



**WOMEN'S HEALTH
& WELLBEING**
Barwon South West

Strategic Plan 2021-2024

   @womenshealthbsw

www.womenshealthbsw.org.au

Our region spans the lands of three Traditional Owner groups – the Gunditjmara, Eastern Marr and Wadawurrung, and the clans and language groups which reside within them.

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Our Acknowledgement of Country

We proudly acknowledge Aboriginal people as the First Peoples, Traditional Owners and custodians of the lands and waters on which our work occurs. We acknowledge and respect the wisdom, living culture and unique role that Aboriginal people hold, and which has seen them thrive for thousands of years.

We acknowledge the Traditional Owners of the Barwon South West region of Victoria, with three recognised groups – the Wadawurrung, Gunditjmara, and Eastern Marr peoples – and the clans and language groups that reside within them. We stand with the Traditional Owners of this land and echo their call for change, as described in The Uluru Statement from the Heart:

“...to empower our people and take a rightful place in our own country. When we have power over our destiny our children will flourish. They will walk in two worlds and their culture will be a gift to their country.....Makarrata is the culmination of our agenda: the coming together after a struggle. It captures our aspirations for a fair and truthful relationship with the people of Australia and a better future for our children based on justice and self-Determination...”

Background

The Women’s Health and Wellbeing Barwon South West Inc. (WHWBSW) Strategic Plan 2021-2024 provides our team, Board, community and partners with an inspiring and clear direction for the years ahead. This Strategic Plan outlines our strategic priorities, strategic goals, key measures and ways of working. The process to develop our Strategic Plan was led by the WHWBSW Board and senior management team. The process included engagement from the full staff team, consultation with partners, and research and analysis of regional priorities.

About WHWBSW

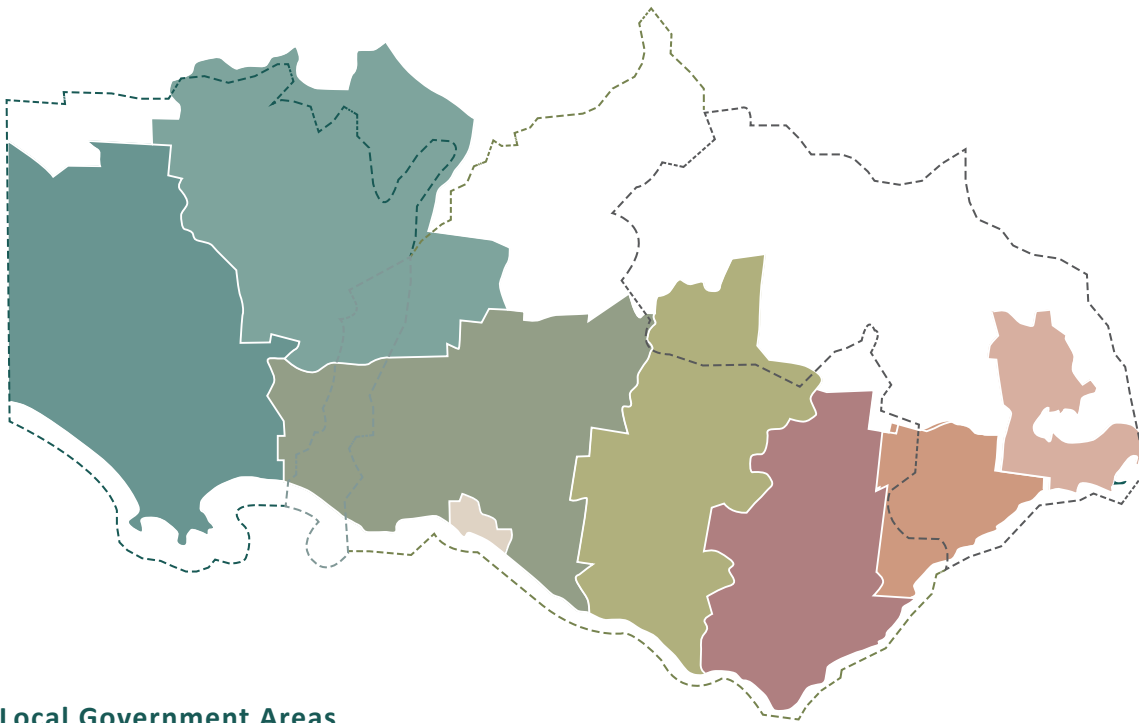
We are a not-for-profit health promotion organisation. We promote health and prevent ill-health before it occurs by taking action on the social determinants of health, and recognising that social, legal, economic and cultural factors impact on health. We strive towards an ambitious vision for change where women are healthy, safe, and can access all of life’s opportunities. We lead change by shifting public discussion, translating evidence into action and pushing for policy changes in businesses, organisations and all levels of government.

Our work is built on a foundation of evidence and a commitment to excellence. We engage women from across the region to understand their experiences and elevate their voices, which then informs and guides our advocacy. Our consultation with women is targeted; focusing on those whose voices are often unheard or silenced. We also build the capacity of our partners and the broader community to address the factors that shape women’s health. We commonly partner with local government, health providers and service organisations.









The State Government of Victoria established the Women’s Health Program in the late 1980s to ensure an ongoing commitment to improvements in women’s lives. WHWBSW was incorporated in 2011 and is funded through the Department of Families, Fairness and Housing. WHWBSW is an Incorporated Association (operating in line with the Associations Incorporation Reform Act 2012) serving a membership base. We maintain an Equal Opportunity Exemption (H355/2018), stating that WHWBSW can advertise for and employ only women, provide services for only women, and restrict membership of the organisation to individuals who are women. We define ‘women’ as any person who identifies as a woman, regardless of the sex or gender assigned to them at birth. We acknowledge that our focus on reproductive health also touches the lives of many people who do not identify as women.

Our community and region




The Barwon South West region spans the lands of three Traditional Owner groups – the unditjmara, Eastern Marr and Wadawurrung – and the clans that reside within them. The region includes nine local government areas: Borough of Queenscliffe, City of Greater Geelong, Colac Otway Shire, Corangamite Shire, Glenelg Shire, Moyne Shire, Southern Grampians Shire, Surf Coast Shire and Warrnambool City Council.



Local Government Areas

 Glenelg Shire	 Warrnambool City	 Surf Coast Shire
 Southern Grampians Shire	 Corangamite Shire	 City of Greater Geelong
 Moyne Shire	 Colac Otway Shire	 Borough of Queenscliffe

Traditional Owners

 Gunditjmara People
 Gunditjmara & Eastern Maar People
 Eastern Maar People
 Wadawurrung People

Introduction

Our strategic context

Our strategic planning process is shaped and informed by the societal and political landscape of our region, state and nation.

Below are some of the significant events and conditions that influence and affect both the health of Barwon South West women and the evolving landscape for our work:

COVID-19 – The long-term effects of living through a global pandemic are not yet known. What we do know, from national and global evidence, is that COVID-19 has both highlighted and intensified existing inequalities and gaps in Australian society:

- Women have lost their income and/or jobs at higher rates than men due to both the overrepresentation of women in casual and insecure work, and the greater share of additional caring that they have taken on during COVID;
- The gendered nature of care, both paid and unpaid, has resulted in women being three times more likely than men to be the primary carer for children, and more likely to have provided unpaid care or assistance to a vulnerable person outside their household. Women also make up the majority of the health and education workforce, meaning they have been on the frontline of COVID-19;
- Women have also been more likely to have experienced negative mental health impacts, with the escalation being due, at least in part, to intensification of preexisting gendered social and economic inequalities.¹

March4Justice – In 2021, 110,000 women and allies took to the streets in 200+ protests across Australia with a resounding call to end violence against women, after allegations of sexual assault and deeply entrenched sexism and discrimination within Australia's highest office. The March called for full independent review into all cases of gendered violence within parliament, the full implementation of the 55 recommendations in the Respect@Work: Sexual Harassment National Inquiry Report (2020), increased funding for gendered violence prevention to world's best practice and the enactment of a federal Gender Equality Act.²

Global Gender Gap Index – Australia has reported its worst result ever in the World Economic Forum's Global Gender Gap Index, coming in at 50th out of 156 countries. In 2006, Australia was ranked 15th. The index measured against four categories – economic participation and opportunity, educational attainment, health and survival, and political empowerment. Australia tops the world in educational attainment but has fallen behind in every other category, which is of concern as the educational attainment is being shown to not be enough to improve women's lives.³

¹ [Australian Bureau of Statistics \(2020\) Household Impacts of COVID-19 survey](#)

² [March4Justice www.march4justice.org.au](http://www.march4justice.org.au)

³ [World Economic Forum \(2021\) Global Gender Gap Report 2021](#)

Gender Equality Act (2020) – Victorian Government’s new Gender Equality Act came into effect, with the initial implementation focusing on the public sector. A legal framework aiming to progress workplace gender equality is a powerful tool for change. With the establishment of the Commission for Gender Equality in the Public Sector, the appointment of Commissioner Dr Nikki Vincent and the roll-out of tools and training to support the public sector, this has been a remarkable year for engaging and committing workplaces to advancing gender equality.⁴

Aboriginal women – Aboriginal and Torres Strait Islander women face compounding systemic disadvantage. They are the group most at-risk of experiencing domestic and family violence. They are also at far greater risk of homelessness, incarceration and poverty. They are underrepresented in decision making and employment, which compounds the risk of violence domestic and family violence.

The disadvantage that Aboriginal and Torres Strait Islander women experience because of their gender cannot be separated from the disadvantage they experience because of their race. These things are interconnected. To improve the lives of Aboriginal and Torres Strait Islander women, we must therefore address gender inequality and racial inequality.⁵

We celebrate the establishment of the First Peoples’ Assembly of Victoria — the voice for Aboriginal communities across the state — representing them in the next phase of the Treaty process; and the release of Wiyi Yani U Thangani (Women’s Voices): Securing our Rights, Securing our Future⁶ report. The report is an extensive whole-of-life report that captures the needs of Aboriginal and Torres Strait Islander women and girls, the principles they think ought to be enshrined in the design of policy and programs, and the measures they recommend ought to be taken to effectively promote the enjoyment of their human rights in the future.

These conditions and events have made visible the impacts of gendered inequality and given us a platform from which to strengthen our partnerships and approach. They lay the foundations for our health promotion priorities for the next four years.

⁴ Gender Equality Commission <https://www.genderequalitycommission.vic.gov.au/about-gender-equality-act-2020>

⁵ [Our Watch \(2018\) Changing the picture, Background paper: Understanding violence against Aboriginal and Torres Strait Islander women](#)

⁶ [Australian Human Rights Commission \(2020\) Wiyi Yani U Thangani \(Women’s Voices\): Securing our Rights, Securing our Future](#)

Our health promotion priorities

Following a comprehensive assessment of relevant data, literature and consultation, the following health promotion priorities were identified for our region:

Promote women's independence and decision-making:

Women and men have equal access to power and resources.

Challenge gender stereotypes and roles:

Women's lives and identities are free from rigid expectations based on their gender or sex.

Drive economic equality:

Women have the opportunity to fully participate in education and paid work, be financially secure, and have their unpaid work recognised and respected.

Prevent violence against women before it occurs:

Women live free from violence.

Ensure respect for women, their bodies and relationships:

Women's power over their own sexuality, reproduction and body is respected and protected.

Strategic Plan & Priorities

Our Purpose

We improve women's lives through best practice health promotion

Our Vision

Women are healthy, safe and can access all of life's opportunities



Strategic Priority 1

We turn evidence into action

Strategic Goals

We are recognised and are sought after as the regional expert of best practice health promotion that focusses on women
We demonstrate the impact and value of our program activities

Strategic Priority 2

We work collaboratively to drive transformational change

Strategic Goals

We collaborate to increase the reach, scope and impact of our work
We drive investment in health promotion, women's health and our region to create change

Strategic Priority 3

We lead regional conversations

Strategic Goals

We are recognised as national state and regional advocates
We progress improvements for women through implementing best practice health promotion
We progress change across policies, laws, financial systems and social norms that support women's health

Strategic Priority 4

We are an organisation of excellence and growth

Strategic Goals

We strive for excellence across all levels of our organisation
Our workplace and Board reflects the community we serve
We have a thriving workforce and Board membership

Our Values

We centre women in all of our work
We respect and welcome all people and value different perspectives
We hold ourselves accountable through leadership and advocacy
We act with integrity and honesty in everything we do
We pursue our vision and purpose with courage

Our way of working

We collaborate and equip others with the skills and tools to take evidence informed action
We address the social and economic determinants of health
We strive towards social, economic and political equality between women and men
We recognise that different groups of women experience unequal, unfair and intersecting layers of discrimination and disadvantage

Our priorities

We promote women's independence and decision-making
We challenge gender stereotypes and roles
We drive economic equality
We prevent violence against women before it occurs
We ensure respect for women, their bodies and relationships



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Strategic Priority 1: We turn evidence into action

We use knowledge, data and insights to build and share what works.
We translate theory into practice. We evaluate our shared work to drive change.

Strategic Goals

Strategies

WHWBSW is recognised and sought after as the regional expert in the implementation of best practice health promotion that focuses on women

Communicate our ways of working
Demonstrate that our ways of working are successful
Gather, translate and make available data, research and resources that address women's health
Provide evidence-based training and guidance to partners; supporting partners to turn health promotion evidence into action

WHWBSW demonstrates the impact and value of our program activities

We lead robust monitoring and evaluation (in alignment with local, regional and state outcome indicators) to track progress, inform decision-making and contribute to the evidence base
We equip and resource partners to monitor and evaluate our shared work

Strategic Priority 2: We work collaboratively to drive transformational change

We partner with and support leaders and decision-makers across the region.
We build respectful, mutually beneficial partnerships.

Strategic Goals

Strategies

We collaborate to increase the reach, scope and impact of our work

Strategic stakeholder engagement planning that is effective and impactful
Engage and equip partners to progress this work (e.g. communities of practice)

We drive investment in health promotion, women's health and our region to create change

Implement a formal partnership strategy, identifying new partners and opportunities
Collaborate with the broader women's health and gender equality sector to increase investment, with a focus on highlighting rural women's health

Strategic Priority 3:

We lead regional conversations about issues impacting women's lives

We advise and influence all levels of decision-makers to drive meaningful policy change for women.

Strategic Goals

Strategies

We are recognised national, state and regional advocates progressing improvements for women, expert in the implementation of best practice health promotion that focuses on women

We consult with women from our region to understand their diverse needs and experiences and include this in our advocacy

We lead state-level activity to elevate and recognise the unique experience of women living in rural and regional areas

We progress change across policies, laws, financial systems and social norms that support women's health

We effectively advocate to create positive changes in policies, laws, financial systems and social norms

Strategic Priority 4:

We are an organisation of excellence and growth

We strive for excellence at all levels of governance and operations. We create a thriving workplace, invest in our people (staff and Board) and grow from strong foundations.

Strategic Goals

Strategies

We strive for excellence across all levels of our organisation

We have a plan and invest in governance development and renewal

We consolidate and enhance business operations in a dynamic and changing environment

We work with the Victorian State Government to inform the Women's Health Program Guidelines, and secure future funding opportunities

We develop an income diversification strategy to build financial sustainability and to expand our work

Our workplace and Board membership reflects the community we serve

We are committed to self-determination for Aboriginal and Torres Strait Islander people. We are committed to culturally competent practice and cultural safety in our organisation

We actively recruit to increase the diversity of our Board and staff

We have a thriving workforce and Board membership

We invest in our people (Board and staff) and a thriving and productive workplace

Key Definitions

The following definitions provide more detail in regard to our core business, health promotion and our ways of working.

Health Promotion

We promote good health and prevent ill health or violence before it occurs. This approach is distinct from early intervention, which begins after someone has become ill or injured. A health promotion approach focuses on populations, not individuals, and strives to address the social and economic determinants of ill-health. These are the conditions in which people are born, grow, live, work, play and age.

Figure 1: The social determinants of health⁷



⁷ Dahlgren G, Whitehead M. 1991. *Policies and Strategies to Promote Social Equity in Health*. Stockholm, Sweden: Institute for Futures Studies.

A capacity building approach to health promotion

We adopt a capacity building approach to our work. This approach recognises the size and resource of our organisation and both the geography we need to cover and the most effective way to progress health promotion. This approach invests in strong collaboration that equips partners to progress health promotion activity. WHWBSW invests in four central pillars to progress this approach, they include: relationship, knowledge translation, monitoring and evaluation, and leadership (These pillars have informed our Strategic Priorities).

Figure 2: A capacity building approach⁸

WHWBSW Capacity Building Framework

Relationships

We invest in partnerships, with collaboration at the heart of everything we do: Achieving gender equality is not something that will occur quickly or easily, and, as a single organisation, we cannot do it alone. Adopting a collaborative and collective approach to strategic and regional health promotion extends the impact of our shared efforts, utilises our diverse talents and directs our focus to equipping and supporting our partners to improve women's lives.

Knowledge Translation

We turn evidence into action and make the complex doable: As the content experts for gender equality and health promotion, WHWBSW has a critical role to play in translating the complex evidence base into simple and effective tools for our partners.

Monitoring and Evaluation

We evaluate with a commitment to improvements in women's lives: WHWBSW has a lead role in monitoring and evaluating our collaborative work across the Barwon South West region. We walk alongside partners to measure change, and long-term outcomes by:

1. Helping our partners know if they are making progress towards gender equality;
2. Sharing local stories to help build the capacity of others; and
3. Ensuring that our partners' efforts contribute to the state and national evidence base.

Leadership

We provide leadership in advancing gender equality and improving women's lives:

To do this WHWBSW takes on two roles:

1. 'Wrapping around' partners; enabling them to act by recognising contributions, developing competence and offering visible support; and
2. Providing a mechanism for collective advocacy in line with our priority areas that ensures:

Regional women's diverse voices are reflected in planning and policy;

Policy and research is gender equitable and addresses the needs and experiences of all women; and

Transparent and adequate public financing for our priority areas, including the adoption of gender-responsive budgets.

⁸ Adapted from NSW Health Department (2001) *A Framework for Building Capacity to Improve Health*

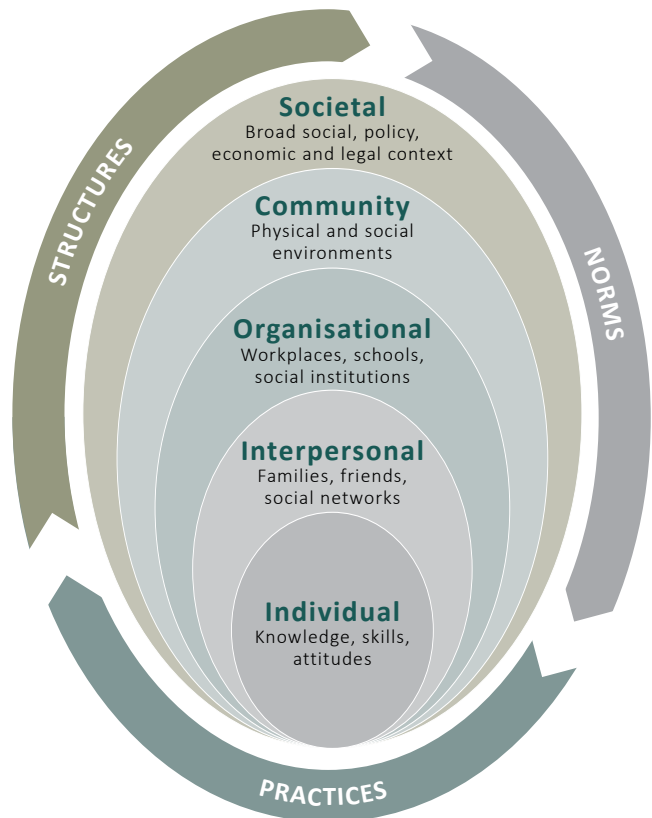
The Socio-Ecological Model of Health

We recognise that individuals' lives and health outcomes are shaped by more than individual choices. The Socio-Ecological Model of Health recognises this, acknowledging the multiple layers that influence and shape women's health.

The impacts of each layer include:

- **Individual:** Considering factors such as age, education, income, and substance use. These factors are shaped by personal attitudes, beliefs, and behaviours.
- **Interpersonal/Relationship:** Considering factors such as intimate relationships, peer relationships and family members with shared expectations, sometimes values and behaviours.
- **Community/Organisational:** Considering broader settings, such as schools, workplaces, neighbourhoods with more social relationships and norms.
- **Societal:** Shaped by law, policy and social and cultural norms (with this policy and legal setting spanning health, economics, education and social factors).

Figure 3: The Socio-Ecological Model of Health⁹



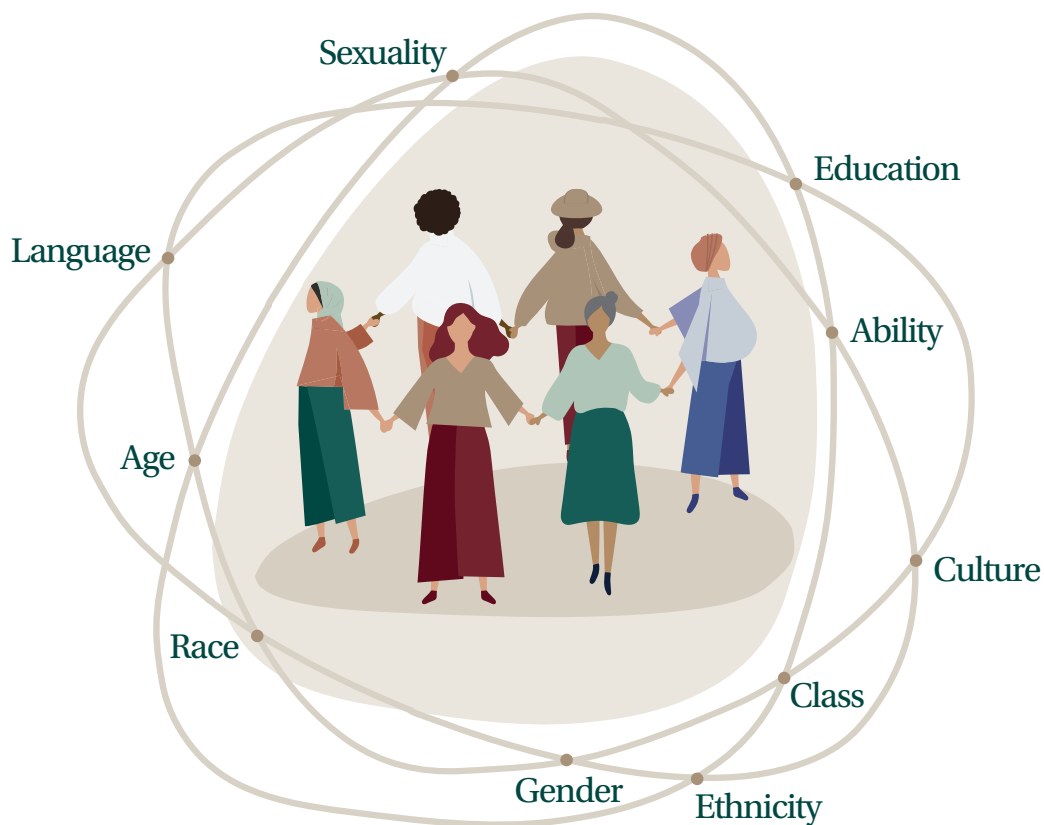
⁹ Adapted from *Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth (2015) Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*

Intersectionality¹⁰

We adopt an intersectional approach to our work. This acknowledges that people experience layers of discrimination and disadvantage based on their identities and lived experiences. As a group, women share similar experiences of discrimination, harassment, sexism, inequality, and oppression on the basis of their sex and gender.

Other forms of systemic oppression and discrimination – such as racism, colonialism, class oppression, homophobia, transphobia, biphobia, ableism, and ageism – intersect with and impact on women’s experiences of gender inequality.

Figure 4: Intersectionality



Feminist

Feminism is a social movement with different approaches and theoretical underpinnings. WHWBSW draws elements from different approaches, with a focus on redressing the gender and structural inequities that limit the lives of women and girls or, conversely, promoting social, political, and economic equality between women and men. Further, we recognise that ‘the personal is political’, and thus strive to dismantle rigid gender roles and limiting expectations and social norms relating to how women can or cannot behave. In addition, we strive to bring intersectionality and feminism together to ensure that action to improve women’s lives also addresses other structural disadvantage and discrimination, as outlined above.¹¹

¹⁰ Kimberle Crenshaw, “Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics.” *University of Chicago Legal Forum*, 1989, vol 1

¹¹ [Burkett, Elinor and Brunell, Laura. “Feminism”. *Encyclopedia Britannica*, 24 Mar. 2021.](#)



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