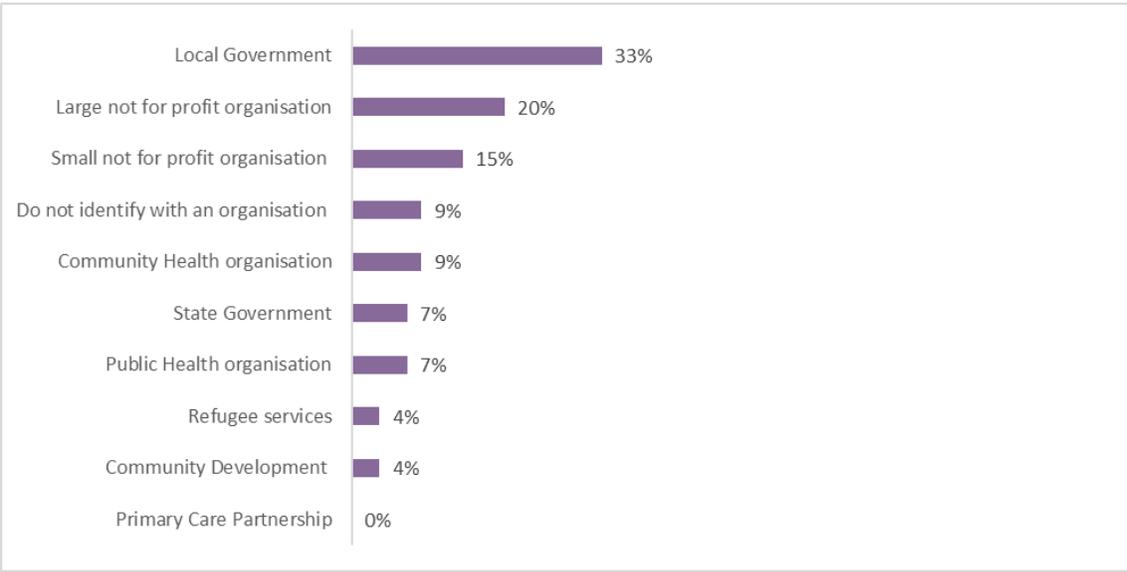


Figure 3. Type of organisation that respondents worked in 2022. Small not for profit = turnover under \$1 million. Large not for profit = turnover above \$1 million.

Figure 4 shows that there were **increases** from 2021 to 2022 in the proportion of respondents who worked in:

- Local Government
- Public health organisation
- Refugee services
- Community Development

However, there were **decrease** respondents working in the following organisations:

- State Government
- Small not for profit organisations
- Large not for profit
- Those who do not identify with an organisation
- Community health organisation

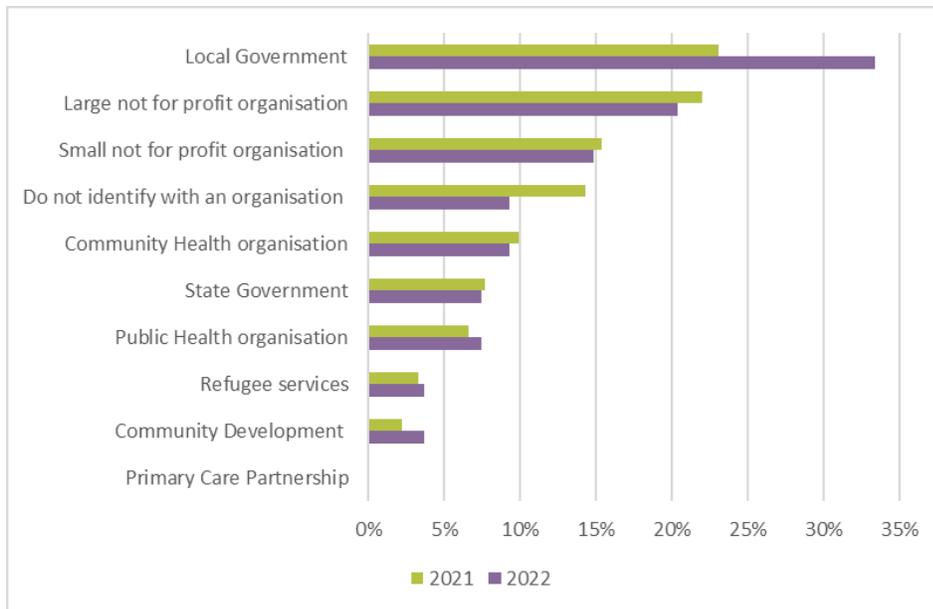


Figure 4. Type of organisation that respondents worked in 2021 and 2022. Small not for profit = turnover under \$1 million. Large not for profit = turnover above \$1 million.

Professional roles

Figure 5 shows that in 2022, the respondents were working in a diverse range of professional roles. Most of respondents entered a profession that was not listed (37%), with the next most popular profession being Manager of staff (24%). The remaining respondents were evenly spread across a variety of professional roles.

The respondents who entered a professional that was not listed are included below:

- Volunteer
- HR Head
- Policy officer
- Social worker
- Positive Aging Officer
- Grants Officer
- Gender Impact Advisor
- Playground Development Officer
- Social Worker
- Advocate
- Strategic Lead Gender Equality
- Community Development
- Disability ageing well, homelessness response and financial wellbeing
- Care and Recovery Clinician
- Early Childhood educator
- Student
- Committee member

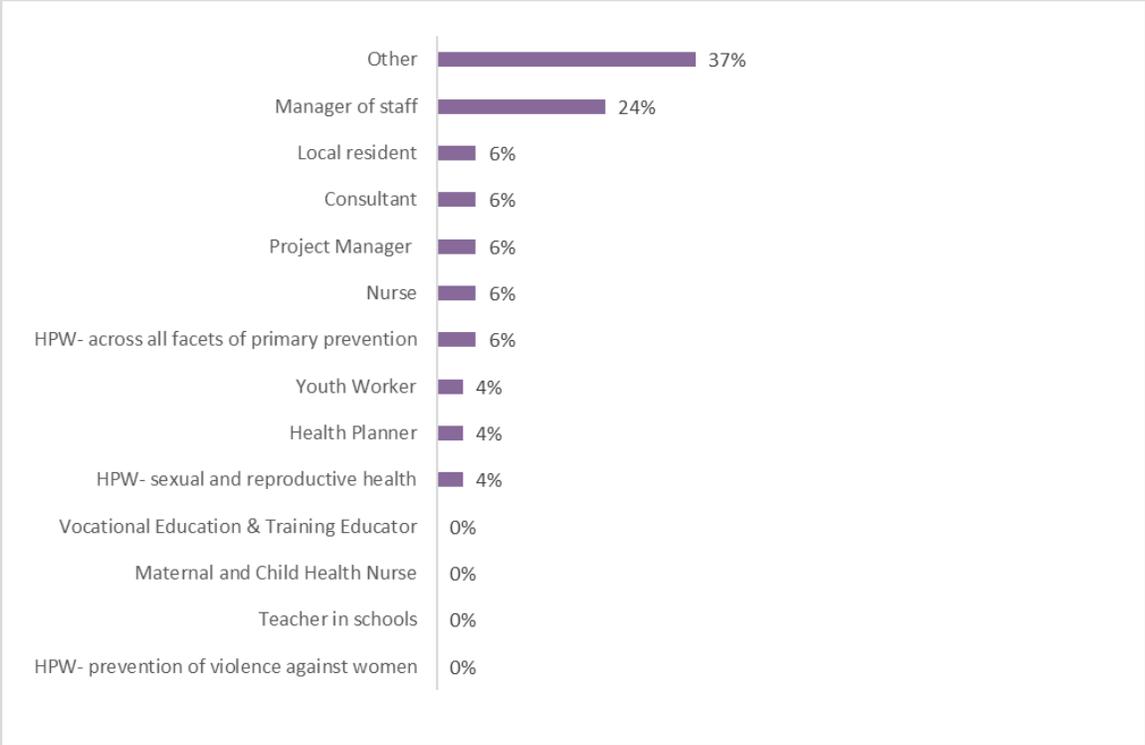


Figure 5 .The professional role of respondents in 2022. HPW = Health Promotion Worker. *Administration includes Administration with Primary Health Services.

Comparisons of the responses from 2021 to 2022 shows the increased diversity of WHISE’s partnerships and hence the increased diversity in our work. Indeed, as can be seen in Figure 6, there were respondents in several roles that were not present in the 2021 survey which demonstrates WHISE’s wide reach in the community:

- Business owner
- Career Practitioner
- Community Co-op Housing Co-ordinator
- Community Leader
- Community Wellbeing Officer
- Education support worker and cultural advisor
- House Coordinator
- Inclusion and Participation Officer
- Induction and Training Facilitator
- Playgroup Development Officer
- Research and Support Officer in Social Policy - prevention of violence against women
- Residential boarding mentor
- Sports coach
- Student/ Advocate/ Volunteer
- Support/Personal Assistant to Director
- Team coordinator

Figure 6 also demonstrates from 2021 to 2022, there were **increased** proportions of respondents in the following roles:

- Project manager
- Nurse
- Health promotion worker - across all facets of primary prevention

- Health planner
- Health promotion worker – Sexual and reproductive health

However, there were **decreased** respondents working in the following organisations:

- Manger of staff
- Local resident
- Consultant

There were no respondents working as a teacher in schools or a health promotion worker- prevention of violence against women in both 2021 and 2022. There were no respondents working as a vocational educational and training educator or a Material child nurse in 2022.

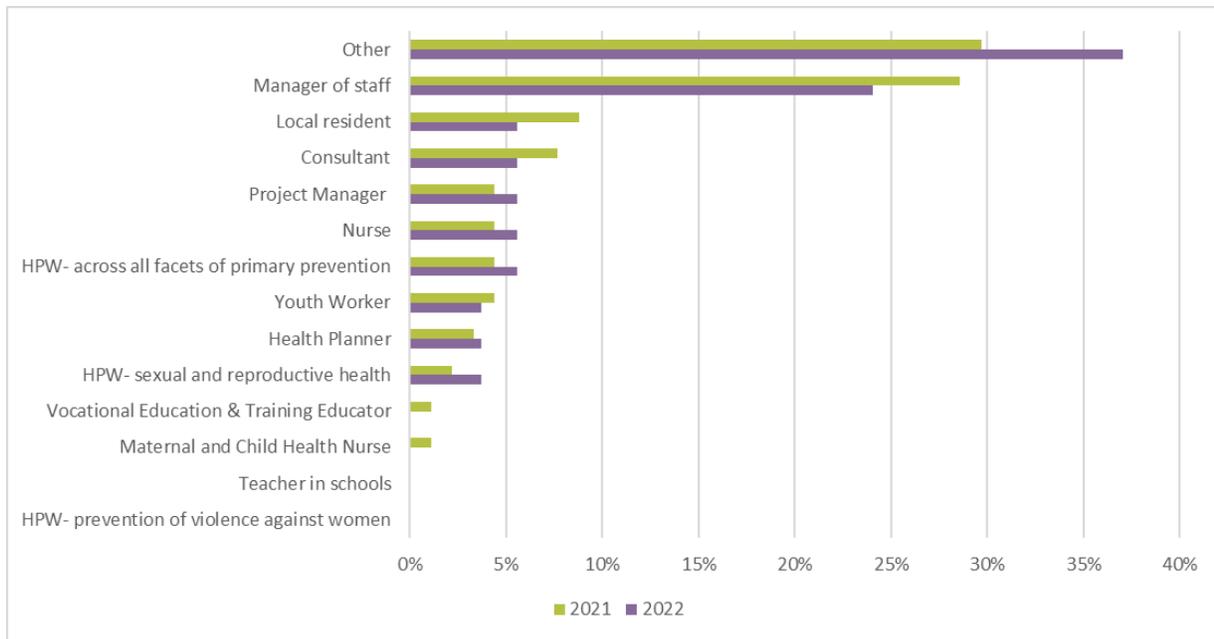


Figure 6. The professional role of respondents in 2021 and 2022. HPW = Health Promotion Worker. *Administration includes Administration with Primary Health Services.

Involvement with WHISE

The annual survey asks respondents about involvement with WHISE. This helps us to understand which activities and/or work stakeholders are connecting with us through and to get a sense of their understanding of/familiarity with our work.

WHISE membership

Respondents were first asked whether they were a member of WHISE. Members of WHISE receive newsletters, updates, and invitations to events such as the Annual General Meeting. Seventy-four people answered this question.

As can be seen in Figure 7, a lower proportion of respondents in 2022 (37%) were WHISE members than in 2021 (45%). However, it is worth noting that the number of respondents in 2021 were higher (n=74) compared to 2022 (n=43), therefore these results must be taken lightly.



Figure 7. Proportion of respondents who were WHISE members in 2021 and 2022.

It is worth noting that in 2022, while only 37% of respondents were members of WHISE, 79% had some level of involvement with WHISE's work and activities (see Figure 8). This demonstrates that many respondents can provide inciteful feedback on the services provided by WHISE due to a level of familiarity. It also demonstrates stakeholders are engaged in our work regardless of membership.

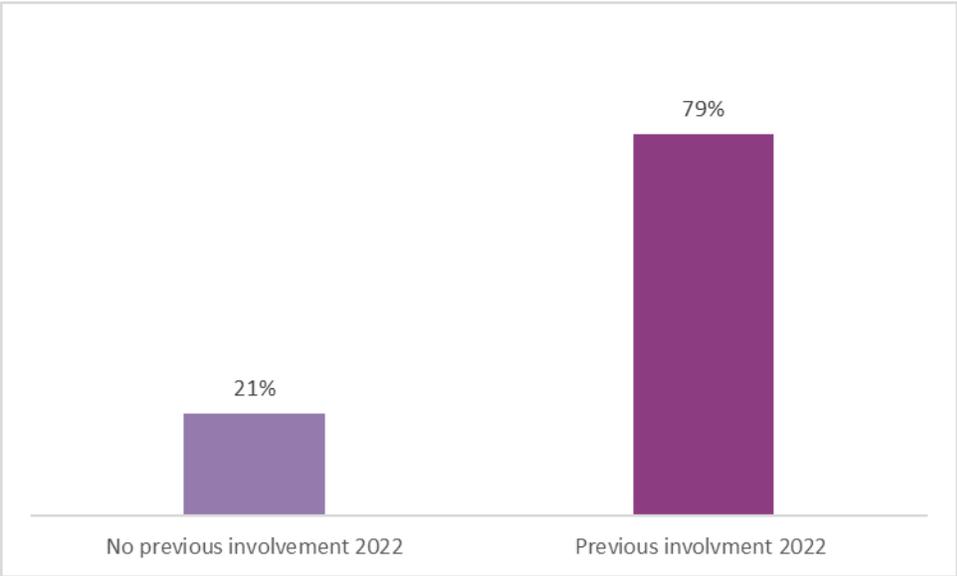


Figure 8 Previous involvement with WHISE respondents in 2022.

Involvement with WHISE activities and/or work

The survey asked which areas of WHISE's work and activities respondents were currently involved in. A list of 13 activities were included in the survey and respondents were able to select more than one option.

Responses from 2021 (n = 48) and 2021 (n = 72) are displayed in Figure 9. It is worth noting that in 2022, there were additional options that attendants could choose from that were not included in 2021. This included:

- I am part of the Promoting Respect and Equity Together - Southern Melbourne
- I am part of the Promoting Respect and Equity Together - Bayside Peninsula
- I am part of the Good Health Down South Network
- Industry and Lived Experience Advisory Committee

It is also important to note that data in 2021 included five additional response options that were not included in 2022.

- I am part of the Good Health Down South - Steering Committee
- I am part of the Good Health Down South - Community of Practice
- I am part of the Preventing Violence Together Strategy - Community of Practice
- I am part of the Preventing Violence Together Strategy - Steering Committee
- I worked with WHISE and supported the Settlement Services Program

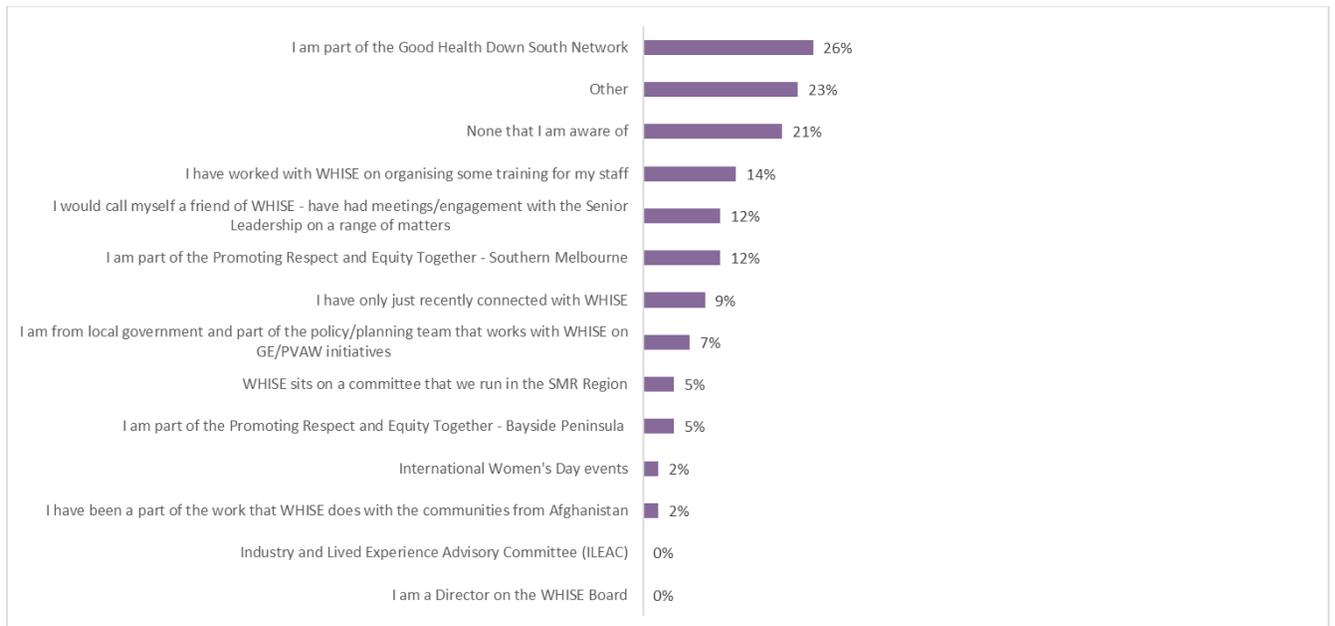


Figure 9 Areas of WHISE's work and activities respondents were currently involved in respondents in 2022.

As can be seen, in 2022, the biggest **increases in involvement** in participation can be observed for:

- Friend of WHISE - have had meetings/engagement with the Senior Leadership on a range of matters
- I am part of the GHDS - Community of Practice
- I am from government and part of the policy team that leads and supports WHISE in their work

There were, however, **decreases in involvement** in the following activities and work:

- I am part of the PVT Strategy - Community of Practice
- I worked with WHISE and supported the Settlement Services Program
- I am a Director on the WHISE Board
- I am part of the GHDS - Steering Committee

Respondents to the 2022 survey entered the following additional activities and work:

- I am a previous volunteer but enjoy the emails and up to date information about the community and look forward to possible working again with WHISE.
- Worked with WHISE on organising training for WHISE/PRET staff
- Foundation member
- Respecting Seniors network
- Workplace Gender Audit as a State Government Entity and development of our GEAP
- Previously on the WHISE committee
- Follow WHISE social media
- Recently retired from Women's Services PH
- WHISE staff supported my work
- Attend trainings organised by WHISE

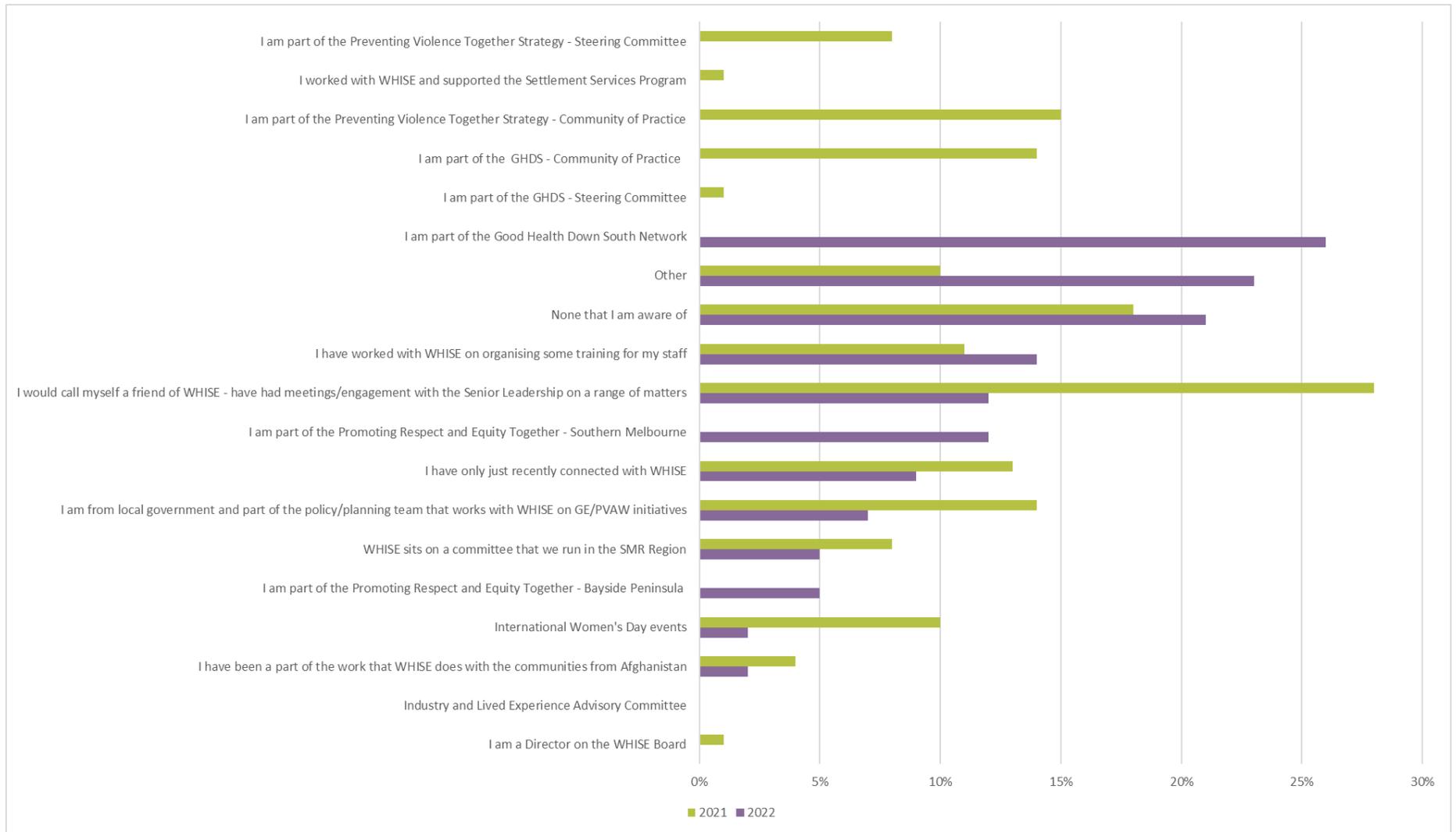


Figure 10. Areas of WHISE's work and activities respondents were currently involved in respondents in 2021 and 2022.

Motivation to work with WHISE

Respondents were asked about their motivation to work with WHISE. Ten options were presented along with an “other” response option.

Figure 11 displays the proportions of respondents in 2021 (n = 72) and 2022 (n = 43) who endorsed each option.

As can be seen, the **most frequently** selected motivations in 2022 were:

- I believe in the goals and what WHISE stands for: 55%
- I have an interest in the area: 39%
- I am working with WHISE to support primary prevention and women's health in the community across a number of areas: 25%
- WHISE is part of the industry network that I regularly have contact with: 23%

In 2022, the **least frequently** selected motivations were:

- As a funder with Government WHISE is part of a program that I/my team manage: 0%
- I am working with WHISE to get a project up and running: 5%
- Not really sure: 5%
- I was asked to sit on one of the committees by my employer: 7%

In 2022, respondents (14%) listed the following additional motivating factors for working with WHISE:

- WHISE does great work.
- I have read articles 13 and 14 of the CEDAW report.
- Importance of collaborative practice and engagement.
- I support and work with families in Dandenong. WHISE has wonderful programs for the community.
- I am a female (aka woman of the Southeastern district of Melbourne) so the health information relates to me on a personal level as well as my peers.

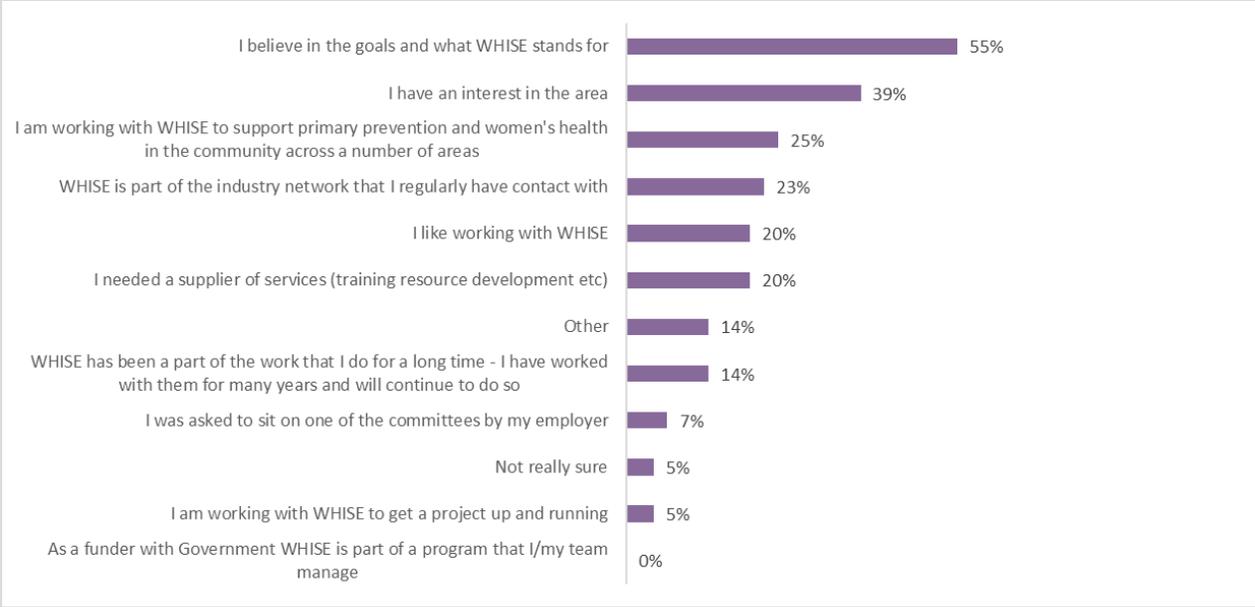


Figure 11. Motivations to work with WHISE in 2022.

In both 2021 and 2022, respondents most frequently said that they believe in WHISE’s goals and what it stands for. This is despite the low response rate in 2022 (n=44) compared to 2021 (n=73).

Figure 12 demonstrates that from 2021 to 2022, there were **increased** proportions of respondents in the following roles:

- I believe in the goals and what WHISE stands for
- I needed a supplier of services (training resource development etc)
- WHISE has been a part of the work that I do for a long time - I have worked with them for many years and will continue to do so
- I am working with WHISE to get a project up and running
- Not really sure
- Other

Figure 12 also demonstrates from 2021 to 2022, there were **decreased** proportions of respondents in the following roles:

- I have an interest in the area
- I am working with WHISE to support primary prevention and women's health in the community across a number of areas
- WHISE is part of the industry network that I regularly have contact with
- I like working with WHISE

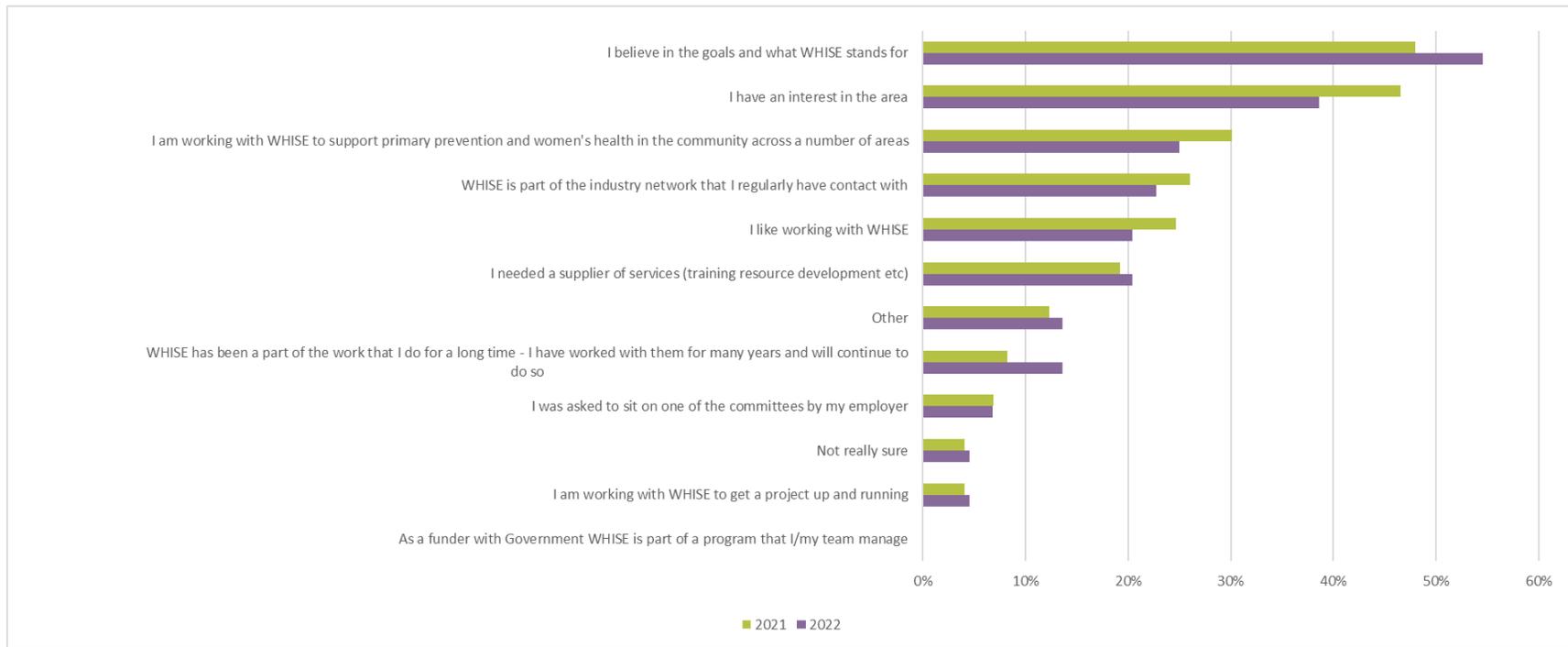


Figure 12. Motivations to work with WHISE in 2021 and 2022.

Perceptions and ratings of WHISE

Each year, WHISE measures how stakeholders and partners perceive WHISE. These responses provide an understanding of stakeholder satisfaction with WHISE's services. As a community-facing organisation that works to create equity by educating and advocating for all women in the SMR, it is important that stakeholders perceive WHISE as trustworthy and believe that WHISE's services are of high quality.

Recommend WHISE to a friend or colleague

One way of measuring perceptions is to ask respondents to rate (scale of 0-10) the likelihood that they would recommend WHISE to a friend or colleague. In the 2022 survey, where 41 people responded to this question, WHISE scored a Net Promoter Score (NPS) of 49 which is a decrease of 2 points from last year's survey which had 71 people respond to the same question.

A NPS is a measure of customer, or in this case, stakeholder, loyalty to a company whereby a higher score is desirable (Qualtrics, 2021). According to global benchmarking data from Survey Monkey (which holds the NPS of 150,000+ organisations), the average NPS is 32 and the median NPS is 44, meaning, half of organisations have an NPS below 44 and other half score above 44 (Survey Monkey, 2021).

WHISE's NPS score in 2022 was therefore **higher than the median** NPS and reflects high levels of satisfaction among stakeholders and partners.

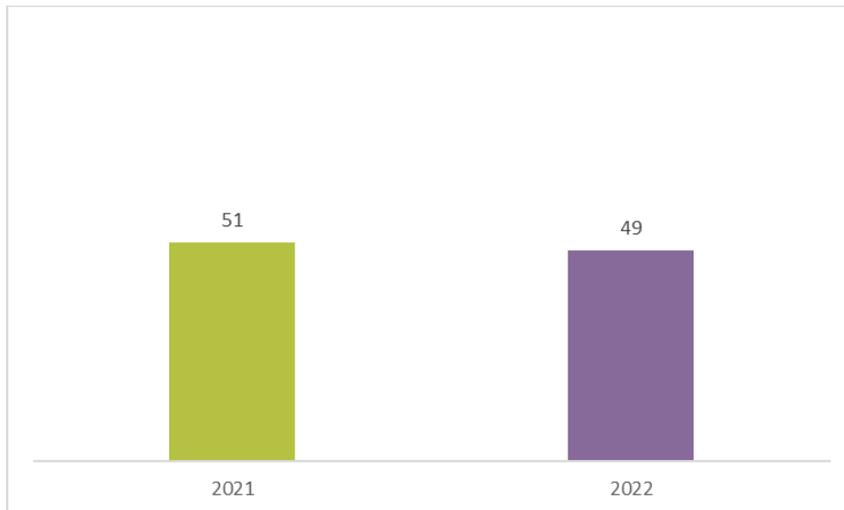


Figure 12. Net Promotor Scores from 2021 and 2022.

Figure 13 shows the proportions of respondents who endorsed each rating level in the 2021 and 2022 surveys. As can be seen, people were more likely to recommend WHISE in 2021, as the frequency of high ratings of nine and 10 decreased from 2021 (63%) to 2022 (51%). However low ratings between 0-5 also decreased from 2021 (10%) to 2022 (7%), whereas moderate ratings between of 6-8 increased from 2021 (27%) to 2022 (41%).

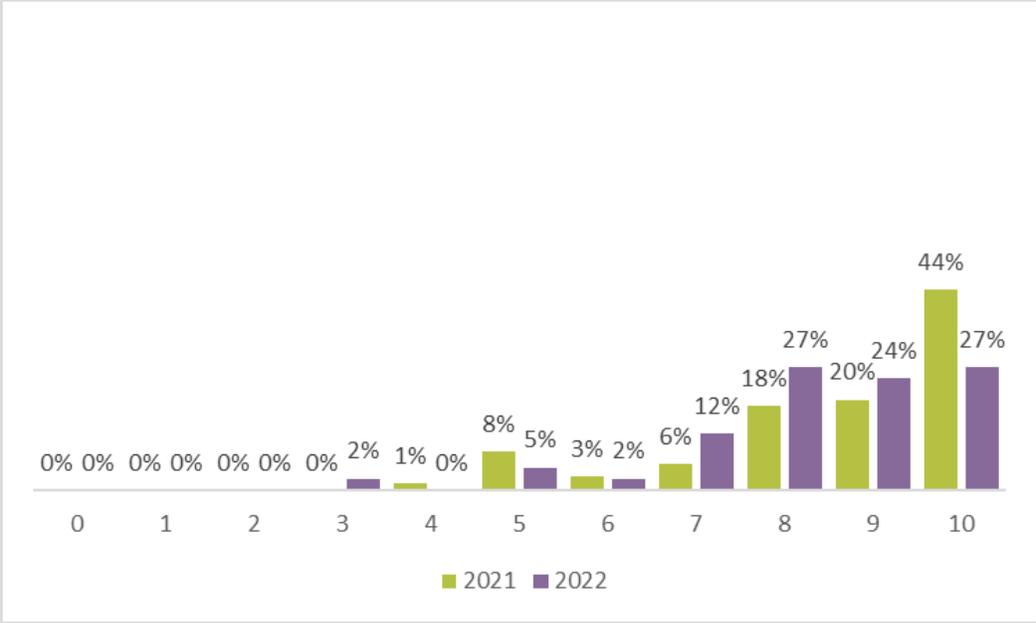


Figure 13. Likelihood of recommending WHISE to a friend or colleague in 2021 and 2022.

Figure 14 shows the 2022 ratings by people who have or have not previously been involved with WHISE. Looking at Figure 14 it is clear that respondents who have previously been involved with WHISE are more likely to recommend WHISE to a friend or colleague. The higher rankings of eight, nine and 10 have been endorsed by a greater proportion of people who have previous involvement and therefore, first-hand experience of WHISE’s services and work.

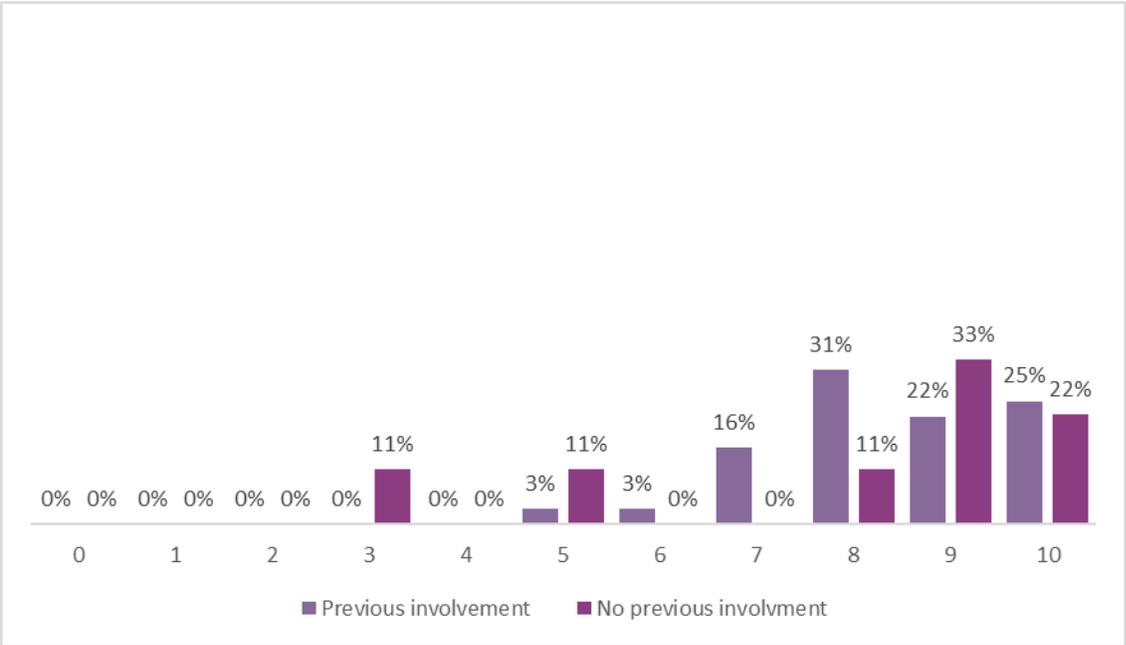


Figure 14. Likelihood of recommending WHISE to a friend or colleague disaggregated by previous involvement with WHISE (2022).

Quality of service

The quality of the service WHISE provides was also rated to measure how stakeholders perceive WHISE. Respondents were asked to endorse one of five rating options: very high quality, high quality, neither high nor low quality, low quality, or very low quality. In 2021 and 2022, 73 and 44 people, respectively, answered this question.

As can be seen in Figure 15, no respondents rated WHISE’s service as being ‘very low quality’ or ‘low quality’ in 2021 or 2022. While more respondents in 2021 selected the ‘very high quality’ rating, in 2022, an additional 15% of respondents selected the ‘high quality’ rating. Therefore, overall, stakeholders typically perceive WHISE’s quality of service to be high or very high quality which is an excellent evaluation of the work WHISE undertakes and services that are provided to stakeholders.

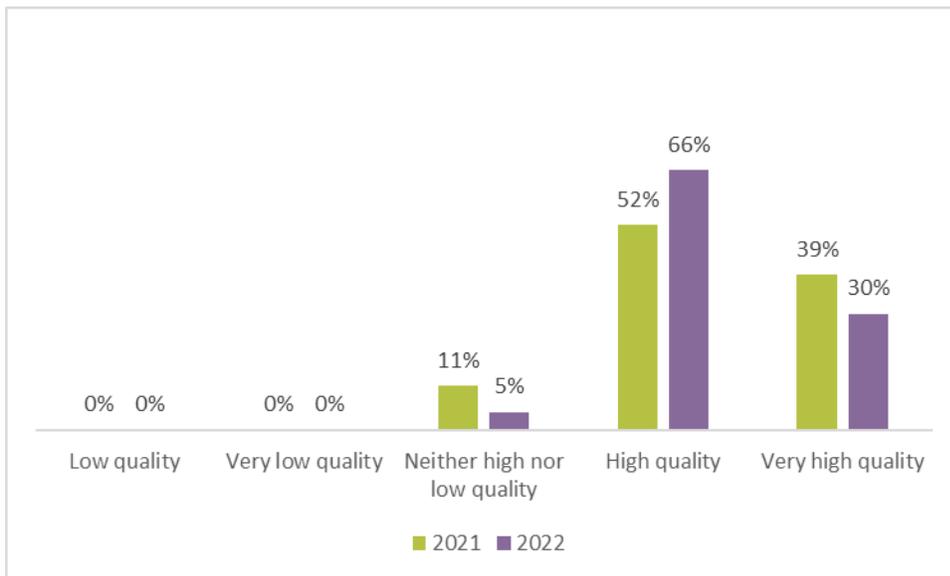


Figure 15. Quality of WHISE's service in 2021 and 2022.

Figure 16 displays the 2022 quality of service ratings by people who have or have not previously been involved with WHISE. Compared with respondents who have not previously been involved with WHISE, those with previous involvement were more likely to endorse the *high* and *very high* quality ratings. These results are meaningful as they show that people who have direct experience working with WHISE perceive WHISE’s services and work to be of a very high quality.

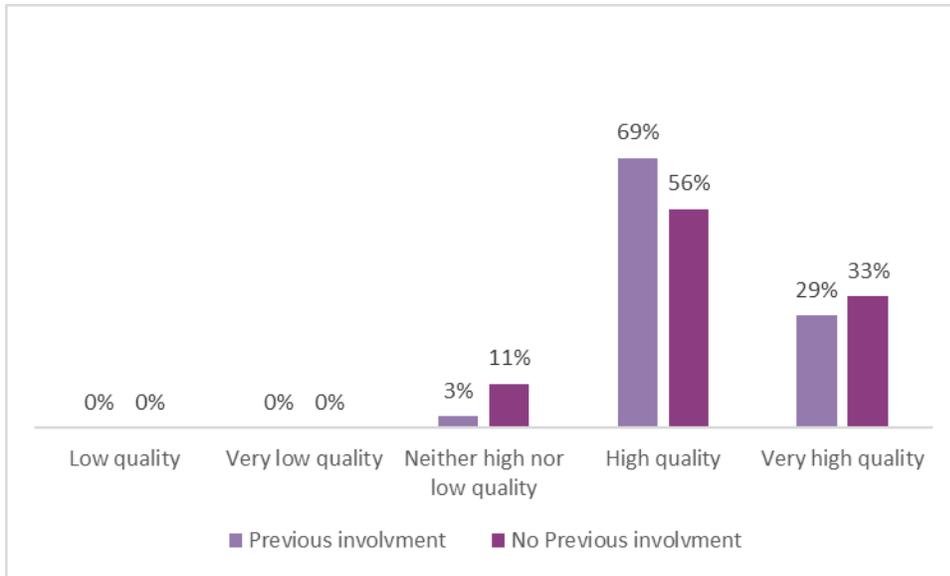


Figure 16. Quality of service ratings disaggregated by previous involvement with WHISE (2022).

Words associated with WHISE

A third way that perceptions of WHISE are measured is by asking respondents to select one or more words they would associate with WHISE. In 2021, 72 people answered this question and in 2022, 44 people answered this question.

Figures 17 and 18 display the words frequently selected by respondents in the 2021 and 2022 surveys. The larger words indicate a higher frequency of endorsement while smaller words indicate a lower frequency of endorsement. What stands out when looking at Figures 17 and 18 are the words collaborative and professional. Supportive, empowering, inclusive, and positive relationships were also frequently selected by respondents in both surveys.

These words demonstrate that stakeholders perceive WHISE to be a service that works positively with its partners while also empowering and building the capability of others. The frequent selection of the word 'inclusive' is meaningful as WHISE is a service that also seeks to promote and increase intersectional gender equality in the SMR.

In 2022, respondents listed the following additional words associated with WHISE:

- Engaged, Influential, Receptive
- A strong solid foundation to work with. Resourceful. Intelligent. Courageous.
- I did not tick feminist as I think they are inclusive of all. Also, they are very proactive, rather than reactive



Figure 17. Words associated with WHISE in 2022.



Figure 18. Words associated with WHISE in 2021.

Issues and agendas addressed by WHISE

In addition to learning about how and why stakeholders have engaged with WHISE, the survey asked about the issues and agendas stakeholders were aware that WHISE had presented on and/or produced papers on. This provides an indication of WHISE's reach, presence, and leadership. Comparative data has not been provided from 2021 as the issues and agendas are not the same each year and therefore, only the responses from the 40 people who answered this question will be presented.

A list of 40 issues and agendas were presented, and respondents could select one or more that they were aware of. The issues and agendas were:

- Workforce Planning for the South Metro Region - Prevention of Violence Against Women
- Gender analysis of the State Budget 2022-23
- Combined submission to the National Plan to End Violence against Women and Children
- Submission to the Victorian suicide prevention and response strategy
- WHISE Environmental Scan - State of Women's Health in the South East (microsite)
- 16 Days of Activism
- Sexual and Reproductive Health Week social media campaign
- Endometriosis Campaign - EndoMarch social media campaign
- Positive Bystander Action
- Respectful Relationships Initiative (schools) and Critical Friends Network
- Introduction to Understanding Family Violence
- Introduction to Gender Equity Choosing Family Violence and Gender Equity Training Resource
- COVID-19 Support (WHISE website for example)
- Men and Masculinities Learning Forum
- "Hot" topic: a free public webinar on menopause and how to manage
- Medical Abortion case study
- Professional Development: Sexual and Reproductive Health for Youth Services
- Learning Forum: Applying an intersectional gender lens
- Learning Forum: How can we increase condom use among young people?
- LGBTIQ+ cultural sensitivity and awareness training
- Trans and gender diverse inclusive practice
- Aligning the personal with the professional conference
- Cultural competency training for allied health and health promotion
- #SickOfSmallChange social media campaign
- Roe v Wade social media campaign
- Sexual and reproductive health information for Bunjilwarra's Women's Healing Camp
- Frankston City Council TAC L2P - Learner Driver Mentor Program Training
- Multicultural Community Engagement Team events
- HepReady Essentials Training with LiverWELL on viral hepatitis and liver health
- Sexual and reproductive health information for Girl Talk with the Salvation Army
- International Day Against Homophobia, Biphobia, Transphobia and Interphobia (IDAHOBIT) social media campaign

- Together We Can Community Leadership Summit-2022
- Healthy & WHISE Women project (Department of Justice and Community Services)
- Healthy & WHISE Women project (Department of Justice and Community Services)
- GHDS Strategy Launch
- PRET Strategy Launch
- Southern Melbourne Family Violence Sector Induction
- Preventing Violence Together (PVT) 2016-2021 Evaluation Summit
- PVT & Promoting Respect and Equity Together (PRET) 2021-2025 Think Tanks x 2

Figure 19 displays the issues and agendas that 74% of respondents stated that they were aware of. As can be seen, exactly half (50%) of the people who responded to this question were aware that WHISE had produced work in relation to 16 Days of Activism. A little under half of the people (47%) who responded were aware of our Sexual and Reproductive Health Week social media campaign. Respondents were also aware of the gender analysis of the State Budget 2022-23 and Introduction to Gender Equity training sessions (38%).

In 2021, it was apparent that the most visible issues and agendas that WHISE had worked on were the submissions and papers, such as the gender analysis of the state budget. Issues that were the focus of campaigns and webinars appeared less visible. Whereas in 2022, the most and least visible issues and agendas varied from submissions and papers to campaigns and workshops. This suggests that WHISE need to be more strategic with the ways that we promote our submissions and papers through social media and EDMs.

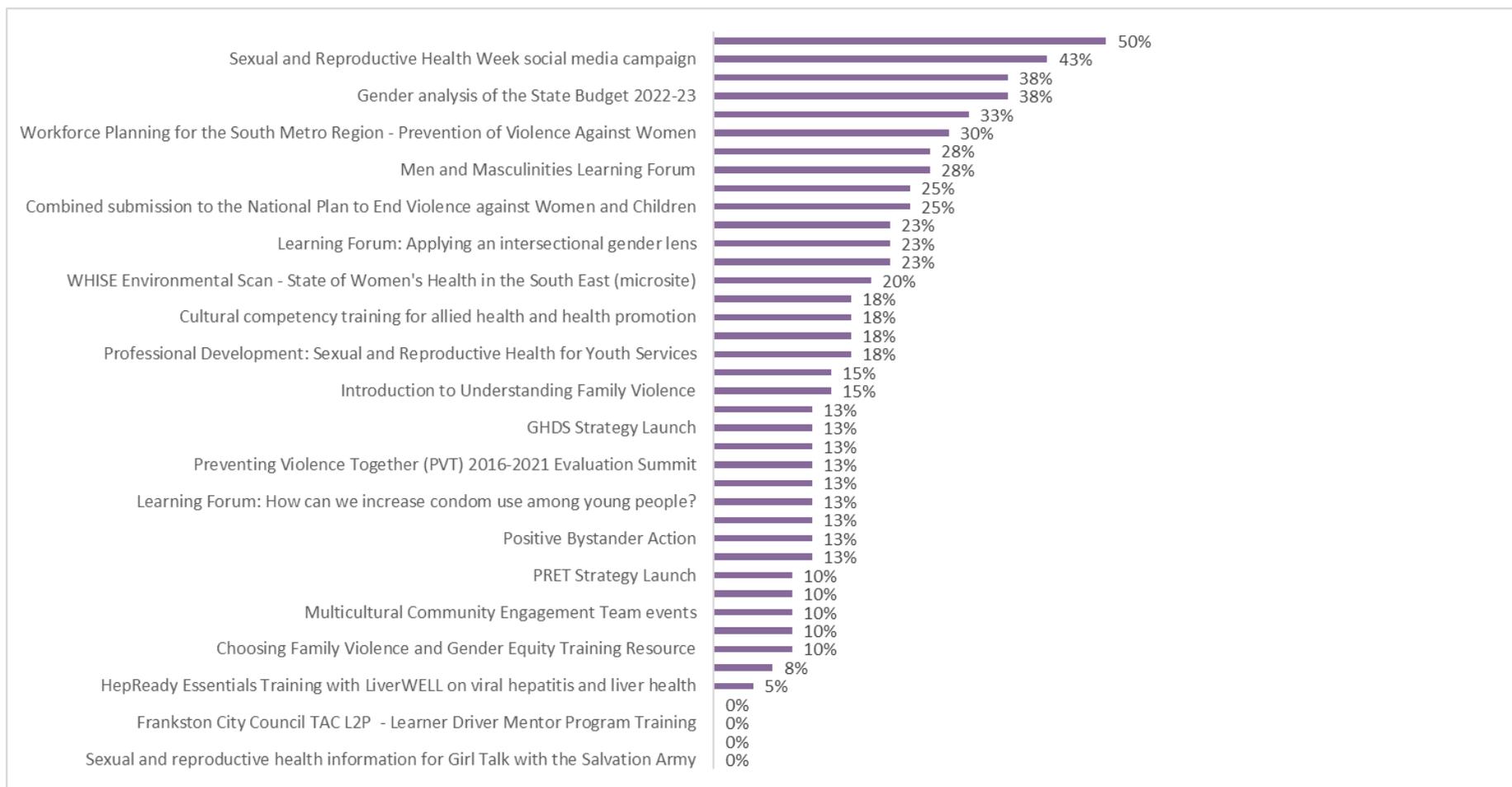


Figure 19. Issues and agendas WHISE have focused on that respondents were most frequently aware of in 2021. GHDS= Good Health Down South, PRET= Promoting Respect & Equity Together

Areas for work and advocacy

The survey asked if there were any issues around women's health and primary prevention in the SMR that WHISE should work on and advocate on. Nine people responded to this question. Three main themes arose from the responses: PVAW, housing, and empowering women through education and training.

Two respondents requested that WHISE work on issues concerning housing. One person asked WHISE to work on issues relating to *"housing options around women and children fleeing Family Violence."* While another person requested to work on issues concerning single mums and their access to home loans or rental assistance.

Three respondents highlighted the need for more work on issues relating to PVAW. One respondent was concerned about police and action responses, *"Police response times and the dangers of domestic violence misinformation and poor actional response."* The issue of housing options for women experiencing violence also overlapped with this theme. Another respondent stated, *"women's recovery from their experience of family violence"* should also be a priority.

The third theme raised by two respondents related to education and empowerment. One respondent asked that WHISE *"collaborate with WDV as part of the Women's Health Services Capacity Building Project"*. The other respondent wrote:

Freedom of choice, speech, etc. Empowering women not to follow Main Stream Media and access the information they really need. Example: what the jab is doing to their fertility.

Other issues that were raised related to:

- Mental health
- Elder abuse
- First Nations women

Comparisons with 2021 responses

The same question was included in the 2021 *Annual Stakeholder Impact Survey* which was answered by 22 people. The most frequently requested issues for WHISE to address in 2021 were SRH, CALD communities, educating young people women's health, marginalised groups, and PVAW, which is somewhat consistent with those in 2022.

Six respondents requested WHISE to work on SRH issues. While in 2021, this was the most frequently requested issue, in 2022, SRH was only mentioned once indirectly. For example, one participant wrote that educating women on freedom of choice should include information on the effects of the COVID vaccine on fertility.

In 2021, there was an increased number of people who requested work and advocacy relating to CALD communities, women from marginalised groups, and access for Aboriginal and Torres Strait Islander women. Similarly, in 2022 Aboriginal and Torres Strait Islander women was mentioned as a suggested work area.

Issues relating to older women is another example of work that continues to receive requests for advocacy. In 2021, one person cited the need for WHISE to advocate for older women with a specific focus on issues relating to elder abuse and housing instability. In 2021 two people also mentioned advocacy for older women, and they both requested that older women's SRH receive attention. Similarly in 2022, elder abuse was requested as an area on work WHISE should focus on.

Suggested priorities for the next 12 to 18 months

The survey asked what priorities WHISE should have over the next 12 to 18 months of its work. Twenty-three people responded to this question. Four overarching themes arose from the responses: PVAW, GE, SRH, intersectionality, and capacity training and engagement.

People suggested that PVAW should continue to be a priority for the next 12 to 18 months. Four people wrote that WHISE should prioritise family violence recovery, elder abuse and domestic violence, and police *"response times to those experiencing family violence."* Most of these areas align with the work currently being done by WHISE or work that was prioritised in the past.

Suggestions relating to GE were discussed by seven respondents. Four people responded with *"gender equity,"* and one person responded with *"women's empowerment."* One person specifically mentioned, *"The prevention of all forms of discrimination against women,"* thus indicating that they would like WHISE to continue making this a priority. The four participants who specified gender equity identified key areas for application:

- Policy and promotion
- In the workplace
- Climate change
- Mental health

SRH issues were suggested by three respondents. One person responded that they would like to continue to make *"sexual and reproductive health and women's right to choose"* a work priority for the next 12 to 18 months. Another person specifically stated, *"medical abortion."* One person discussed *"Female reproductive rights"* and specifically called on WHISE to ally *"with countries around the world for female rights to be respected and upheld."*

The fourth theme commonly discussed by respondents was capacity building and engagement. One respondent simply stated, *"Continue to offer professional development opportunities locally,"* while another specified the type of training she would like to see:

Implementing current strategies, including continuing to develop capacity of partners to take action on regional priorities. Elder Abuse seems to have dropped off the agenda now that the PCP no longer exists.

One person wrote how WHISE already has several projects that are supporting those who need it and therefore, *"The priority will always be to educate, which then empowers those in the industry to provide current and relevant support to clients."* Another person wrote: *"Continue to provide evidence-based leading practice guides, forums and capacity building."*

Three respondents suggested that WHISE should prioritise “*intersectionality*” and continue to incorporate this value in its work. This reflects a continual need and desire for intersectional thought and practice in our work to create stronger evidence-base processes and policies. For instance, two participants wrote on this theme and stated: “*Continue to develop intersectional practice and processes,*” and “*Continue to apply an intersectional gender approach to all primary prevention work.*” One participant specifically stated, “*Disability inclusion.*”

Other less frequently suggested priorities included:

- Financial wellbeing
- Mediocrity and medical dominance
- Positive ageing

Comparisons with 2021 responses

In 2021, 22 people responded to this question. Six main themes arose from the responses: SRH, CALD communities, educating young people women’s health, marginalised groups, and PVAW. Six respondents requested that WHISE work on SRH issues. Advocating for women in CALD communities was frequently requested theme by four respondents. The theme related to educating young people was raised by two respondents. Furthermore, marginalised groups were discussed by two respondents, and lastly two respondents requested that WHISE continue working/advocating for PVAW.

Other issues that were raised related to:

- Improving access to information
- Climate action
- Imbalance and discrimination in the legal system
- Including and engaging men in work on GE
- Improving access to health services for Aboriginal and Torres Strait Islander women.

Similar to the 2022 survey, PVAW and gender equity/equality were discussed frequently by respondents (n=14 respondents). Within the theme of family violence several priorities were listed: the increased rates of family violence due to COVID-19; violence experienced in the workplace; focusing on the social determinants linked to family violence; Respectful Relationships; the link between family violence and homelessness; and the importance of applying an intersectional lens to family violence primary prevention.

When comparing the responses from 2021 and 2022, the suggestions within each theme demonstrate social change. For example, although respondents in both surveys requested that WHISE prioritise PVAW in the next 12 to 18 months, the specific suggestions are different from 2021 to 2022. In 2021, respondents demonstrated a progression in their understanding of the different forms/victims of domestic violence with requests to include coercive control as well as advocate for older women who are also victims of domestic abuse. However, in 2022 it was more apparent that the focus of GE and PVAW was on environment rather than individual victims. For instance, only one demographic was stated (*e.g., disability inclusion*), and intersectional practices was mentioned by only three participants. However, gender equity and PVAW was stated by 11 people. Four participants specified the need to

priorities gender equity on a social level by focusing on climate change, work places, policy formulation, and mental health.

These responses suggest there is a deep understanding that diversity and intersectionality is not only needed at an individual level, but also a through a societal approach. Meaning, people's social identities can overlap creating compounding experiences of discrimination within different settings in different ways. Stakeholders are recognising that gender inequality impacts on all areas of life, and to different types of people in different ways.

Areas of capacity or capability building WHISE should provide services for

Respondents were asked whether there were any specific areas of capacity or capability building (including training) that they thought WHISE should provide services for. In 2022, 18 people responded to this question. Three themes arose from the responses: GE, PVAW, SRH, and intersectionality.

Four respondents suggested areas of capacity or capability building in the theme of PVAW. Two people simply said any sort of capacity building in the areas of “domestic violence,” while others were more specific. One respondent cited the need of “bystander” intervention training in relation to family violence. Lastly, another respondent said that collaboration is key for strong capacity building:

I do still think there are gaps in the health system and a lot of agencies that need to work together a lot more in collaboration. During my time at WHISE I had the privilege of doing a training session through the Buddhist council of Victoria which worked with the police and the White Ribbon Society, to talk about Domestic Violence which still continually needs re addressing as a society.

Under the theme of SRH, three respondents either encouraged WHISE to continue providing the current services or they entered training services which WHISE already provides. For example, one respondent said for WHISE to focus on “Sexual Health/ LGBTQIA+” and one respondent said, “promoting local sexual health services.” Another respondent suggested that WHISE should promote and deliver training in school:

After attending the “How to increase condom usage in teenagers”, I think this could be rolled out to secondary schools for students in year 9 and 10. Working out in schools, I see many students who say they received no or very little sexual health education. Empowering young people to make better decisions about their own health will definitely increase condom usage, thus reducing the risk for STI's.

Three respondents suggested capacity or capability building services in relation to GE. With one participant only stating, “gender equity,” others were more specific. For example:

Any generalist service would benefit from training that addresses gender equality and family violence issues for women.

Gender and equity leadership training.

Intersectionality was also a theme addressed by three respondents, which also overlapped with other themes. For example, the response “Sexual Health/ LGBTQIA+” demonstrates the need to look at sexual

health from an intersectional lens, while also highlighting the need for sexual health capacity building in this area in general. One person who wrote, “*working with priority population groups*,” has highlighted the importance of intersectionality for effectively working with certain population groups. Meanwhile, another respondent pointed to the importance of training in intersectionality to implement “*local-based gender equity... reforms*.”

Other less frequently suggested areas included:

- COVID recovery
- Responding to backlash and resistance
- Financial capability for low-income earners
- Mental health
- Support for carers
- Critical thinking

Comparisons with 2021 responses

In 2021, 27 people responded to this question. Three themes arose from the responses: GE, continue to provide the current services, and apply a gender lens elsewhere. Seven respondents suggested areas of capacity or capability building in the theme of GE. Under the theme of continuing to provide the current services offered by WHISE, six respondents either encouraged WHISE to continue providing the current services or they entered training services which WHISE already provides. Lastly, four respondents suggested that capacity or capability building services should be available for other priority areas, such as healthy eating, and storytelling.

Similarities can be seen when comparing the responses from 2021 and 2022. It appears that GE in particular remains to be an area of concern for stakeholders as they continue to request training sessions on this topic. Furthermore, respondents to both surveys also requested that WHISE focus on COVID recovery. In 2022, there was focus on support services for women who may have been affected by extra stress during the pandemic. Lastly, stakeholders from both surveys encouraged WHISE to continue to provide our current services, indicating WHISE is sustaining effective capacity building opportunities for our region.

Concluding remarks

The third annual *Stakeholder Engagement and Impact Survey* was completed by respondents who represented a diversity in organisations and professional roles. While only 37% of respondents were members of WHISE, 79% had some level of involvement with WHISE's work and activities. Therefore, they were familiar with our work and able to answer questions about the quality and reach of our work with a level of authority.

From year to year, the biggest motivating factor remains to be that people believe in WHISE's goals and what we stand for which shows that our values and mission draw people to us. The NPS of 49 reflects a high level of satisfaction among stakeholders which was also demonstrated in the high quality of service ratings and willingness to recommend WHISE to a friend or colleague.

The words that stakeholders associated with WHISE suggest that WHISE is perceived to be an empowering service that promotes intersectional gender equality and equity. This is a really positive finding as it strongly aligns with our mission and how we would like to be publicly perceived. Collaboration was also recognised as a word that stakeholders associate with WHISE, highlighting the strong and ongoing work we do with our community and stakeholders.

Themes in relation to prevention of violence against women and family violence were requested by respondents in questions regarding capacity building and areas of advocacy, which highlights the ongoing passion our stakeholders have about the work WHISE produces.

Responses to the short-answer questions that explored which areas and priorities should be focused on in the coming 12 to 18 months and what services should WHISE provide, revealed important social change as there was a greater focus on issues and populations (i.e., elder abuse, LGBTQI+, First Nations women) that intersect with SRH and PVAW. This is similar to the 2021 survey, indicating that our stakeholders are keen to continue seeing WHISE exploring themes that reflect social change. Responses also repeatedly asked WHISE to continue the work we do, which demonstrates the value of our work to the community and our stakeholders.

When respondents were asked whether there were any specific areas of capacity or capability building (including training) that they thought WHISE should provide services for, intersectionality was again a common theme. These requests recognise that women from diverse backgrounds are often invisible in health and domestic violence literature (Ghafournia & Easteal, 2018; Maher & Segrave, 2018). Policies and procedures surrounding family violence do not include the complex intersection of gender, race, disability, ethnicity and immigration status and its impact on women's experiences of domestic violence which further compounds their "exclusion and invisibility and damages their right to protection" (Ghafournia & Easteal, 2018, p. 1).

These results are worth applauding as we can see that WHISE is held in admiration and trusted by its stakeholders. However, areas for improvement have been revealed, for instance, WHISE needs to promote its role more clearly as it is apparent that stakeholders were not clear on the work that WHISE does. For example, when asked about what services WHISE should provide, one person requested financial management services (this service was also requested in 2021). While this is an important suggestion and request, such work does not fall into the categories of primary prevention and health promotion. However, this problem does not seem to be unique to WHISE as anecdotally, we know that the role of other women's health services is commonly misconstrued by stakeholders and members of the community.

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