

2017-2021



**Report on Integrated
Health Promotion
Plan**

Women's Health in the South East

ACKNOWLEDGEMENT

WHISE acknowledges that we work on unceded Aboriginal land. The land of the peoples of the Bunurong peoples from the greater Kulin Nation.

We recognise Aboriginal and Torres Strait Islander continuing connection to the land, waters and culture. We acknowledge Elders past, present and emerging and those who may be here today and that Australia was and always will be Aboriginal land.

We respectfully acknowledge the fierce leadership of Aboriginal and Torres Strait Islander women in reducing family violence and that Aboriginal women disproportionately suffer the impacts of discrimination and violence brought upon Indigenous communities by colonisation.

We recognise that Aboriginal self-determination requires a systemic shift of power and control from government and the non-Aboriginal service sectors to Aboriginal communities and their organisations.

We commit our organisation to truth-listening, truth-telling, and bringing to Uluru Statement of the Heart, to our hearts.

RESPECT AND ACKNOWLEDGEMENT OF VICTIM SURVIVORS AND ADVOCATES

We acknowledge the many women, women's organisations and survivor advocates who have spoken out about these issues for decades.

The work we are doing builds on their legacy, their dedication and their advocacy that has preceded us. Importantly, it is critical we continue to learn from and include the voices of women.

FUNDING ACKNOWLEDGEMENT

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EXECUTIVE SUMMARY

WHAT WE SET OUT TO ACHIEVE WITH OUR IHP

WHISE has sought to create systemic and structural change over the life of this Integrated Health Promotion Plan by applying an intersectional gender lens to improve the health and wellbeing of women and girls in our region. Through this time, we have also sought to ensure that our organisation – its own structures, systems and culture – is strong, resilient and able to deliver on our commitments to our community, our partners, our Board, our members and through the Department of Health and Human Services, the Victorian Government.

WHAT WAS DELIVERED?

WHISE was able to use the full remit and expanse of tools, techniques and tactics that fall into the work defined as 'health promotion' and 'primary prevention'. Under the guidance of the Victorian Women's Health Program, and as part of Victoria's health system infrastructure, we worked across a range of settings and sectors to facilitate gender-based health promotion. Across all our work, we considered the social determinants of health for strategic action aimed at improving the health, safety and wellbeing outcomes of Victorian women and girls and achieving equitable outcomes and worked with partner organisations to achieve shared goals, holding the principles of intersectional practice and the importance of engaging men and boys across all three health priority areas.

AREAS FOR GROWTH IDENTIFIED

Looking forward, improving the systemic alignment of our work across partners and different parts of Victoria's Health and Human services sector, including policy areas aligned to this work but not necessarily included in DHHS remit, is important. We are only able to achieve significant strategic outcomes and change through collaboration and investment in taking the time to support others to adapt and evolve. A constant area of resource allocation is working across different policy areas that form our perspective of shared common goals – addressing this lack of awareness provides WHISE with an opportunity to exercise leadership but also to raise with government opportunities to improve policy, program design and impact measures.

WHAT WE LEARNT

Over the four years of the plan, our own capacity and capability improved. We learnt how to better apply and measure impact at the local level – including how to work with our partners to better 'translate' state-wide strategy and policy to the local level. We increased the value of our own work by becoming more focused on our own unique role as the only women's health promotion agency in the Southern Metropolitan region. As the sector evolved, and with it, the size and the expertise of the primary prevention workforce, we adapted to being the brokers of knowledge, resources and tools. Where specialist resources had been created by peak, government or specialist research bodies (e.g.,

Pride in Prevention by Rainbow Health), WHISE supporting regional partner/stakeholder organisations by translating the resources from theory to practice. We have learnt just how important relationships and knowledge of regional context are in doing this work effectively. We learnt that in order to reach our strategic goals, we need to engage men and boys in the work that we do, for attitudinal, behavioural, structural and systemic long-term change. Crucially, through the pandemic, which arrived in the final 18 months of this IHP, we learnt of our own capability to adapt and evolve to significant changes in our environment while not compromising quality or mission.

SECTION 2 - OVERVIEW OF OUTCOMES FROM WHISE IHP 2017-2021

GENDER EQUITY (GE) – PRIORITY ONE

Over this four-year period, WHISE prioritised increasing the capability and capacity of partners and stakeholders to work towards achieving GE and promoting system-level changes within their workplace settings. This included creating and delivering approximately 100 customised workshops/sessions held with partners and non-partner organisations in the SMR. By tailoring and customising our training in terms of pitch, activities, pace, content and facilitation style we are meeting the specific needs of the audience and are maximizing their ability to learn the key training objectives. A highlight was that WHISE was endorsed by Our Watch to deliver their full training suite titled *Workplace Equality and Respect Standards Training*.

Another highlight were the three online forums held in 2020-2021 in partnership with the Commission for Gender Equality in the Public Sector to prepare and educate workplaces in the SMR on the requirements of the *Gender Equality Act (GE Act)*. The forums targeted Human Resource (HR) Officers and provided information about conducting gender impact assessments and workplace gender audits. The Commissioner was present to lead the forums and answer questions. Feedback from attendees was very positive as many people were uncertain about the requirements of the GE Act and what it would mean for their organisation. This is a significant example of WHISE's leadership and work to build the capacity and capability of our partners and non-partners in the SMR.

Traditionally, work to promote gender equality is the work of health promotion professionals, gender equality officers or prevention of violence staff. In year three, the Critical Friend's Network (CFN) was developed, and we noticed it greatly expanded the application of a gender lens, particularly in youth services and youth development, as well as in roles such as strategic planning, access and inclusion, family support worker, cultural engagement and more.

PREVENTING VIOLENCE AGAIN WOMEN (PVAW) – PRIORITY TWO

WHISE is the backbone organisation of the regional PVAW strategy – *Prevention Violence Together (PVT)*. The strategy has achieved great success in completing all recommended actions in the first two years and completing all but one action in the final year. In years one and two, the work was supported by four separate and ongoing Communities of Practice (CoPs) which focused on leadership, workforce, communication and evaluation, to achieve specific deliverables that address these strategic pillars to ensure that woman and their children live free from violence in the SMR.

Two new CoPs were convened in the third and fourth year: 1) Engaging Men and Boys in Gender Equality, and 2) Intersectionality and Diverse Communities. These new CoPs are important to our work at WHISE as we recognise the critical importance of including men and boys in conversations about GE and PVAW as these are not "women's issues". Furthermore, the additional and specific focus on intersectionality and diverse communities is also important to our work given the high rates of violence experienced by members of diverse communities. Our CoPs sought to highlight to the workforce, how organisation and social systems and structures, can perpetuate the intersecting layers of disadvantage, marginalisation and discrimination experienced by women and girls in diverse communities. Equally, the CoPs facilitated a space where professionals in our region started to unpack how, at the regional and organisational level, we can all move along the journey of translating the evidence-base models of intersectionality into practice and policy.

SEXUAL AND REPRODUCTIVE HEALTH (SRH) – PRIORITY THREE

This was the first time the SMR had an SRH Strategy – *Good Health Down South* – which worked to promote and celebrate optimal sexual and reproductive health for all in the SMR, by increasing knowledge and access to safe and appropriate services. A lot of work went into the planning of this strategy and the mapping of the region's SRH unmet needs, gaps, and challenges.

Some key successes are worth noting. In years two and three of the Strategy our work to support the implementation of the *Sexual Lives and Respectful Relationships Program (SL&RR)* was significant. This community-based model of sexuality education, information and activity brings people with an intellectual disability together with professionals from community organisations. In addition to WHISE running the program with SECASA, there were several opportunities to build awareness about the program and to build capability and capacity for this work. WHISE presented at the *Having a Say Conference* and the GHDS CoP in year two and Peer Educators (people with an intellectual disability were trained to run the program). In year three WHISE's SRH Health Promotion Officer, and the two leaders at Deakin University presented at the Intersectionality, Gender and Ableism CoP which had a specific focus on disability and ableism. Following attendance of this CoP, twice as many people felt very confident (pre=10%, post=20%) in applying an intersectional lens to their practice and no attendees reported feeling not so confident (pre=25%, post=0%).

Secondly, the advocacy and health promotion work WHISE did to increase access to medical abortion (MA) is another key success. In year two of the Strategy, WHISE held a *Medical Termination of Pregnancy (MTOP) Forum* for GPs to discuss the training requirements, procedures, and pathways for providing MTOP and it provided a forum for GPs to discuss their experiences and support networks. This work continued in year three with a focus to improve equitable and safe access to MA, long-acting reversible contraception (LARC) and STI testing in the SMR. Three MA webinars were delivered to GPs and health professionals. Following the webinars, the majority of attendees reported that their learning needs were met, that they would be interested in attending future sessions, and some attendees said they were considering MA registration, registering with 100 My Options, and/or joining a regional MA professional network. Given the stigma attached to MA and the resulting hesitancy of health professionals to deliver this service, these webinars were an important step to educate and start the process of getting health professionals to receive the training to deliver this service. Partners who worked with WHISE to run the webinars advised how the recordings of these webinars are of high value, and WHISE is about to send out a communication across the partnership, to announce that they are now available on our website. This work culminated even more recently, in one of the largest hospitals in our region being at the point of opening a medical abortion clinic one day a week, pending final approvals.

A third key success worth noting was the continued engagement of the CoP and members despite the challenges due to COVID-19. The CoP adapted and continued to deliver the action plans. according to a partnership satisfaction survey distributed to CoP members in June 2020 to inform the development of the next year action plan, the CoP members found, overall, the CoP to be very valuable as the meetings provided opportunities to learn from varying SRH professionals while recognising the shared vision of better SRH for all. Members noted that without WHISE's ongoing commitment to SRH, there would be a huge gap in this area in the SMR.

A fourth key success would be the work WHISE did to first understand the SRH literacy of culturally and linguistically diverse (CALD) community members and then engage CALD community leaders in supporting the development of culturally appropriate resources. The resources were distributed through the Centre for Multicultural Youth (CMY). While WHISE had intended to support and strengthen this work with CMY to increase the SRH health literacy of the community, CMY and Monash Health continued this work independently and we therefore are not able to report on the progress of this action. However, WHISE has reconnected with CMY and Monash Health to follow-up and discuss ways that we can support this project going forward. Nonetheless, the development and distribution of these resources is a notable success.

PARTNERSHIP, ADVOCACY AND ORGANISATIONAL DEVELOPMENT

Our body of work demonstrates a commitment to partnering with Councils, businesses and individuals, a commitment to advocating for gender equality and women's health and wellbeing, and building the capacity and capability of organisations in our region. The health promotion team remain up to date with the fast paced and growing sector by attending forums, workshops, lectures and events which is reflected in our work that is best practice and evidence-based. Throughout the last four years, the health promotion team continued to have a strong focus on our relationships with partners in the SMR as our team worked collaboratively undertaking and drawing on the work and expertise of various organisations and community leaders. WHISE has also made a significant contribution to the work of our partners and the work across our three priority areas within the SMR. For example, in 2021 tailored advice statements were sent to each Council providing guidance on how to apply an intersectional gender lens to their Municipal Public Health and Wellbeing Plans before the health promotion team met with members of Council to provide further consultation and support. The work included in the tables below reflect the vast amount of work that WHISE has conducted and often times, staff go above and beyond what is asked/covered by our core funding with extra meetings and sessions to support partners which are conducted under fee for service.

WHISE, and particularly the health promotion team, are widely and deeply connected to the community in the SMR. This is reflected in the high numbers and varied connections with WHISE members, schools and regions supported, partners liaised with/provided expertise to, signed partners and the stakeholders engaged in the strategies. WHISE is represented in over 30 committees/working groups, regularly attends the WHS peak organisation, Gender Equity Victoria's, CoPs for PVAW, SRH, Managers, CEOs, Communications and Finance. We contribute to broader Women's Health Services (WHS) initiatives (i.e., contributing to the *International Women's Day* social media campaign run with all WHSs in Victoria and a call for State and Federal Governments to recognise the gendered impact of COVID-19), and we have participated in several project meetings at the request of partners. WHISE continues to strategically consider who to partner with. Our goal this year has been to broaden our stakeholders and partners by mapping and identifying who to bring on board with an intention to increase connections with private and non-traditional public/NGO organisations.

In 2019 and 2020, WHISE distributed a stakeholder engagement survey. The goal of these surveys was to measure how our stakeholders have engaged with us and to understand their needs for being able to support women and girls in their region. The responses illustrated the varying ways in which

stakeholders have been involved with WHISE and their awareness of our advocacy work. This demonstrates the social change we have influenced over the last four years as the avenues of work that connect stakeholders to WHISE, and the community, continue to evolve. Furthermore, the services that stakeholders have requested and the priorities areas that are flagged demonstrate that members of the community are thinking of ways to improve women's health and wellbeing. For example, in 2020, stakeholders were primarily requesting advocacy work on creating respectful workplaces, access to SRH services and contraception, and a greater intersectional focus. Similarly, family violence, workplace harassment, respectful workplaces, and SRH literacy were primarily requested as areas of focus for 2021. Given that WHISE works to achieve social change through primary prevention and health promotion, it is encouraging to see that our stakeholders are thinking about important issues to target and change in order to improve women's health and wellbeing.

The positive impact WHISE has had on our region and our influence on social change has also been captured in the post-event/webinar/forum surveys. The majority of attendees who completed the surveys endorsed positive rankings when asked how valuable and informative the event was. Indicators tracked include whether the session increased their confidence and/or knowledge, whether it was presented by a knowledgeable facilitator, whether the length of the session was appropriate, and whether they would recommend the session to someone else. This data clearly demonstrates the increased capacity of stakeholders through increased knowledge and understanding. Following events, attendees felt more enabled and confident in knowing what to do if they needed to support someone else or take action. WHISE has therefore conducted effective advocacy work and increased the capacity of stakeholders to support women and girls in our region.

ADDITIONAL OBSERVATIONS

First, it is clear that the three health promotion priority areas overlap and intersect. This can be observed in the tables below reporting the achievements, outcomes, and areas of opportunity as some items are reported under gender equity and PVAW or SRH. At times, it is difficult to separate the priority areas and arguably, it would be careless to do so as it would mean ignoring social determinants, which absolutely have strong overlay. The integration of the priority areas is critical when we look at lived experience and the factors that enrich and enhance health promotion and primary prevention interventions. Intersectionality and the connection between the three priority areas will be more strongly reflected in the next IHP framework.

Second, we would like to note that while our work under some indicators may fluctuate from one reporting period to the next, this does not reflect a lack of activity on our part. Rather, it reflects the changing direction and/or need in the work that we do. For example, PVAW Objective 2.1, Intervention 2.1.3 is to "formalise a consistent PVAW induction and orientation program with our regional strategy partners." In the third and fourth reporting periods, WHISE did not collect data relating to this intervention as the action was complete and no longer relevant.

Third, the indicators that were written into this IHP Framework were process heavy. WHISE's evaluation work has since evolved and moved beyond capturing output (i.e., process indicators) towards building outcome indicators (short- and medium-term). An example of this work is capturing changes in knowledge and confidence pre- and post-intervention. Further to this, WHISE has also worked with the Australian Social Values Bank which is a social impact measurement tool that quantifies changes in self-

esteem and confidence using globally endorsed best-practice methodologies to inform cost-benefit analyses of a program. Please see the [WHISE 2019-2020 Annual Report](#) to view the incredible changes in self-esteem and confidence and its translation into net social benefits to the community in dollar values as well as benefit-cost ratios, following the interventions delivered by WHISE. For example, workshops conducted by WHISE as part of the *Courage to Change Gender Equity and Active Bystander Project (City of Kingston)* that were directly delivered to 140 participants generated a net social benefit to community of \$870,754 (\$6,220 per person for an overall cost of \$2,851 [adjusted for opportunity cost and optimism bias]) and a benefit-cost ratio 306.4.

Another observation relates to the COVID-19 pandemic. While the periods of lockdown and social restrictions initially limited some of the activities that could be completed, we quickly noticed the productivity gains by doing things online. Forums, seminars, training sessions, and meetings were all changed to Teams and Zoom videoconferencing. Removing the barrier of travel time meant the attendance increased. Furthermore, real-time data could be collected via in-session polls and post-event surveys could be delivered quickly. The ability to conduct all of our work in one place increased our productivity and introduced us to online tools that enhanced our work.

SECTION 3 - OUTCOMES, ACHIEVEMENTS AND AREAS OF OPPORTUNITY

WHISE REPORT ON INTEGRATED HEALTH PROMOTION PLAN 2017-2021

A note on supporting documents and references

Where possible, WHISE has provided evidence to support our work through hyperlinks to our website and, in attachments to this report. The hyperlinks were correct at the time of publication. For further information please contact WHISE Health Promotion Manager via email whise@whise.org.au

PRIORITY AREA – GENDER EQUITY

Goal - To achieve gender equality across the SMR

2017-18	2018-19	2019-20	2020-21
<p>Objective 1.1 - Through setting-based approaches, increase capacity of partners to achieve gender equality and promote implementation of system level changes.</p>			
<p>Intervention 1.1.1 - Build capacity of SMR to conduct gender equity assessments across all settings</p> <p>IHP indicators:</p> <ul style="list-style-type: none"> - number of organizations that completed gender equity assessments - number of meetings that supported adoption of gender equity assessment 			
<p>Conducted 3 gender equity audits with Kingston, Casey and Bayside city council.</p> <p>5 meetings at Casey City Council (CCC) plus: (1) one training for senior staff on Gender Equity and why the audit was fundamental for their Gender Equity Strategies first year Action Plan; (2) one training session for middle management; (3) applied a gender lens to 13 of their internal policies; (4) attended two internal follow-up meetings on developing the first action plan for their Gender Equity Strategy.</p> <p>3 meetings at Kingston City Council to discuss the process of a Gender Audit for their workplace plus: (1) four training sessions with senior managers on GE and the link between GE to violence against women.</p> <p>2 meetings (Southern Melbourne and Bayside Peninsular DET</p>	<p>March 2019: WHISE designed and facilitated a 5-hour Gender Equity (GE) Audit workshop with pre and post workshop activities and follow up on behalf of the Frankston Mornington Peninsular Primary Care Partnership (FMP PCP) to their members (Frankston City Council, Peninsula Health, Taskforce, Moira, Anglicare, Family Life Victoria, Community Kinder Plus and Best Chance Early Learning Centres). The City of Stonnington requested WHISE support the design and implementation of a workplace gender equity (GE) audit.</p> <p>Assisted and provided resources to Peninsula Health, City of Port Phillip and Bayside City Council regarding the GE Audit Process. Held 18 meetings with key staff in all three organisations to try to progress this work and built a business case with Peninsula Health to lead</p>	<p>City of Port Phillip GE Audit Project: WHISE supported the design and implementation of a workplace gender equity (GE) audit to. The initial consultations commenced in June 2019 where a proposal was sent and accepted by the Executive Leadership Team at the City of Port Phillip. The initial planning meeting took place in September with the project expected completion by December 2019. However, due to a delay in disseminating the all staff survey to establish a baseline the final report was submitted in February 2020.</p> <p>GE support and assistance: WHISE provided assistance and resources to Peninsula Health, Star Health, Enliven and Frankston Mornington Peninsular Primary Care Partnership (FMP PCP) regarding the GE Audit Process and possibility of conducting Practice Forums to</p>	<p>-Mornington Peninsula Shire Council</p> <p>-City of Casey: WHISE worked with Casey Planning and Infrastructure (CP&I) Division to co-design a theory of change for gender equality in planning</p> <p>-Cardinia Shire Council: WHISE worked with Senior Leadership Team (SLT) and Councilors to produce leadership statement on the Council's commitment to Gender Equality</p> <p>-City of Glen Eira: Presented information to Family Violence Champions about the Gender Equality Act (OCT) & working to roll out workshops using Listen, Learn, Lead model</p> <p>WHISE ran Gender Equality, Diversity and Inclusion Training for new Counsellors & Mayors at:</p> <ul style="list-style-type: none"> - City of Greater Dandenong - City of Frankston - Bayside City Council

<p>coordinators) early in the Financial year to assist the coordinators to build the capacity of their schools around Gender Equity and a Gender Equity Audit</p> <p>1 meeting with Stonnington City Council with a WHISE fact sheet outlining the GE Audit process including resources and discussed how WHISE can assist with this process.</p> <p>Additionally: (1) Assisted and provided resources to Peninsula Health regarding the GE Audit Process; (2) Consulted with Central Bayside Community Health Services to run through the GE auditing process.</p>	<p>conversations with their leadership team.</p> <p>Developed as a deliverable of the PVT Strategy that built upon the abundant work WHISE has led in this space over the last few years, a Preventing Violence Together Toolkit was created</p>	<p>promote gender equality in the workplace. Proposals sent to Peninsula Health, Star Health, Enliven and FMP PCP. FMP PCP accepted WHISE’s proposal to deliver a half day Practice Forum for Community Service Organisations across the Frankston Mornington Peninsula to raise awareness and begin their 'change journey' toward being more gender equitable workplaces.</p> <p>GE Legislation Implementation support and communication campaign</p> <p>Following the passing of the Gender Equality Bill in February 2020, WHISE contacted over 40 key staff from across, 16 public organisations outlining the support and services we can offer. Since March, we have met with eight local councils at senior leadership level, and education providers.</p> <p>Conversations with Mornington Peninsula Shire led to further conversations with the WHISE Health Promotion Team as they are conducting a GE Audit and have engaged with the People and Culture Manager who would like WHISE’s support.</p> <p>Major themes of our engagement with public sector employers were shared the Office of the Public Sector Gender Equality</p>	
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		<p>Commissioner who warmly welcomed WHISE’s insights.</p> <p>Preventing Violence Together Toolkit rebranded as Gender Equality in the Workplace Toolkit</p> <p>The Preventing Violence Together Toolkit was developed in 2018-2019 to guide partners along their gender equity and prevention of violence against women journey. Following feedback from our partners in December 2019, this toolkit is currently being rebrand as the Gender Equality in the Workplace Toolkit. To meet partner need and align more closely with the Gender Equality Act significant work has occurred to update the.</p>	
<p>Intervention 1.1.2 - Build capacity of SMR to understand gender norms, practices and structures, through gender equity training</p> <p>IHP indicators:</p> <ul style="list-style-type: none"> - number of training sessions conducted - number of participants who received training - number of organizations that have received training 			
<p>39 training sessions conducted.</p> <p>Approximately 880 participants received training.</p> <p>17 organisations have received training this reporting period:</p> <ol style="list-style-type: none"> 1. Connect Health and Community – Tailored GE Training 2. Department of Education and Training 3. Centrelink – GE training session 	<p>42 workshop/training sessions conducted.</p> <p>1,890 participants have received training/attended workshops.</p> <p>16 organisations have received training this reporting period:</p> <ol style="list-style-type: none"> 1. Minaret College 2. City of Casey 3. City of Dandenong 4. Frankston City Council 5. Peninsular Health 	<p>47 workshop/training sessions were conducted.</p> <p>1,351 (49% women, 12% men, 39% unknown) participants have received training/attended workshops</p> <p>12 organisations have received training:</p> <ol style="list-style-type: none"> 1. Bayside City Council 2. Cardinia Shire Council 3. City of Casey 	<p>18 workshop/training sessions were conducted.</p> <p>437+ participants have received training/attended workshops</p> <p>12 organisations have received training:</p> <ul style="list-style-type: none"> - Gender and Recovery Planning forum held 28 Jul 2020 (60+ participants) - Bayside City Council councillors session n=25 - Bayside City Council women in leadership n=41

<p>4. City of Port Phillip's Interfaith Network (community) – GE training & link between GE and FV</p> <p>5. City of Casey's Interfaith Network (community) - GE training & link between GE and FV</p> <p>6. Calvary Health Care Bethlehem – Tailored GE training</p> <p>7. Enliven – tailored GE training</p> <p>8. Department of Justice – tailored GE training</p> <p>9. Jewish Care - tailored GE training, Practical applications for gender equity in the workplace</p> <p>10. Kingston City Council - Tailored GE Training, Gender Equity Audit</p> <p>11. City of Casey – GE training sessions and Gender Equity Audit</p> <p>12. Cardinia Shire – Exploring gender inequality and violence</p> <p>13. Stonnington City Council – Exploring the link between gender inequality and violence</p> <p>14. Central Bayside Community Health – workplace GE training</p> <p>15. Bayside City Council - Tailored GE, Male privilege, Train the trainer, Gender Equity Audit</p> <p>16. Glen Eira City Council - Tailored GE, GE link to FV</p> <p>17. Mornington Peninsular Shire Health and wellbeing members – GE training session</p>	<p>6. Taskforce</p> <p>7. Moira</p> <p>8. Anglicare</p> <p>9. Family Life Victoria</p> <p>10. Community Kinder Plus</p> <p>11. Best Chance</p> <p>12. Kilbreda College</p> <p>13. Enabling Women</p> <p>14. Monash Health</p> <p>15. Bayside City Council</p> <p>16. City of Stonnington</p> <p>Highly customised and tailored training or workshops:</p> <p>1. Minaret College: customised and designed faith appropriate workshops. Nine highly tailored and customized workshops were delivered to staff and students at Minaret College.</p> <p>2. Visioning Workshop to the City of Casey.</p> <p>3. Manager Training Sessions across 7 business days (14 x 3 hour sessions) to 142 staff at the City of Dandenong as part of their White Ribbon Accreditation.</p> <p>4. 2-hour training sessions delivered to 15 key stakeholders (Frankston City Council, Peninsula Health, Taskforce, Moira, Anglicare, Family Life Victoria, Community Kinder Plus and Best Chance Early Learning Centres) in the Frankston Mornington Peninsula region.</p> <p>5. 2-hour presentation to 150 year 9 and 10 students of Kilbreda College on Gender Equality.</p>	<p>4. City of Greater Dandenong</p> <p>5. City of Port Phillip</p> <p>6. Family Life Victoria</p> <p>7. Frankston Mornington Peninsula Primary Care Partnership (FMP PCP)</p> <p>8. Kingston City Council</p> <p>9. Peninsula Health</p> <p>10. Sikh Australian Support for Family Violence (SASFV)</p> <p>11. Star Health</p> <p>12. Uniting</p>	<ul style="list-style-type: none"> - Cardinia Shire Council councillors session n=9 - City of Greater Dandenong Councillor induction (March 21) - City of Casey GE Legislation P&I Division - Frankston Councillors n=10 (Feb 2021) - Moira GE 101 session n=52 - Bayside City Council Bystander Training for community members n=15 - City of Casey Women and Girls Taskforce n=28 - Frankston Mornington Peninsula Primary Care Partnership GE in the workplace practice forum - Frankston Inclusive Sporting Clubs, 2 sessions, session 1 n=24, session 2 n=10 - Peer-led Active Bystander Program St Leonards College, 3 sessions (2 with students, 1 with teachers), session 1 n=50 students, session 2 n=50 students, session 3 n=30 teachers - Port Phillip Youth Worker Family Violence Training n=33 - Victorian Sikh Gurduaras
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	<ol style="list-style-type: none"> 6. Facilitated a workshop on gender and violence against women with disabilities as part of the annual <i>‘Enabling Women Program’</i> with Women with Disabilities Victoria 7. Two 2-hour sessions with the Health Promotion Team at Monash Health – 23 staff participated in the Gender Equality training. 8. Highly customised 3-hour training session with 28 staff from the Operational Team at the City of Dandenong on Gender Equality and Family Violence. 9. Five full days of tailored workshops to Bayside City Council all staff and managers reaching 115 staff from cross council in March 2019. 10. Workshop on Gender Equality and the workplace with the Councillors of the City of Dandenong. 11. Co-designed and facilitated workshop one of the <i>‘Courage for Change Project’</i> with the City of Kingston. The first workshop was delivered to 18 diverse community leaders from across Kingston with a further three sessions planned. 12. 2-hour session with 100 City of Kingston school crossing supervisors on Gender Equality and positive role modelling. 13. Gender Equity Audit with the City of Stonnington commenced 		
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	<p>in May and concluded in July. As part of this Audit WHISE designed, facilitated and led one training session and two workshops for the GE implementation team.</p>		
<p>Intervention 1.1.3 - Develop communication engagement strategies that provide opportunities for communicating gender equity and improving the organizational profile</p> <p>IHP indicators:</p> <ul style="list-style-type: none"> - number of WHISE members - number of newsletters distributed - number of newsletter recipients - number of social marketing events and campaigns 			
<p>51 WHISE members Social marketing events/campaigns:</p> <ul style="list-style-type: none"> - 16 Days of Activism - 2018 International Women’s Day - 2018 IWD supported Connect Health and Community 	<p>104 WHISE members 6 WHISE newsletters distributed 101 WHISE newsletter recipients Social marketing events/campaigns:</p> <ul style="list-style-type: none"> - 16 Days of Activism - 2018 International Women’s Day - 2018 IWD supported Connect Health and Community 	<p>68 WHISE members 4 WHISE newsletters distributed + 4 COVID-19 Bulletins distributed 600 WHISE newsletter recipients Social marketing events/campaigns:</p> <ul style="list-style-type: none"> - WHISE developed a social media strategy to increase awareness of what we do and provide guidance on how to measure our influence. - 16 Days of Activism Social Media Toolkit - WHISE produced a COVID-19 and Women’s Health Social Media Toolkit to support organisations to promote primary prevention and health and wellbeing messages about the gendered impact of COVID-19 - WHISE was a partner involved in the planning of the International Women’s Day (IWD) event held in Bayside. 	<p>61 WHISE members 1 WHISE newsletters distributed. This stopped due to lack of time to complete, however, a new staff member has joined the team and re-started the writing of the WHISEwords Newsletter. 1,300 WHISE newsletter recipients Social marketing events/campaigns:</p> <ul style="list-style-type: none"> - 16 days of activism - Sexual and Reproductive Health Week - Endometriosis Campaign – EndoMarch - Elder Abuse Campaign - Reproductive Coercion Campaign - COVID-19 Social Media Campaign - Street Harassment Campaign which was part of <i>It’s Not a Compliment</i>

			<ul style="list-style-type: none"> - Social and Affordable Housing Campaign – tied to our submission to the Vic Government - The March4Justice - AGEP Campaign - Womxn’s Health Empowerment Campaign - The Mental Health Reform – how COVID has had an impact on women’s mental health and the need for a gendered response - EScan Campaign highlighting some key facts about the SMR
<p>Intervention 1.1.4 – Support the role out of primary prevention initiatives including Respectful Relationships whole of school approach</p> <p>IHP indicators:</p> <ul style="list-style-type: none"> - number of school and regions supported - number of inductions and training sessions held - number of participants attending 			
<p>90 schools and regions supported 7 inductions and training sessions held 269+ participants attended</p>	<p>4 schools and regions supported 16 inductions and training sessions held 9 participants attended</p>	<p>2 schools and regions supported 5 inductions and training sessions held</p> <p>During the start of RR, the Department Education and Training (DET) worked closely with WHISE to raise awareness and engage with school directly. However, due to feedback from the schools and their capacity to undertake this work, our focus shifted to developing a support system through the <i>Critical Friends Network</i> (CFN). The purpose of CFN is to build a group of passionate and knowledgeable professionals across the health and PVAW sectors with the common aim</p>	<p>76 schools and regions supported 6 inductions and training sessions held 55 participants attended from 24 organisations</p> <p>In Term 4 (November 2020) over 50% of schools met with their CF despite the challenges COVID presented. Since then, this number will have increased but updated data has not yet been collected.</p>

		of building violence prevention capability and respectful relationships.	
<p>Intervention 1.1.5 Capacity build key stakeholders to deliver gender equity training within their local government area, to ensure best practice in the SMR</p> <p>IHP indicators:</p> <ul style="list-style-type: none"> - number of organizations consulted on training - number of organizations who received feedback - number of organisations who successfully delivered gender equity training with support from WHISE 			
<p>2 organisations consulted on training (Bayside City Council and Casey Management Staff)</p> <p>1 organisation then successfully delivered GE training with support from WHISE to 8 participants</p>	<p>3 organisations consulted on training:</p> <ul style="list-style-type: none"> - City of Casey: the Men's Action Team, the Women's Collective - City of Greater Dandenong: Managers and Supervisors to support their White Ribbon Accreditation. - Cardinia Shire Council: Health Families Health Relationships – Together We Can (Sikh Community) 	<p>8 organisations consulted on training (City of Casey, City of Greater Dandenong, Kingston City Council and Sikh Australian Support for Family Violence (SASFV), Peninsula Health, Star Health, Enliven and Frankston Mornington Peninsula Primary Care Partnership (FMP PCP))</p> <p>4 organisations (City of Casey, City of Greater Dandenong, Kingston City Council and Sikh Australian Support for Family Violence (SASFV)) successfully delivered GE training with support from WHISE.</p>	<p>2 organisations consulted on training (AGEP GEAP sessions, Victorian Sikh Gurduaras)</p> <p>GE in the workplace webinars</p> <p>Online forums held in partnership with Commission for Gender Equality in the Public Sector to prepare and educate workplaces on the requirements of the GE Act. This involved three forums:</p> <ol style="list-style-type: none"> 1. A Forum for People and Culture 2. Gender Impact Assessment lunchtime practice forum 3. Workplace Gender Audit lunchtime practice forum
<p>Objective 1.2 Collaborate on research that builds the evidence base of gender equity and disseminate best practice findings to key stakeholders across the SMR</p>			
<p>Intervention 1.2.1 Collaborate with universities and peak research bodies to conduct research on gender equity in the context of the SMR</p> <p>IHP indicators:</p> <ul style="list-style-type: none"> - number of research projects assisted with - number of research peak bodies engaged - number of conferences delivered - number of collaborative projects 			
6 research projects assisted with	5 collaborative projects	4 research projects assisted with	2 research projects - Bayside Changing Faces Project

<ul style="list-style-type: none"> - Analysis of Family Violence Data Project for the Southern Melbourne Region Integrated Family Violence Executive Committee - Family Violence in Southern Melbourne – An analysis of a live data capture for the Southern Melbourne Integrated Family Violence Partnership - Research on Family Violence Practitioners - Family Violence Partnership, Southern Melbourne School of Participatory Design and State Government - RMIT Perpetrator Intervention Research Project - Facilitated development and co-author of literature review on Elder Abuse for Southern Melbourne Elder Abuse Primary Prevention Network. - Mapping the lived experience of the family violence system in the Southern Melbourne Region: A Victim Survivor Perspective (Integrated) <p>4 research peak bodies engaged</p> <ul style="list-style-type: none"> - Department of Social Work, Monash University - Keleher Consulting - RMIT - Chisolm Institute <p>2 collaborative projects</p> <ul style="list-style-type: none"> - Chisholm Institute; Industry working group for Chisolm's 	<ul style="list-style-type: none"> - Report: Rapid Literature Review on Elder Abuse (in partnership with the Southern Melbourne PCP Elder Abuse Prevention Network) - Website: Design and Development of the Annual WHISE Environmental Scan – State of Women's Health in the South East - Report: Issues and prevalence of Violence Against Women in the Mornington Peninsula Region (in partnership with Family Life - attached) - Issues Brief: Review of available literature, practice and issues associated with Interfaith Prevention of Violence Against Women and outcomes of research into CALD and Interfaith Community needs when it comes to building capacity on family violence (for Cardinia Shire Council Together We Can Initiative) - Issues Brief: Scoping of prevalence and issues surrounding Forced Marriage in the South East Region 	<ul style="list-style-type: none"> - Intrafaith and Interfaith perspectives on preventing violence against women - COVID-19: An assessment of partners need - SRH African women's research - WHISE is a member of the Women's Mental Alliance which have produced several papers and resources to respond to the Victorian Royal Commission into Victoria's mental health system. <p>1 research peak body (GEN VIC) engaged</p> <p>1 collaborative project</p> <ul style="list-style-type: none"> - In collaboration with GEN VIC and the Women's Health Services, WHISE contributed to and disseminated a series of factsheets exploring the impact of COVID-19 on women and gender diverse people in Victoria to raise awareness of the deep and lasting impacts of disaster on women across the State 	<ul style="list-style-type: none"> - Pride in Prevention Rainbow Health – a summary of the evidence base around the drivers of violence against women and gender inequality. We shared the evidence base with our partnership to address the critical gaps and strengthen the understanding of the drivers of violence. The CoPs centred on translating the evidence that the binary gender norms that drive gender inequality and violence against women are inherently linked to the cis normativity that drives violence against trans and gender diversity. <p>2 research peak bodies engaged</p> <ul style="list-style-type: none"> - GEN VIC - Our Watch – Masculinities in Practice, project advisory group. Eight meetings. The Advisory Group is convened to oversee the development by Our Watch, of a practice resource to guide work that engages men and boys in the promotion of gender equality and the prevention of violence against women. <p>1 collaborative project</p> <ul style="list-style-type: none"> - WHISE conducted a series of focus groups in collaboration with GEN VIC to examine the gendered impact of COVID-19 on women
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<p>Graduate Cert in FV. Support the development of core units ‘FV; Primary Prevention and Social communication’ and ‘Gender, Power and the State’</p> <ul style="list-style-type: none"> - Member of the Steering Committee for Women’s Disability Victoria in the Enabling Women Program 			
<p>Intervention 1.2.2 Create and disseminate evidence to inform policy and practice that promotes gender equality throughout SMR</p> <p>IHP indicators:</p> <ul style="list-style-type: none"> - number of factsheets (including snapshots) - number of tools created - number of key resources distributed 			
<p>9 factsheets created and disseminated to partners Contributed to the development and distribution of WHISE Gender Equity Assessment tool Created 1 key resource info graph for PVT partnership</p>	<p>22 factsheets/snapshots created:</p> <ul style="list-style-type: none"> - 10 x Local Government Area + 1 regional PVAW snapshots - 10 x Local Government Area + 1 regional PVAW snapshots <p>Preventing Violence Together Toolkit 3 key resources and information shared on South Safe portal</p> <ul style="list-style-type: none"> - 2018 Environmental Scan – State of Women’s Health in the South East - Workforce Development Ready Recknor for Prevention Workforces in the South East – attached in supporting documentation - Position Paper for Workforce Development in the South East and Regional Partnership – attached in supporting documentation 	<p>23 factsheets/snapshots created:</p> <ul style="list-style-type: none"> - 10 x Local Government Area + 1 regional PVAW snapshots - 10 x Local Government Area + 1 regional PVAW snapshots - GENVIC and the Women’s Health Services series of factsheet <p>Updated Preventing Violence Together Toolkit 8 key resources</p> <ul style="list-style-type: none"> - Updated the EScan - Enliven: Solving Problems Together - Enliven: You Are Not Alone Family Violence Resource - Enliven: What is Family Violence? - WHISE: E-delivery of Primary Prevention: Tips and tricks for webinar delivery - full version - WHISE: E-delivery of Primary Prevention: Tips and tricks for webinar delivery - two pager 	<p>28 factsheets/snapshots</p> <ul style="list-style-type: none"> - 10 x Local Government Area + 1 regional PVAW snapshots - 10 x Local Government Area + 1 regional PVAW snapshots - Critical Friends Network Successes So Far – outputs and outcomes - 5 evaluation snapshots from the CoPs that were shared with the partnership <p>17 key resources</p> <ul style="list-style-type: none"> - 10 x LGA advice statements for applying a gender a lens to Municipal Public Health and Wellbeing Plans - Background paper to prepare for the development of the new regional strategy for gender equity and the prevention of gendered violence - Recording of 16 Days of Activism online forum – a practical session

		<ul style="list-style-type: none"> - Digital mapping tool of primary prevention initiatives in the SMR for prevention of violence against women - Recording of Intersectionality and Diverse Communities: From Theory to Practice on the WHISE YouTube channel 	<p>on how and why to use values-based messaging</p> <ul style="list-style-type: none"> - Recording of Careers and Education Pathways in Family Violence and Gender Equity: A Digital Forum – shared on the WHISE YouTube channel. - Recording Women's Experiences of Managing Endometriosis on the WHISE YouTube channel - Two recordings of CoPs on engaging men and boys in gender equality on the WHISE YouTube channel - Recording of Introduction to Gender and Recovery Planning on the WHISE YouTube channel <p>Tools</p> <ul style="list-style-type: none"> - <i>It’s Your Body</i> – The medical and surgical abortion video for the SMR. This is yet to be released. - IDAHOBIT toolkit for schools.
<p>Intervention 1.2.3 Provide expertise to partners to encourage and promote adoption of evidence-based practice in primary prevention</p> <p>IHP indicators:</p> <ul style="list-style-type: none"> - number of partners liaised with/provided expertise to - number of evidence-based primary prevention initiatives implemented 			
<p>29 partners liaised with/provided expertise to:</p> <ul style="list-style-type: none"> - Frankston City Council MPHWP plan reference group - Casey City Council Leadership group - SMPCP steering committee - SMPCP health and wellbeing reference group - SMPCP Family Violence Working Group 	<p>26 partners liaised with/provided expertise to:</p> <ul style="list-style-type: none"> - Enliven - AOD CBP Working Group - Bayside Peninsular Integrated Family Violence Partnership - Southern Melbourne Integrated Family Violence Partnership - City of Dandenong – community safety meeting - City of Dandenong – youth network 	<p>31 partners liaised with/provided expertise to with over 100 meetings:</p> <ul style="list-style-type: none"> - Bayside MP Family Violence Committee - Bayside Peninsula Integrated Family Violence Partnership - Cardinia Shire Council - Together We Can - Cardinia Shire Youth Network 	<p>3 Working groups led by WHISE</p> <ol style="list-style-type: none"> 1. Victorian Sikh Gurduaras Committee 2. Bayside Peninsula Primary Prevention Working Group (bi-monthly) 3. The Southern Melbourne Primary Prevention Working Group (bi-monthly) <p>32 partners liaised with/provided expertise to:</p>

<ul style="list-style-type: none"> - Internal gender equity leadership group at Casey City Council - Frankston city council MPHWP plan reference group - Casey City Council MPHWP Leadership group - SMPCP Elder Abuse Network - Mornington Peninsula Shire Health & Wellbeing Committee - Glen Eira Community Safety Committee - City of Casey MPHWP Strategies and Measures workshops - Kingston FV Working Group - Cardinia Shire CALD Network - Enliven - Community Strengthen Taskgroup - Frankston Mornington Peninsula Family Violence Network - Municipality Association of Victoria - WAYSS Critical Linkages - Woman's Disability VIC – Steering Committee for Enabling Women Leadership Program - Casey Community Safety Committee - Seawinds Community Hub Capel Sound - Chisolm Institute Graduate Certificate in Family Violence - Endota Spa Red Hill - Liaised with Monash Caulfield and Chisolm - Facilitated industry forum for Chisolm Institute - Industry Task Force Implementation Subgroup 	<ul style="list-style-type: none"> - Frankston city council MPHWP plan reference group - Local Strategic Working Group Meeting – Safer and Stronger Communities - Casey City Council Leadership group - SMPCP steering committee - SMPCP health and well-being reference group - SMPCP Family Violence Working Group - Internal gender equity leadership group at Stonnington Council - Casey City Council Community Safety Committee - SMPCP Elder Abuse Network - FMP PCP Elder Abuse Network - Mornington Peninsula Shire Health & Wellbeing Committee - Glen Eira Community Safety Committee - Kingston FV Working Group - Cardinia Shire CALD Network - Enliven - Community Strengthen Taskgroup - Enliven – prevention leadership network - Mornington Peninsula Shire – Youth Network - Frankston Mornington Peninsula Family Violence Network - Municipality Association of Victoria - WAYSS Critical Linkages - Woman's Disability VIC – Steering Committee for Enabling Women Leadership Program 	<ul style="list-style-type: none"> - Chisholm TAFE PVAW Working Group - City of Casey Community Safety Meeting - City of Greater Dandenong Community Safety Advisory Committee - City of Greater Dandenong Preventing Family Violence Committee - City of Greater Dandenong Youth Network - City of Port Phillip Multicultural Advisory Committee - Community Health - Health Promotion Network and Advisory Group - FMP Elder Abuse Prevention Network Steering Committee - Gender Equality Training Sub Committee - Gender Equity Victoria Communications Community of Practice - Glen Eira Community Safety Committee - Indian Care Family Violence Reference Group (Partners) Meeting - Inner South Multicultural Issues Network - International Students Sexual Health Network - Kingston Family Violence Working Group 	<ul style="list-style-type: none"> - Bayside MP Family Violence Committee - Bayside Peninsula Integrated Family Violence Partnership - Cardinia Shire Council - Together We Can - Cardinia Shire Youth Network - Chisholm TAFE PVAW Working Group - City of Casey Community Safety Meeting - City of Greater Dandenong Community Safety Advisory Committee - City of Greater Dandenong Preventing Family Violence Committee - City of Greater Dandenong Youth Network - City of Port Phillip Multicultural Advisory Committee - Community Health - Health Promotion Network and Advisory Group - FMP Elder Abuse Prevention Network Steering Committee - Gender Equality Training Sub Committee - Gender Equity Victoria Communications Community of Practice - Glen Eira Community Safety Committee - Glen Eira Community Groups Committee
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<ul style="list-style-type: none"> - Focus Group for Victorian Family Violence Data Collection Framework Feedback - City of Casey forum to receive input into their regional family violence prevention strategy. - Glen Eira Council – International Women’s Day lunch time event at Caulfield Town Hall. 		<ul style="list-style-type: none"> - MAV Preventing Violence Against Women Network - Mornington Peninsula Shire Health and Wellbeing Committee Meeting - Mornington Peninsula Youth Services Network - Multicultural Advisory Committee - RMIT VE Industry Advisory Committee Assoc Degree Health Sciences - Sexual Lives and Respectful Relationship Network - SMPCP EAPN Steering Committee Meeting - SMPCP Family Violence Working Group Meeting - South East Community Links Local Steering Working Group - Southern Melbourne Integrated Family Violence Partnership Meeting - WASEMA Family Violence Advisory Committee - Women’s Health Services Quality and Compliance Committee 	<ul style="list-style-type: none"> - Inner South Multicultural Issues Network - International Students Sexual Health Network - Kingston Family Violence Working Group - MAV Preventing Violence Against Women Network - Mornington Peninsula Shire Health and Wellbeing Committee Meeting - Mornington Peninsula Youth Services Network - Multicultural Advisory Committee - RMIT VE Industry Advisory Committee Assoc Degree Health Sciences - Sexual Lives and Respectful Relationship Network - SMPCP EAPN Steering Committee Meeting - SMPCP Family Violence Working Group Meeting - South East Community Links Local Steering Working Group - Southern Melbourne Integrated Family Violence Partnership Meeting - WASEMA Family Violence Advisory Committee - Women’s Health Services Quality and Compliance Committee - Our Watch – Masculinities in Practice, project advisory group
<p>Objective 1.3 Improve outcomes and experiences for women within the SMR through localised and higher level collective advocacy on existing, new and emerging gender equity issues.</p>			

<p>Intervention 1.3.1 Collect, distribute and raise awareness of health issues impacting women in the SMR, from an equity perspective</p> <p>IHP indicators: - number of posts about health issues in our region</p>			
<p>175 Facebook posts in total</p>	<p>Through Facebook, WHISE has had a reach of 13,749 followers. Through Twitter, WHISE has had a reach of 92,000 followers.</p>	<p>During this reporting period WHISE developed a social media strategy to increase awareness of what we do and provide guidance on how to measure our influence.</p> <p>Facebook # of posts: 225 GE: 50 PVAW: 68 SRH: 79 Other: 28 Total reach: 61,816 Total impressions: 76,642</p> <p>Twitter # of tweets: 163 GE: 42 PVAW: 43 SRH: 54 Other: 24 Total impressions: 119,700</p> <p>LinkedIn # of updates: 173 GE: 80 PVAW: 47 SRH: 37 Other: 9 Total impressions: 20,906</p>	<p>Facebook # of posts: 155 GE: 71 PVAW: 39 SRH: 45 Other: Total reach: 36,277 Total impressions: 2,818</p> <p>Twitter # of tweets: 215 GE: 100 PVAW: 67 SRH: 46 Other: 2 Total engagements: 3,119 Total impressions: 112,613</p> <p>LinkedIn # of posts: 172 GE: 86 PVAW: 46 SRH: 28 Other: 12 Total likes: 970 Total impressions: 34,099</p>
<p>Intervention 1.3.2 Collaborate with media agencies to create positive discourse on gender equality in the SMR</p> <p>IHP indicators: - number of partner agencies supported - frequency and type of support - number of media releases that promote gender equity</p>			

<p>Six media releases were drafted over the 17/18 period and all were sent to various media outlets. The Communications Officer worked closely with a journalist from the Herald Sun to get WHISE's 16 Days of Activism campaign published in the Saturday edition of the Herald Sun with this one article having a reach of over 1 million readers.</p>	<p>No action</p>	<p>Glen Eira Working Together J-AIR and the Glen Eira City Council are working together to present a new weekly program – on May 11 2020 Glen Eira invited WHISE's Health Promotion Manager to talk about the importance of promoting prevention of family violence and advocating that everyone has a role to play</p> <p>Five media releases that promoted GE:</p> <ol style="list-style-type: none"> 1. WHISE supports call to end Government's new Family Law Inquiry 2. WHISE congratulates Mornington Peninsula Shire's announcement of its new Gender Equality Strategy 3. Celebrating this her(storic) moment 4. Power to Prevent: Urgent Actions Needed to Stop Sexual Harassment at Work 5. Women's and community organisations unite on COVID-19 and gender 	<p>1 partner agency supported with the launch of Pride in Prevention Evidence Guide</p> <p>10 media releases that promoted GE:</p> <ol style="list-style-type: none"> 1. The 2021-22 Victorian State Budget: What does it mean for women our region? 2. Victorian Government promising investment for women, health and equality 3. Why Women Walk: Frank to Schanck Challenge Event 4. WHISE recommends the Victorian Government apply a gender lens to their 10-Year vision for social and affordable housing 5. WHISE welcomes final report of the Mental Health Royal Commission 6. State Budget must be equitable for Southern Melbourne to recover from the Pandemic 7. Lack of certified prescribers limiting women's access to timely and local reproductive health care 8. WHISE celebrates with all of Victoria the inductees to the 2020 Victorian Women's Honour Roll 9. WHISE welcomes Victoria's first Commissioner for Gender Equality 10. The balance between safety and support essential for the mental health of expectant mothers
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			Glen Eira / J-AIR radio interview – Elder Abuse 6 Jul
<p>Intervention 1.3.3 Work with key decision-makers in our area to increase focus on women's health and well-being from an equity perspective</p> <p>IHP indicators:</p> <ul style="list-style-type: none"> - number of decision makers engaged - number of issues advocated for 			
<p>18 decision makers engaged:</p> <ul style="list-style-type: none"> - Tim Richards MP (Member for Mordiallic) - Sonya Kilkenny MP (Member for Carrum) - Rita Butera (CEO) – Women's Health Victoria - Stephen Sparrow – Cardinia Shire Council - Caroline Bell – City of Casey - Sharon Sykes – Glen Eira Council - George Robinson – Central Bayside Community Health - Dona Tantirimudalige (Previous WHISE Chair) - Alison Wainright (FamilyLife) and Chair of Bayside Mornington Peninsula Regional Integration Committee - Caroline Radowski – SMRC - Dalal Smiley – Wellsprings for Women - Melissa Reoch – Girl Guides Victoria - Rob Macindoe Enliven - Peter Johnstone and Sandra George (City of Greater Dandenong) on PVAW 	<p>88 meetings held with key decision makers.</p> <p>4 submissions lodged on the following matters and issues:</p> <ul style="list-style-type: none"> - Response to Productivity Commission Issues Paper on Mental Health January 2019 - Respond to the call for feedback on terms of reference for the Victorian Royal Commission into Mental Health - Response to Australian Human Rights Commission inquiry into Sexual Harassment in the workplace (with GEN VIC) - Gender Equity Bill <p>Participated in the following activities to advocate on matters relating to women's health:</p> <ul style="list-style-type: none"> - Feedback to Chisolm Institute on Grad Certificate in Family Violence (July 2018) - Response and input into the City of Kingston Family Violence Prevention Strategy and Action Plan (2018-2019) - Response to call for Feedback on Victorian Prevention Agency Legislation (to Georgia Crozier, Opposition Minister for 	<p>25 decision makers engaged</p> <p>Participated in the following activities to advocate on matters relating to women's health which included writing and endorsing over 30 submissions:</p> <ul style="list-style-type: none"> - Gender Equality, Primary Prevention of Violence against women and Family Violence reforms – supported joint submission under banner of GenVic - Sexual and Reproductive Health access - Women's mental health via the Women's Mental Health Alliance – Active member – endorsed several submissions 	<p>173 decision makers engaged including:</p> <ul style="list-style-type: none"> - Gabrielle Williams – Minister for Women - Justin McDonnell Executive Director Wellbeing, Health and Engagement Division, Department of Education and Training - Pauline Richards MP (Cranbourne) - Gary Maas MP (Advocacy for Budget Submission) - Georgia McCormick (Minister Williams Office) on Critical Friends Network - Michele Clark Office for Women - Georgina Kennelly (Advisor to Minister for Women) - Jobs Victoria Shivaan Barloia (DJPR) Women's Health and COVID recovery <p>11 submissions written and/or endorsed on the following matters and issues:</p> <ul style="list-style-type: none"> - Addressing Sexual Harassment in Victorian Workplaces - Response to Victoria's New Mental Health and Wellbeing Act - Victorian Social Affordable Housing

<ul style="list-style-type: none"> - Dr. Ingrid Burkett (TACSI) on PVAW in Small to Medium business - Terry Lazzarotto SM PCP - Kellie Nagle MAV - Talei Richards (DPC/OMAC) regarding WHISE Empowering Communities together <p>4 submissions lodged on the following matters and issues:</p> <ul style="list-style-type: none"> - Response to Federal Government, National Endometriosis Action Plan (May 2018) - Response and input into the City of Casey Family Violence Prevention Strategy and Action Plan (2017-2018) - Validation and review of Good Shepherd Australia and New Zealand “Start of Change: Mapping Engagement with male Perpetrators of Violence” November 2017 - Provided input and support to collaborative Women’s Health Services response to the Marie Stopes on Reproductive Coercion “Hidden Forces” <p>Participated in the following activities to advocate on matters relating to women’s health</p> <ul style="list-style-type: none"> - Gender Equality Legislation Consultation Workshop – consultation with Nous Group regarding proposed Victorian Gender Equality Legislation (11/1/2018) 	<p>Prevention of Family Violence via Linda Watson SM RIC) (July 2018)</p> <ul style="list-style-type: none"> - WHISE worked with other Women’s Health Services and Gender Equity Victoria to put a response into the <u>National Women’s Health Strategy</u> (Federal Government) in November 2018. - We also put forward a response to Victorian Government’s Consultation on the proposed Gender Equity Bill. 		<ul style="list-style-type: none"> - Victorian Public Health Survey - Proposed Gaming Venue Hotel Royal Koo Wee Rup - Family Violence Monitor FV Reforms - Family Safety Victoria Second Rolling Action Plan - Productivity Skills Commission - Royal Commission into Aged Care - Overview for the consultation process on the renewal of the Victorian HIV, STI and viral hepatitis response for 2021-2021 - Women’s Health Victoria: A submission to inform a Victorian Youth Strategy
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<ul style="list-style-type: none"> - Family Safety Victoria Diversity and Inclusion Strategy Stakeholder Forum (January 2018) - Department of Health and Human Services - Improving Mental Health Outcomes Think Tank (1st of February 2018) for the Victorian public health and wellbeing plan 2015-2019 - South East Prevention Leadership Group (Enliven PCP) - Southern Melbourne Integrated Family Violence Partnership - Expert Panel Discussion - City of Casey Family Violence Prevention Strategy – 15th of February 			
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PRIORITY AREA – PREVENTION OF VIOLENCE AGAINST WOMEN

Goal - Increase the understanding and capacity of partner agencies to work collaboratively in the prevention of violence against women

2017-2018	2018-2019	2019-2020	2020-21
Objective 2.1 – Increase collaborative focus towards Prevention of Violence Against Women through the implementation of the PVAW Regional Strategy			
<p>Intervention 2.1.1 Continue to lead Community of Practice and Steering Committee of regional Strategy in line with State Government strategies</p> <p>IHP indicators:</p> <ul style="list-style-type: none"> - number of CoP meetings - number of SC meetings - number of shared actions plans - number of signed partners - number of settings engaged with the strategy 			
<p>4 CoP meetings and 2 SC meetings for the PTV Strategy between June and December 2017.</p> <p>One shared action plan was developed by WHISE after consultation from partners in January 2018 and approved by SC in May and</p>	<p>WHISE convened 31 CoP meetings and 4 SC meeting for the PTV Strategy between June 2018 and May 2019.</p> <p>WHISE has held two forums for the PVT partnership – Community Forum and creating respect together event.</p>	<p>CoP Meetings</p> <p>WHISE established two new Communities of Practice (1) <i>Healthier Masculinities for Gender Equality</i> and (2) <i>Intersectionality and Diverse Communities</i>. Between Jan to May</p>	<p>2 CoPs on Engaging Men and Boys 3 CoPs on Intersectionality and Diverse Communities 2 CoPs on Critical Friends Network 3 Critical Friends Network Training Sessions 10 Working Group meetings</p>

<p>distributed in June 2018 to the PVT partnership. WHISE has 33 organisation as signed partners to the PVT strategy The PVT strategy engages with local government and community and health organisations. Our first year action plan focused most actions around the workplace setting although work was also carried out in cafes, schools and with faith based community leaders.</p>	<p>WHISE also re-established the CoPs structure and the SC newly established group that provided governance for the second year action plan (2018-2019). WHISE has 34 organisation as signed partners to the PVT strategy The PVT strategy engages with local government and community and health organisations. Our second year action plan focused most actions around the workplace setting although work was also carried out in with faith based community leaders, schools, sports and recreation setting. Therefore four settings engaged with the strategy.</p>	<p>2020 WHISE convened four CoP event/meetings: 1) Healthier Masculinities for Gender Equality CoP Launch event 28 Jan 2020 2) Healthier Masculinities and Values-Based Messaging: In Theory and in Practice Webinar 15 Apr 2020 3) Intersectionality and Diverse Communities CoP Aboriginal Self-determination: A safer future 11 Feb 2020 4) From Theory to Practice Webinar 26 May 2020 5) 3 Critical Friends Network Training Sessions</p> <p>Steering Committee (SC) and Working Group (WG) meetings Under the new governance structure for the third-year action plan WHISE convened:</p> <ul style="list-style-type: none"> - One Steering Committee meeting on 31 March 2020 - 10 working group meetings: <ul style="list-style-type: none"> ▪ Five for the Bayside Peninsula Primary Prevention Working Group (29 Oct & 17 Dec 2019 and 21 Jan, 17 Mar & 19 May 2020); and ▪ Five for the Southern Melbourne Primary Prevention Working Group (13 Sep & 29 Nov 2019 and 21 Jan, 24 Mar and 19 May 2020). <p>Both working groups focused on three key settings: 1) Early years and education; 2) Workplace; 3) Sports and Recreation.</p>	<ul style="list-style-type: none"> - 10 working group meetings: <ul style="list-style-type: none"> ▪ Five for the Bayside Peninsula Primary Prevention Working Group ▪ Five for the Southern Melbourne Primary Prevention Working Group <p>Both working groups focused on two key settings: 1) Education; 2) Workplaces; 2 Steering Committee meetings</p> <ul style="list-style-type: none"> - 38 signed partners
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		<p>Partners This is the third year of the Preventing Violence Together Region Strategy (the Strategy); over 35 organisations have signed on to the Strategy. This year Jewish Care also signed on to the Strategy</p>	
<p>Intervention 2.1.2 Develop and lead annual action plans with regional strategy partners IHP indicators: - number of actions in the PVT annual action plans completed throughout the region - number of partners involved in completing the PVT annual action plan</p>			
No actions	<p>Action plan Completed the first (2017-2018) and second (2018-2019) annual actions plans for our regional strategy – Preventing Violence Together. Partners involved 34 organisations partnered on the second action plan and 29 partners attended the CoPs and 8 partners attended the SC.</p>	<p>Action plan Overall, nine activities were completed and nine activities were partially completed from the Third Action Plan (2019-2020) for our regional strategy – Preventing Violence Together. Partners involved 37 organisations partner, with 9 organisations represented on the Steering Committee</p>	<p>Action plan Nine out of 10 actions were completed Partners involved 38 partners involved</p>
<p>Intervention 2.1.3 Formalise a consistent PVAW induction and orientation program with our regional strategy partners IHP indicators: - number of partners embedding PVAW e-learning module into their inductions process - number of partners making a commitment to modify induction process to include PVAW</p>			
<p>It was concerning that only two partners responded to having included PVAW eLearning into their inductions processes. It was identified earlier this year that there was a lot of confusion as to who could use this resource. Many believed it was only for councils to use. WHISE has worked hard this year to rectify this message and we hope to have a much higher uptake next reporting period.</p>	<p>WHISE did not collect the number of PVT partners who have made a commitment to include PVAW into their induction.</p>	<p>WHISE did not collect the number of PVT partners who have made a commitment to include PVAW into their induction as this activity has previously been reported on and this action is now completed.</p>	<p>WHISE did not collect the number of PVT partners who have made a commitment to include PVAW into their induction as this activity has previously been reported on and this action is now completed.</p>

<p>WHISE did not collect the number of PVT partners who have made a commitment to include PVAW into their induction however this will be a focus for next reporting period.</p>			
<p>Intervention 2.1.4 Continue to conduct needs analysis to identify ongoing and/or changing needs in support of PVAW actions in the SMR IHP indicators:</p> <ul style="list-style-type: none"> - develop an annual needs analysis tool - distribute tool to all partners - analysis the findings of the needs analysis - Distribute a summary of the findings - Revise annual action plans to reflect needs 			
<p>Annual needs analysis tool WHISE developed and distributed a baseline survey to all 27 CoP members to provide a basic snapshot of how our partners are internally adopting the key messages and actions of the Preventing Violence Together strategy. Twenty-one members completed the survey and the findings were collated and made into a recommendations report (Leadership Report on the Southern Metropolitan Region). This report was not distributed within the 17-18 reporting period; it was sent to all partners via Southsafe website in July 2018. This benchmarking process will allow us to measure the effectiveness and uptake of certain action in the second year PVT action plan.</p>	<p>WHISE developed and distributed a baseline survey to all 27 CoP members to provide a basic snapshot of how our partners are internally adopting the key messages and actions of the Preventing Violence Together strategy. Twenty-one members completed the survey in June 2018. The findings then collated and made into a recommendations report. This report was sent to all partners via SouthSafe portal in late July 2018. This benchmarking process will allow us to measure the effectiveness and uptake of certain action in the second year PVT action plan.</p>	<p>In lieu an annual survey, bi-monthly working groups were used as a mechanism to identify and ongoing and changing needs to the PVT partnership. In addition, in late March and early April 2020, as the pandemic escalated and public health requirements were put in place, WHISE reached out to its partners to understand what role, the regional women's health service could play, and how our partners were responding. The result of these interviews were captured in the COVID-19: An assessment of partners need. June-July 2018: WHISE conducted a benchmarking survey on behalf of the Preventing Violence Together (PVT) partners, to identify the adoption of GE and PVAW strategies within their workplace. March 2020: to capture progress made, an Internal Workplace GE and PVAW progress survey tracked progress made over the last 20</p>	<p>Not applicable as this is the final year and as such, WHISE is developing the next 4-year PVT regional strategy</p>

		months in our region. Summary report was scheduled to be completed in July 2020 to inform the Annual Think Tank .	
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PRIORITY AREA – SEXUAL AND REPRODUCTIVE HEALTH

Goal - To improve the sexual and reproductive health of women in the Southern Metropolitan Region

2017-18	2018-19	2019-20	2020-21
Objective 3.1 Build a collaborative focus towards improving women's SRH through the development and implementation of a regional sexual and reproductive health strategy			
Intervention 3.1.1 Mapping of current systems preventing good SRH in the SMR (needs and gaps) IHP indicators: - number of preconditions to good SRH mapped			
<ul style="list-style-type: none"> - Service mapping completed (36 organizations surveyed on their ability to provide SRH services to clients), needs and gaps identified in Good Health Down South Strategy 2018-2021. - Inability to provide culturally appropriate SRH information - Lack of female GPs, or women's health clinics - Long waiting lists for IUD insertion - Lack of easily accessible youth-friendly sexual health practitioners - 59% of responding organisations stated they were unable to appropriately provide SRH services for specific unmet needs 	Service mapping has been completed (2017-2018) and the GHDS Strategy was published and Launched in August 2018. First annual action plan implemented	WHISE conducted a mapping exercise to determine the range of options available to women in regard to accessing termination of pregnancy (TOP) and contraception from their local General Practice (GP). The exercise was undertaken in order to improve the coordination of existing sexual and reproductive services (SRH) in the southern metropolitan region (SMR).	Development of GHDS year 3 action plan. Planning and consultation underway for the next GHDS strategy, including stakeholder/ partner survey and one on one interviews, online events for showcasing evaluation of current strategy and visioning and action planning for the new strategy. 2 meetings with steering committee members to test partner survey (evaluation of GHDS & strategic planning for new strategy)
Intervention 3.1.2 Engage and motivate key SRH stakeholder to become signatories to a regional strategy to drive SRH action across the SMR IHP indicators: - number of key stakeholders engaged on the strategy			
4 Steering Committee members	6 Steering Committee members	5 Steering Committee members	6 Steering Committee members

<p>12 Community of Practice members Developed in partnership with 15 organisations the Southern Metropolitan Regional SRH Strategy – <i>Good Health Down South</i>. 15 Good Health Down South organisation endorsements 6 GHDS Letters of support</p>	<p>11 Community of Practice members 19 The Good Health Down South Strategy organisation endorsements 2 GHDS Letters of support As part of future planning and assessment of partnership satisfaction, a survey was distributed to the COP members on the efficacy and validity of the COP. A survey received a response rate of 54%, of those respondents 100% found the COP to be very valuable.</p>	<p>12 Community of Practice members 19 The Good Health Down South Strategy organisation endorsements 2 GHDS Letters of support</p>	<p>3 Advocacy and improving access Working Group members 11 Schools and Health Literacy Working Group members 5 Primary Health SRH Engagement Working Group members 19 Good Health Down South organisation endorsements</p>
<p>Intervention 3.1.3 Lead and facilitate the SRH Community of Practice and Steering Committee in the SMR IHP indicators: - number of Steering Committee meetings - number of Community of Practice meetings</p>			
<p>3 Steering Committee Meetings have been held 4 Community of Practice Meetings have been held</p>	<p>Five Steering Committee meetings were held this reporting period. 13th August (n= 2, 50% attendance) - 26th September n=3 75% attendance - 26th November n=4 80% attendance - 25th February (n=4, 66% attendance) - 7th May (n=4, 57% attendance) Eight Community of Practice meetings were held this reporting period. - 17th July (n=6, 55% attendance) - 4th October (n=5 45% attendance) – 1800 my options presentation - 13th November (n=5, 55% attendance) - 17th December (n= 9, 80% attendance) – Jean Hailes for Women's Health</p>	<p>Four Steering Committee meetings were held this reporting period. Meetings will continue to be held on a quarterly basis. - 18 July 2019 (50% attendance) - 29 October 2019 (66% attendance) - 28 January 2020 (60% attendance) - 29 April 2020 (80% attendance) – via Zoom Five Community of Practice meetings were held this reporting period. Two working groups will be established and will identify actions to collectively implement. The working groups will meet on needs basis. - 13 August 2019 (72% attendance) - 23 October 2019 (45% attendance): Sexual Lives &</p>	<p>2 Steering Committee meetings - 23 July (80% attendance) - 9 September (80% attendance) 9 Community of Practice and working group meetings - Planning meeting 15 July - Action plan overview 7 October - GEN VIC SRH CoP 12 August - GEN VIC SRH CoP Meeting (November 11) - Advocacy and Improving Access (December 3) - Schools and Health Literacy WG (November 12, December 1) - Primary Health SRH Engagement WG (November 12, - GHDS CoP – 'Improving Medical Abortion', presentation of the evaluation - GHDS SC meeting November 25</p>

	<ul style="list-style-type: none"> - 12th February (n=5, 45% attendance) –Royal Women's Hospital (SRH Clinical Champions Project) - 4th April (n=3, 27% rate) - 9th May (n=6, 55% attendance) - 20th June (n=7, 58% attendance) 	<p>Respectful Relationships Network Presentation</p> <ul style="list-style-type: none"> - 13 February 2020 (64% attendance) - 15 April 2020 (64% attendance) – via Zoom - 3 June 2020 (55% attendance) – via Zoom: SPHERE (Dr Asvini Subasinghe) Presentation <p>As COVID-19 has impacted member's roles, WHISE organised 'GHDS fortnightly check ins' as an opportunity to stay connected during this period. Three meetings have been held via Zoom.</p>	
<p>Intervention 3.1.4 Develop shared annual action plans to address preconditions to good SRH in SMR IHP indicators: - number of actions/action plans created to address preconditions to good SRH</p>			
<p>First year action plan (draft) developed with 8 actions: 1.1 Broaden and strengthen partnerships with state and regional leaders in sexual and reproductive health 2.1 Undertake audit of local government plans to determine what councils have already invested in SRH 3.1 Annual sexual and reproductive health forum 3.2 Advocate and assist schools to undertake a 'whole-school-approach' to sexual health and wellbeing (respectful relationships, Achievement Program, Family Planning Victoria) 4.1 Undertake consultation with culturally and linguistically diverse communities, with a focus in Greater</p>	<p>The COP developed its <u>first year action plan</u> 2018-19, with validation from the SC. Below are the 9 actions: 5 Actions held by whole of CoP: 1.1 Broaden and strengthen partnerships with state and regional leaders in sexual and reproductive health 3.1 Annual sexual and reproductive health forum 4.2. Undertake consultation with young people to identify their understanding of sexual and reproductive health, and access to available services 6.1 Provide quarterly reports to all partners with updates on sexual health concerns, contraception</p>	<p>Actions held by whole of CoP: 1.1 Utilise findings from GHDS actions to advocate for SRH across the region: including sexuality education advocacy piece (action 3.2), CALD consultation (4.1) and service mapping project (5.1) 3.1 Annual sexual and reproductive health forum 3.2 Sexuality Education advocacy piece 4.1 Engage culturally and linguistically diverse community leaders in supporting the development of culturally appropriate resources 4.2 Disseminate Youth Survey 4.3 Support Implementation of Sexual Lives and Respectful Relationships (SL&RR) Program</p>	<p>1.1 Develop a suite (4) of case studies that demonstrate and capture the breadth of work from the GHDS partnership across the various settings and SRH priority areas 1.2 Engage in advocacy opportunities to improve SRH outcomes in the SMR 2.1 Actively engage the partnership to identify key objectives and priorities for the second regional SRH strategy 2.2 Support local government and community health services to recognise SRH as a public health priority in the SMR and to advocate for SRH to be included as a priority area in their MPHWPB and IHP plans 3.1 Annual sexual and reproductive health forum (sector have indicated STI's as an area of focus)</p>

<p>Dandenong and Casey to better understand their sexual and reproductive health needs</p> <p>4.2 Undertake consultation with young people to identify their attitudes towards sexual and reproductive health and barriers to access of services</p> <p>6.1 Provide quarterly reports to all partners with updates on sexual health concerns, contraception changes, current regional data and latest research</p> <p>7.1 Social marketing campaigns</p>	<p>changes, current regional data and latest research</p> <p>7.1 Social marketing campaigns</p> <p>4 Actions held by working groups made up of partners:</p> <p>2.1 Undertake audit of local government plans to determine what councils have already invested in sexual and reproductive health</p> <p>3.2 Advocate and assist schools to undertake a 'whole-of-school-approach' to sexual health and wellbeing</p> <p>4.1 Undertake consultation with culturally and linguistically diverse communities, with a focus on Greater Dandenong and Casey to identify their understanding of sexual and reproductive health, and access to services available</p> <p>5.1 Commence service mapping and access to emergency contraception choices, pregnancy choices and counselling and terminations</p>	<p>4.4 Commence the Sexual Health of International Students Project</p> <p>WHISE led:</p> <p>2.1 Develop a resource to assist councils in the planning process to incorporate sexual and reproductive and related priorities into their Health and Wellbeing Plans</p> <p>5.1 Service mapping of access to emergency contraception, contraception choices and pregnancy choices/terminations</p> <p>6.1 Provide quarterly GHDS newsletter</p> <p>7.1 Sexual and Reproductive Health Week 23rd -29th September: Social Marketing Campaign</p> <p>Action held by working groups made up of partners:</p> <p>5.2 Medical Termination of Pregnancy (MTO) Forum</p> <p>Partners: Peninsula Health, Monash Health, Headspace and The Royal Women's</p>	<p>3.2 Engage with Critical Friends Network*, Respectful Relationships and Achievement Program to identify and strengthen opportunities to support teachers to deliver best practice sexuality education during the COVID-19 recovery period (Term 1 & Term 2 2021)</p> <p>4.1 Build community awareness through promotion of existing LGBTIQ inclusive SRH resources</p> <p>4.2 GHDS to support and strengthen the existing work with Centre for Multicultural Youth (CMY) to increase SRH health literacy of community</p> <p>5.1 Continue to improve equitable and safe access to Medical Abortion (MA), long acting reversible contraception (LARC) and STI testing in the SMR</p> <p>6.1 Disseminate quarterly GHDS newsletter to build the knowledge and capacity of sector</p> <p>6.2 Draw from the existing COVID-19 evidence base to translate and broker relevant research in an accessible format to inform SRH workforce practice</p> <p>6.3 WHISE participate as a representative in the 'Extend Prefer' focus group to guide the design of a new project by SPHERE, examining an online intervention to improve contraceptive health literacy among women from culturally and linguistically diverse backgrounds</p> <p>7.1 Annual Sexual and Reproductive Health Week Social Media Campaign (September 2020)</p>
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Objective 3.2 Build capacity of SMR to understand and promote Sexual and Reproductive Health (SRH)			
Intervention 3.2.1 Increase agencies' capacity to understand the systems that influence SRH outcomes			
IHP indicators:			
<ul style="list-style-type: none"> - Number of factsheets provided to key stakeholders on SRH - Number of workshops/information sessions provided to relevant stakeholders - Number of organisations engaged with the resources distributed 			
<p>One information session for all SRH stakeholders held in December 2017</p> <p>24 organisations engaged with the resources distributed, the strategy so far.</p>	<p>11 factsheets provided to key stakeholders on SRH</p> <p>A SMR SRH regional snapshot along with 10 LGA snapshots have been developed</p> <p>5 workshops/information sessions provided to relevant stakeholders:</p> <ul style="list-style-type: none"> - Presented at the <i>Thrive Forum</i> - Presented to Headspace Frankston team - Worked with a sexuality educator to deliver two days of sexuality and respectful relationships professional development to youth workers across the SMR as well as a youth session delivered to students from Mornington Peninsula Secondary College. - Delivered Sexual Lives and Respectful Relationships (SL&RR) program with SECASA and peer educators. <p>18 organisations engaged with the resources distributed</p>	<p>A SMR SRH regional snapshot along with 10 LGA snapshots have been developed. The snapshots are available on the WHISE website and have been distributed via following:</p> <ul style="list-style-type: none"> - GHDS forum (n=60) - Youth networks x2 (n=30) - GHDS newsletter (n=47) and MAV newsletter <p>During the reporting period, WHISE was invited and presented at the following workshops/information sessions to provide information on SRH issue, summary of activities below:</p> <ol style="list-style-type: none"> 1. Presented to young parents group at Chisholm Frankston: 6 and 15 August 2019 2. Presented to ELHMS network on GHDS strategy overview 7 August 2019 3. Presented at Having a Say Conference on 25 February 2020 4. Presented at the Advancing the Evidence: Migrant and Refugees Women's Sexual and Reproductive Health Conference on 27 and 28 February 2020 <p>Let's Talk about Good Health Down South (GHDS) Webinar</p>	<p>A grant was received to deliver sexuality education capacity building sessions to youth workers in the SMR. WHISE engaged a consultant with key matter knowledge to deliver the sessions.</p> <ul style="list-style-type: none"> - Three (4 hour) sessions delivered in September 2020 - 27 Attendees - Evaluation and acquittal submitted to Collier Foundation <p>Presented at the PVT – CoP Intersectionality & Diverse Communities – Disability focus.</p> <p>Presented on experience being involved as a program partner of the SL&RR network.</p> <p>5 Mental Health COVID Project sessions delivered (15 September to 13 October). 16 young women participated across the sessions, 86% average attendance</p> <p>Sexual Lives and Respectful Relationships Program. Presented at the PVT CoP Intersectionality & Diverse Communities (October 20)</p> <p>Medical Abortion webinars September 2020. Follow- up sessions meetings (October 5 and 13)</p> <p>Endometriosis webinar</p>

		<p>WHISE coordinated the second GHDS forum, which hosted as an online Webinar due to COVID. On 5 May 2020, over 70 participants from various organisations.</p>	<p>A SMR SRH regional snapshot along with 10 LGA snapshots have been developed.</p> <p>45 organisations engaged with the resources distributed</p>
<p>Objective 3.3 Research and Advocate for SRH in the SMR</p>			
<p>Intervention 3.3.1 Identifying and promoting evidence-based approaches to increasing women's access to SRH information and services across all settings IHP indicators: - Continue to promote, distribute and interpret best practice evidence related to SRH</p>			
<p>No action</p>	<p>All Women's Health Services participated in sexual health week 24th-28th September 2018. On the WHISE Facebook page, 5 posts were made across the week with a reach of 996 and 38 likes. The GHDS quarterly newsletter (n=47 subscribers), includes a section 'research and reports'. This provides stakeholders with the latest evidence and research. 1800 my options a non-preferential and non-biased information and referrals to women seeking pregnancy options, contraceptive and sexual health services has been promoted as a point of contact for access of services via: GHDS COP presentation, GHDS forum, Facebook and WHISE website.</p>	<p>During September 2019, the WH services participated in sexual health week highlighting 'sexual and reproductive health superheroes' in their region. The campaign was also delivered at a local level. The GHDS partnership work collaboratively to develop key messages. Further information can be found in the 'GHDS year 2 progress report' under action 7.1 The GHDS quarterly newsletter provides information to the latest research, resources and practice. Action 5.1 of the GHDS year 2 plan sought to identify sexual and reproductive health services provided in the SMR. The results of the survey identified a need for training of the workforce to build capacity to consider the training to become a medical abortion provider. Further information can be found in the 'GHDS year 2 progress report' under action 5.1 and 5.2.</p>	<p>MOU established with Jean Hailes Sexual health and reproductive week</p> <ul style="list-style-type: none"> - Working group meetings (n=5) - Coordination of working group (9 organisations) <p>The SC approved for WHG abortion animation to be adapted for the SMR. GEN VIC SRH CoP</p> <ul style="list-style-type: none"> - Provided feedback on WHV's Advocacy piece: Women's SRH Key Priority Areas - BBV and STI consultation submission - Participation in 1800 My Options Evaluation Interview 23 November <p>Endometriosis awareness month Womxn's Empowerment project Consultations with councils to ensure SRH is included as a priority area in the Municipal Public Health and Wellbeing Plans.</p>
<p>Intervention 3.3.2 Advocate for SRH rights of all women in the SMR IHP indicators:</p>			

<ul style="list-style-type: none"> - Number of external networks attended - Number of posts shared on social media platforms relating to SRH rights in the SMR - Presence in public commitment to SRH 			
<p>External networks attended:</p> <ul style="list-style-type: none"> - 24th of April: Action for Equity: A Sexual and Reproductive Health Strategy for Melbourne's West 2018-2022 - Deakin University - Sexual Lives and Respectful Relationships (SL&RR) - (formerly Living Safer Sexual Lives: Respectful Relationships) - Supporting Women in the Sex Industry & Women Trafficked for Sexual Exploitation: Professional Development Workshop held in February <p>31 Facebook posts on SRH</p>	<p>8 external networks attended</p> <p>WHISE attend three Youth Networks</p> <ul style="list-style-type: none"> - Cardinia Youth Network Meetings (n=2) - City of Greater Dandenong (n=4) - City of Casey (n=1) <p>WHISE attended three Conferences/forums</p> <ul style="list-style-type: none"> - LGBTIQ Women's Health Conference 12-13th July 2018 - Leadership for better liver health in Melbourne's South East – Hepatitis Victoria 19th July 2018 - SL&RR Conference 26th October 2018 <p>WHISE attending the Launch</p> <ul style="list-style-type: none"> - Issues paper launch - Great Expectations: How gendered expectations shape early mothering experiences – WHV 20th November 2019 <p>WHISE attends regular COP</p> <ul style="list-style-type: none"> - GenVic SRH CoP (members are from WH services across Victoria) (n=4) <p>10 posts shared on social media platforms relating to SRH rights in the SMR</p> <p>Presence in public commitment to SRH</p> <p>Media releases:</p> <ul style="list-style-type: none"> - Why we all need good health down south - 24th July 2018 	<p>21 External networks attended</p> <ul style="list-style-type: none"> - SPHERE: Formed connection with SPHERE researcher (Dr Asvini) 18 Dec meeting. Asvini presented to CoP on her project to increase SRH service access to CALD women, connections were made to assist with research recruitment. - Marie Stopes Australia (MSA): Relationship formed with MSA in the form a MOU. - Sexual and Reproductive Health Rights in Australia. - Jean Hailes for Women's Health - WHISE sought to engage with partners to identify where we could support their work during COVID-19 and in the recovery period. Five partners who work in the sexual and reproductive health priority area. - Sexual Lives and Respectful Relationships (SL&RR) Network <p>Meetings attended:</p> <ol style="list-style-type: none"> 1. 5 July 2019 (SL&RR network) 2. 13 September 2019 (SL&RR network) 3. 22 January 2020 (CBCHS – discuss program delivery at service) 4. 4 February 2020 (SL&RR network) 5. 11 May 2020 (SL&RR network) 6. 15 June 2020 (SL&RR network) 	<p>Social media</p> <p>3 Facebook posts</p> <p>For SRH week:</p> <ul style="list-style-type: none"> - 13 WH organisations used Facebook (72 posts, 21,538 users reached, 1,224 engagements) - 9 WH organisations used Instagram (32 posts, 7,616 users, 8,051 impressions) - 7 WH organisations used Twitter (33 tweets, 21,143 impressions and 554 engagements) <p>Development of social media campaign:</p> <p>6 Facebook posts</p> <p>Presence in public commitment to SRH</p> <p>GHDS Newsletter disseminated to 60-70 partners</p> <p>IDAHOBIT toolkit developed by WHISE with working group partners.</p>

	<ul style="list-style-type: none"> - Federal Election sparks calls for action on women's health – 6th May 2019 - Let's Talk About Good Health Down South – 17th May 	<p>WHISE is an active member and regularly participates in Community of Practices (CoPs) including the GenVic SRH CoP (members are from Women's Health Services across Victoria), attended on the following dates:</p> <ul style="list-style-type: none"> - 14 August 2019 - 20 November 2019 - 12 February 2020 - 13 May 2020 <p>WHISE attended eight (8) external network meeting, across four regional youth networks and the international students sexual health network:</p> <ul style="list-style-type: none"> - Cardinia Youth Network Meetings (n=2) - City of Greater Dandenong (n=2) - City of Casey: (n=1) - Mornington Peninsula (n=2) - International Students Sexual Health Network (n=1 28 May 2020) <p>WHISE attended the following Conferences/Forums/Launch</p> <ul style="list-style-type: none"> - Excellence in Health Promotion and Prevention 2019 25 July (organised by enliven) - Unplanned pregnancy and abortion conference 2019: 1 & Aug (Brisbane) - Deliberative forum (organised by enliven) - SPHERE Launch 23 September - DHHS Prevention Exchange 12 November <p>Is FGM/C still happening in Australia (webinar)</p>	
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		<p>Presence in public commitment to SRH</p> <ul style="list-style-type: none"> - 23 October 2019 SL&RR presentation to GHDS CoP - 25 February 2020 - Presented at Having a Say Conference - 3 March 2020 – Presented SL&RR information session at CBCHS to parents and support workers - 22 May 2020 – Presented at SL&RR Virtual Conference <p>Activities:</p> <ul style="list-style-type: none"> - Poster in memory of Jackie (a former member who passed away) - Sarina (peer educator) recognised as a SRH superhero in social media campaign <p>Social media</p> <p>During the reporting period 170 posts relating to SRH rights in the SMR were shared across WHISE’s three social media platforms</p> <p>Facebook # of posts: 79</p> <p>Twitter # of tweets: 54</p> <p>LinkedIn # of updates: 37</p> <p>As part of Sexual and Reproductive Health Week in September 2019, WHISE was involved in the Superheros of SRH campaign.</p>	
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ATTACHMENT 1

SOCIAL IMPACT STATEMENTS

WHISE works with the [Australian Social Values Bank](#) (ASVB) to value the community net benefit to our work. This valuation is based upon the rigorous methodology of the ASVB and the evidence provided by WHISE to inform and justify the return on investment. WHISE commenced valuing its work using the ASVB methodology in 2019 with our next set due to be launched in October 2021.

The full set of Social Impact Statements are available on the WHISE Website with the published statements provided through the links below.

[Healthy Families Healthy Relationships \[PDF: 1.1MB\]](#)

[Courage to Change Gender Equity and Active Bystander Project \[PDF: 845KB\]](#)

[Healthy and Respectful Families \[PDF: 868KB\]](#)

[PVAW and GE Toolkit \[PDF: 788KB\]](#)

[Lets Talk About Good Health Down South Webinar \[PDF: 721KB\]](#)

[Superheroes of SRH Campaign \[PDF: 878KB\]](#)

[Healthy Masculinities Communities of Practice \[PDF: 706KB\]](#)

[Healthy Masculinities Webinar \[PDF: 717KB\]](#)

[Intersectionality & Diverse Communities CoP \[PDF: 973KB\]](#)

[Intersectionality & Diverse Communities Webinar \[PDF: 745KB\]](#)

[Family Violence Referral Training for COVID-19 \[PDF: 1.1MB\]](#)

[Stand Up for Equality and Respect \[PDF: 1.1MB\]](#)