



Government of **Western Australia**
Department of **Health**

‘Improving access to and delivery of health services for disadvantaged women’ forum report

Friday 24 July 2015, 08:15am–4:00pm

The University Club, UWA, Crawley

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Contact information

For further information contact Health Networks, WA Department of Health on (08) 9222 0200 or healthpolicy@health.wa.gov.au.

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1. Executive summary

The 'Improving access to and delivery of health services for disadvantaged women' forum (the forum) was facilitated by the Womens and Newborns Health Network (the Network) on 24 July 2015. The forum was held in response to recommendation four from the July 2014 Clinical Senate of Western Australia (WA) debate 'Empowering the XX Factor: Improving access to women's health services for disadvantaged women':

WA Health to host an inter-agency and cross-sector forum for identifying solutions for delivering health services to disadvantaged women across WA.

The Network was well placed to facilitate this forum to deliver on the above recommendation. The aims of the forum were to:

- Deliver on the above Clinical Senate recommendation by facilitating an opportunity for interagency and cross-sector engagement to look at ways to improve service delivery to disadvantaged women.
- Identify solutions for delivering health services to disadvantaged women across Western Australia.
- Consider who should be involved in addressing these solutions.

Anyone with an interest in improving health outcomes for disadvantaged women was welcome to attend. This forum was attended by 123 people from diverse backgrounds, including government, not for profit and non-government organisations and consumer and carer representatives, health professionals including allied health, academia and research.

Preceding the formal presentations, Ms Marie Taylor provided an engaging Welcome to Country followed by Mr Graeme Boardley, Co-lead, Womens and Newborns Health Network providing a welcome and introductions to encourage participation and engagement.

The forum was officially opened by Professor Bryant Stokes, former Acting Director General WA Health, who set the foundation for a series of informative presentations from a variety of sectors, which set the context for the day. These included:

- Dr Ann O'Neill, Founder and Patron, Angel Hands – Family and domestic violence: a consumer perspective.
- Ms Catherine Holland, carer and peer worker – Accessing mental health services: a carer and peer worker perspective.
- Ms Melissa Vernon, Chief Operating Officer, Strategy and Reform, WA Country Health Service – Rural and remote primary health: an opportunity to align and achieve.
- Ms Jenny O'Callaghan, Director, Women's Health Clinical Care Unit – Facilitating care for women with social disadvantage.
- Dr Aesen Thambiran, Director, Humanitarian Entrant Health Service – Resources and support in community health available to refugee and migrant women.
- Dr Susan Lee, Manager, Health Promotion, Womens Health and Family Services
- Ms Leanne Pilkington, Aboriginal Program Officer, BreastScreen WA – What is working well.

In the following session, a panel (comprising several of the earlier speakers) convened to answer questions from attendees related to improving access to and delivery of services for disadvantaged women. A number of themes emerged, including:

- The importance of partnerships and communication in providing adequate services to disadvantaged women.
- The challenge of approaching culture change and how to address racism experienced by Culturally and Linguistically Diverse (CaLD) women.
- The importance of patient-centred care and understanding that different clients have different needs.
- The positive effect of employing cultural workers in services and the impact on service implementation.
- Recognising and harnessing the opportunity for better care coordination.
- Acknowledging the challenges in accessing secondary and tertiary care services.
- Screening methods for disadvantaged women.
- Opportunities for alternative models of service delivery.
- Opportunities for health prevention, screening and promotion to tag on to existing services, particularly in remote areas.

To assist in the identifying and prioritising of key discussion areas, feedback was sought prior from participants on their key focus areas, including:

- Area of disadvantage: Social and Economic, Aboriginal, CaLD, Rural and Remote, Disability.
- Services: Maternity and Childcare, Promotion and Prevention, Mental Health, Domestic Violence, Drug and Alcohol and Family planning.

The forum concluded with closing remarks from Dr Janet Hornbuckle, Co-Lead of the Network who thanked participant's for their participation and outlined the way forward, including the preparation of a report of the day.

An online survey to evaluate the 'Improving access to and delivery of health services for disadvantaged women' forum was conducted by Health Networks using WA Health's online consultation management system CitizenSpace. The survey opened on 27 July 2015 and closed on 7 August 2015. Survey invitations were sent to all 123 attendees at the Forum, of which 73 responded providing a response rate of 59%.

Overall, the evaluation results were positive. Key results include:

- 95% of attendees either strongly agreed or agreed that attendance at the Forum was a valuable use of their time.
- 94% of attendees either strongly agreed or agreed they felt engaged during the presentations at the morning session.
- 85% of attendees either strongly agreed or agreed they were given opportunity to consider the needs of disadvantaged women across their life span.
- 85% of attendees either strongly agreed or agreed the forum identified solutions in delivering health services to disadvantaged across WA.
- 99% of attendees either strongly agreed or agreed they were given opportunity to connect with new people.
- 90% of attendees either strongly agreed or agreed that their contributions to the workshops were valued.

2. Introduction

2.1. Aims

In July 2014, the Clinical Senate of WA met to debate 'Empowering the XX Factor: Improving access to women's health services for disadvantaged women'. Following this debate, recommendation four was endorsed by the State Health Executive Forum, which specified:

WA Health to host an inter-agency and cross-sector forum for identifying solutions for delivering health services to disadvantaged women across WA.

The Network was identified as being well placed to facilitate the above recommendation.

The aims of the forum were to:

- Provide an opportunity for interagency and cross-sector engagement to look at ways to improve service delivery to disadvantaged women.
- Identify solutions for delivering health services to disadvantaged women across Western Australia.
- Consider who should be facilitating addressing these solutions.

2.2. Attendance

Invitations for the forum were promoted in a number of ways including targeted emails to key stakeholders as well as a broader invitation to the almost 4000 WA Health Networks members.

The target audience for invitations was all stakeholders with an interest in improving health outcomes for disadvantaged women, in recognition of the multitude of agencies working within these cohorts across WA. Invitations were targeted towards the following groups:

- Consumers
- Carers
- WA Health agencies, including:
 - North Metropolitan Health Service
 - South Metropolitan Health Service
 - WA Country Health Service
 - Child and Adolescent Health Service
 - Women and Newborn Health Service
 - Aboriginal Health division
- Other government departments, via Health Networks membership
- Non-government organisations

Registrations were received from 160 people, with 123 attending the event on the day (77% of registrants).

Registrants were also offered the opportunity to present a poster display on topics or projects that they were currently working on, which was well received by participants. Participants at the forum were encouraged to observe these in each of the session breaks.

An option of a videoconference session was offered to reach regional and rural areas, however this did not occur due to a lack of interest.

3. Presentations

The program for the day is available in [Appendix 1](#). For further detail of the presentations, a recording of the day is also available on [Clinical Senate of WA Website](#) and linked to the [Womens and Newborns Health Network website](#).

The morning included presentations from the following:

Official opening

Professor Bryant Stokes – former Acting Director General, Department of Health

Professor Stokes opened the forum and highlighted some of the well-documented inequalities faced by Aboriginal women, women living in rural communities, women with disabilities, women from diverse cultural backgrounds and women in low socio-economic status groups. Professor Stokes highlighted that we must ensure that all of our services are resourced and coordinated, in such a way that they can achieve the best outcomes for women and their families, no matter where they live in Western Australia.

Family and domestic violence: a consumer perspective

Dr Ann O’Neill – Founder and Patron, Angel Hands

Dr O’Neill’s presentation aimed to help participants understand the journey of a victim of family and domestic violence navigating the health system, through sharing her own personal experience. She discussed the importance for health professionals to have a good theoretical understanding of family and domestic violence (through training and professional development), how this is experienced in a woman’s life and what it means for health professionals in practice.

Dr O’Neill highlighted the importance of appropriate screening questions, understanding why women stay in abusive relationships and the significance that remaining non-judgemental and compassionate has on care experience. She listed several practical methods for working with women experiencing family and domestic violence, including promoting safety for all, following policies and procedures and recognising the long term impact of these crimes, such as the significant impact standard questions can have on an individual.

Accessing mental health services: a carer and peer worker perspective

Ms Catherine Holland – carer and peer worker

Ms Holland provided a carer perspective on accessing mental health services. Ms Holland acknowledged the impact and feeling of isolation being a carer has on the family unit, and as a family being unaware of ways to seek help, the experience of accessing services, the financial burden and the impact service providers can have on women and their families when accessing services.

Ms Holland provided a personal account of her experience of looking after a family member further explaining the impact a child with mental health concerns has on the entire family unit. Ms Holland concluded her presentation by highlighting the importance of valuing people, particularly when they are unwell.

Improving access to and delivery of health services for disadvantaged women – Partnerships

Ms Melissa Vernon – Chief Operating Officer, Strategy and Reform, WA Country Health Service

Ms Vernon provided a country health perspective, discussing patient relocation due to the declining number of maternity services available in rural areas and the effect on disadvantaged women, those at high risk and poor health status. She stated the need for strong country and metropolitan linkages and good communication in these situations, specifically identifying the importance of partnerships.

Ms Vernon highlighted the importance of the early years of life in shaping development and future health, and the significance of supporting families through linkages, building relationships and utilising a strong systems approach.

Facilitating care for women with social disadvantage

Ms Jenny O’Callaghan – Director, Women’s Health Clinical Care Unit

Ms O’Callaghan discussed whether a new paradigm for health service planning and delivery is needed, including consideration of social determinants of health, given the challenges faced in the current fiscal environment. She stated this approach should not involve siloed working and incorporate interagency cooperation and collaboration. She explained specific concerns for vulnerable groups of women in WA, included the gender pay gap, socioeconomic disadvantage, life expectancy gap between Aboriginal and non-Aboriginal women, poorer health for women with intellectual disability and refugee women, the lack of culturally appropriate information for new migrants and humanitarian entrants and the burden of disease with respect to mental illness.

Ms O’Callaghan commented on the influence of socioeconomic status on health across the lifespan, acknowledging the intergenerational behaviours that increase risk for children. She also discussed the impact of domestic assaults and children in care on health outcomes and optimal care environment. She then outlined the successful ‘Strong Links’ program previously run at King Edward Memorial Hospital, aimed at increasing attendance at antenatal appointments for Aboriginal women with high psycho-social risk factors. Ms O’Callaghan then looked ahead at the need for innovative, cross sector strategies to identify women at higher risk of poor health outcomes and introduced a solution from the UK to have the budget for health and social care singly commissioned.

Resources and support in community health available to refugee and migrant women

Dr Aesen Thambiran – Director, Humanitarian Entrant Health Service

Dr Thambiran discussed the challenges facing refugee and migrant women, outlining potential background situations for this cohort, including past trauma, post migration stressors and barriers to better health post migration. He acknowledged the work the Network has done to date in consulting with women in refugee and migrant communities, hospitals and non-government organisations working in the sector. He recognised professional interpreters as the most important resource to engage with from a quality and safety standpoint, citing evidence which suggests that patient satisfaction and quality of care is improved when interpreters are

used for culturally and linguistically diverse (CaLD) patients. Dr Thambiran then outlined the benefits of several services working in this space.

Following the above presentations, two representatives from organisations that currently provide services to disadvantaged women discussed “what is working well” in this space.

What is working well

Dr Susan Lee – Manager Health Promotion, Womens Health and Family Services

Dr Lee explained the Women’s Health and Family Services (WHFS) programs offered via their outreach sites, with sites working specifically on issue related areas, specifically addressing eight different areas (including Medical and Health, Alcohol and Drugs and Mental Health, Domestic Violence, Counselling, Health promotion, Aboriginal and Family Supports and Rural outreach services.) Dr Lee explained the way that WHFS connect to enable further outreach to clients including working through video conferencing and teleconferencing, mainly using community centres. The WHFS also works with staff to provide training to professionals on a variety of issues. In particular, frontline staff offered training as they are often the first to see the diverse range of women presenting to WHFS.

Dr Lee emphasized that ‘vulnerability’ for these women is an interplay of many different factors. For example, being rural and remote does not specifically make someone vulnerable but rather it is a number of comparatively small factors coming together. Specifically, Dr Lee identified that many clients have a multitude of concerns; they are not siloed. She identified that WHFS have more women from Aboriginal and Refugee and Migrant groups who access their services.

Dr Lee concluded her presentation by highlighting that services don’t necessarily need to have separate programs or services for these client groups as often they have similar issues. She specifically identified that looking at ways to have clients access their services via a mixture of cultural groups allowing women to come into a non-threatening environment and atmosphere.

What is working well

Ms Leanne Pilkington – Aboriginal Program Officer, BreastScreen WA

Ms Pilkington discussed the range of programs and strategies run for CaLD women and disability services offered, underpinned by the team approach used by BreastScreen WA to provide care to women. Ms Pilkington explained that Aboriginal people represent 3.4% of the population with 62% of these living in rural and remote regions.

Ms Pilkington outlined some of the challenges of screening for Aboriginal women, including the diversity of culture and spiritual belief, language barriers, a lack of understanding among women around the importance of screening and other priorities to women such as family. Other challenges include the distance between towns, the access to services in rural and remote communities, limited support for rural and remote women in the city and past experiences of women in health all influence women’s uptake of BreastScreen WA services.

Ms Pilkington outlined some of the strategies used by BreastScreen WA to overcome the mentioned barriers, including the provision of an Aboriginal program officer, an Aboriginal reference group representing different areas across the state, mobile services that cover rural and remote areas of WA and the provision of health promotion and information sessions appropriate to the women, including the development of good rapport with the women.

BreastScreen WA also looks at other strategies to increase uptake of services including provision of block bookings, assisting with transport and accommodation, linking with other services, agencies and champions out in the communities, delivering services out in the community and speaking to colleagues and clients who already work in these areas. Ms Pilkington acknowledged that barriers do exist, however we need to ensure that information provided is culturally appropriate and culturally acceptable.

4. Panel plenary discussion: setting the scene

After the morning tea break, the panel convened, allowing attendees the opportunity to expand upon the morning session and raise any key issues or questions they had with the presenters.

The discussion points included:

1. The importance of affordable and accessible oral health services for all, which is becoming more recognised due to the impacts on all areas of people's health. Improvements are being seen, especially around the appointment of a Chief Dental Officer, which will lift the profile of oral health in WA.
2. Clarity around the transport and accommodation services provided by BreastScreen WA. BreastScreen WA provides transport to the closest local community (for example a charter bus or flight) for women to have a mammogram. They will also assist with or share costs for long stay accommodation with Patient Assisted Travel Scheme.
3. The challenge of approaching culture change to tackle racism against CaLD people, both systemic and individual, and assumptions based on circumstance which negatively impacts the care experience for clients. The panel recognised the significance of cultural competency training, augmented by staff and clinical supervision, as well as avoiding stereotypes, in addressing these issues.
4. Not compartmentalising patients and appropriateness of policies. The panel members agreed that people cannot be neatly fit into boxes based on particular conditions or circumstances, therefore it is important to have patient-centred care and be open to what the patient wants rather than the "box" they fit into. This includes the need for understanding that different clients have different needs so close attention and asking questions is required to avoid lost opportunities to provide appropriate care.
5. The positive effect of employing cultural workers in services and impact on service implementation and development, in particular Aboriginal communities. Panel members discussed the effectiveness of cultural workers in increasing participation in services as the line of communication builds relationships with the community.
6. The panel discussed coordination models used in their organisations, recognising the opportunity for better care coordination, ideally in a primary care setting close to the client's home by a provider of their choice. There was acknowledgement of the challenges of providing care coordination models for people with complex conditions and the importance of strong relationships and connectivity between providers supported by information linkage systems.
7. The challenges involved in access of secondary care services for disadvantaged and vulnerable women, including barriers such as obtaining GP referral to specialist services. The panel acknowledged the importance of broader community education about services

as there is often a lack of awareness of what is available, especially in areas with high stigma such as mental health and alcohol and other drugs.

8. Screening methods for disadvantage, given that disadvantage is not always easy to neatly identify. There was discussion around the ineffectiveness of targeted questions, with more open “soft” questions (such as “are you sleeping okay”) leading to a more valuable insight into the issues and conditions a particular woman may be facing. Time was recognised as a barrier to this process.
9. Opportunities for alternative models of service delivery, such as linking up with existing non-health services (for example hairdressers and taxi drivers).
10. The impact of current siloed funding models on service design and imposing geographical boundaries on service provision, with panel members noting that workarounds are often time intensive. The panel recognised a need for a different paradigm regarding funding and to challenge the way governments allocate budgets in order to achieve different results. Primary Health Networks were noted as providing an opportunity to look at evidence and models that work then tackle funding issues, working in a transparent manner and helping to avoid energy depletion and resource wastage associated with cyclical funding. The panel recognised the limits funding and organisation silos can put on care coordination, but reiterated the power of communication with other providers, building partnerships and empowering clients.
11. Opportunities for health to work more closely with other services, particularly support and accommodation for women who have travelled to access services. The panel recognised a need for high level conversations between Health, Education and Housing around critical areas of disadvantage, as well as the potential value of collecting data around effects of these things in economic terms. Utilising strong relationships as a lever in this process was recognised as effective in making a difference to clients and access. Health Networks’ position as a conduit for interagency linkages was acknowledged as having influence or impact in this area.
12. Concern from an attendee that there is no mention of sexual assault at the forum. While the panel suggested that there was no deliberate attempt to not discuss this topic, there was an assumption that this may fall within family and domestic violence.
13. Recognition of the higher risk of health issues for women who identify as part of the lesbian, gay, bisexual, transgender, queer and intersexed community (LGBTQI) and the need for holistic care models when providing services for in order for these women to access a variety of services through clear pathways.
14. Opportunities for health prevention, screening and promotion to tag on to existing services, particularly in remote areas in order to take advantage of existing transport. Joining services was recognised as having potential to provide a more coordinated approach.
15. Recognition of the needs of women with disability was raised, with the panel demonstrating various approaches their organisations take, such as accessible buses and providing health promotion information in accessible formats. The panel stated the importance of partnerships and communication in providing these services.

5. Workshop methodology

5.1. Overview

To assist in the identifying and prioritising of key discussion areas prior to the event, feedback was sought from participants on their key focus areas, including:

- Area of disadvantage: Social and Economic, Aboriginal, CaLD, Rural and Remote, Disability
- Services: Maternity and Childcare, Promotion and Prevention, Mental Health, Domestic Violence, Drug and Alcohol, Family planning and Women's health, including menopause and gynaecological

From this initial consultation a number of tables were allocated according to the highest priorities identified by participants. In the afternoon workshop session, attendees worked in tables of up to 10 people and were asked to each identify issues impacting their current delivery of services. The feedback received determined the following table allocations to ensure participants were offered the opportunity to discuss their priority issue:

- Health promotion and prevention – two tables
- Family planning – one table
- Women's health, including menopause and gynaecological cancers – three tables
- Domestic violence – two tables
- Drug and alcohol – one table
- Mental health – three tables
- Maternity and child care – three tables

Due to numbers on the day, several tables combined or were not populated.

Each table was allocated a specific facilitator to guide and scribe discussions, while the facilitator for the day provided general assistance and facilitation of the room. Prior to attending the forum participants were requested to complete a pre-forum activity ([Appendix 3](#)) to ensure participants were using the same language and looking at service delivery in the same way. Each table then worked through a pre-made pro-forma booklet ([Appendix 2](#)), including:

- What is already impacting in improving access and delivery – discussion of the pre-forum activity ([Appendix 3](#))
- What are the issues in accessing services and which area of disadvantage is affected – brainstorm of the issues
- What are the key issues we can begin to generate solutions to – prioritise the key issue to generate solutions to
- What are solutions to this service delivery challenge – brainstorm first ideas for a solution
- What is the essence of our solution – distil the solution into a uniform format across all tables ([see workshop outcomes](#)).

If participants identified important issues during the day that were not able to be discussed sufficiently or were considered beyond the scope of the workshop then these issues were written down and placed in the 'burning issues' box.

Only one burning issue was received on the day including the suggestion of the desire to see health considerations incorporated into all government policies.

5.2. Themes

Each table identified issues impacting their current delivery of services. Some of the key themes that emerged from the workshops included:

- Lack of systemic compassion and empathy.
- People who require the information the most are least able to access it.
- Lack of partnerships, not client focused.
- Lack of 'shared care' communication with other services.
- Lack of sustainable funding.
- Lack of coordination between services within and external to WA Health and
- Lack of interpreting services.

6. Workshop outcomes

In the afternoon workshop session, each table identified their priority issue impacting current delivery of services, identified a solution to this issue, how it would improve access to health services for disadvantaged women and which stakeholders should potentially be consulted. Due to numbers, several tables combined or were not populated.

Full details of the workshop session and the solutions are below.

Table 2 – Maternity and child care

Issue: Appropriate patient/family centred care delivered as close to home as possible, taking a holistic view of the individual and their needs.

Identified solution: Better co-ordination of care and provide innovative, compassionate service delivery.

Improving access by: Empowering patients to participate and build trusting relationships between the consumer and health system.

Who should be involved: Clinicians, consumers, carers, local government, shires, elders, public / private partnerships.

Table 3 – Maternity and child care

Issue: Providing accurate, appropriate and relevant information in regards to all services to consumers.

Identified solution: Improving service delivery for all consumers particularly disadvantaged people is tailored to target their specific needs is to promote resources for staff education to provide person centre care and engaging with consumers.

Improving access by: Providing the relevant information in order for them to engage and receive appropriate services (from their perspective).

Who should be involved: Service providers, primary health networks, carers and consumers at all levels, the partnership forum.

Table 4 – Maternity and child care

Issue: Services not working effectively together.

Identified solution: Improves service delivery for Aboriginal people to improve communication and professional respect amongst health professionals.

Improving access by: Communication opportunities through holding multi agency forums, job exchanges, presentations of cases, show casing data and inclusion at induction days.

Who should be involved: Managers of units and higher, people who organise orientations, Womens and Newborns Health Network, Head of Post Graduate Education, community champions.

Table 5 – Promotion and prevention

Issue: Multiple challenges for Aboriginal women from rural and remote areas who need to travel to Perth for treatment (fear of travelling to Perth and Infrastructure). For example, Leaving family and country, coming to Perth for medical treatment, lack of language and cultural support in city; accommodation; transport in Perth; returning home and clinical handover.

Identified solution: Improve service delivery for Aboriginal women, is to provide holistic “connect all the dots” / “Patient Journey Package”. We know that care to and from Perth and in Perth occurs independently but better coordination through a regional or country coordinator.

Improving access by: Plan trips to Perth, including ongoing supports in Perth / Hostel / Aboriginal Liaison Officers / trained interpreters / return back to country:

- Logistic transport (Who is going to pick up).
- Clinical handover of care, enough medication to last until next time Dr is in town.
- Counsellor debriefing after being to Perth (It’s stressful going).

Who should be involved: The communities; WA Country Health Service (WACHS); Primary Health Networks (PHNs); Aboriginal Medical Services; Aboriginal Liaison Officers; Social and Emotional Wellbeing concepts supporting stolen generation; non-government organisations.

Table 6 – Promotion and prevention

Issue: The lack of interpreting services for Aboriginal communities risks communication; quality; care.

Identified solution: Improve service delivery for Aboriginal communities, to expand the current Telephone Interpreting Service / on-call service to include Aboriginal languages.

Improving access by: Ensuring appropriate communication, including informed consent, improving safety, empowering decision making and valuing the person and their culture.

Who should be involved: Community endorsed language services; Aboriginal elders (i.e. land and sea councils in each region); Aboriginal health services / directorate, other service departments e.g. housing education departments (TAFE; Department of Education); other states who have services available.

Table 8 – Drug and alcohol

Issue: Alcohol and other drugs (AOD).

Identified solution: To have more one stop shops.

Improving access by: Removing barriers to access, no wrong door approach, helps to avoid stigma of an “AOD agency”.

Who should be involved: Consumers, current women’s health centres, women’s and newborn centres, oral health organisations.

Table 9 – Women’s health (including gynaecological cancers and menopause)

Issue: Effective communication between health service providers and consumers.

- Has to be accessible extension to WA Health – on internet with mobile friendly version.
- Needs staff training component.
- Needs to be a one stop shop.
- Include health and other providers, e.g. domestic violence. English / language assistance.
- If service providers don’t update, confirm every few months then remove.
- Component of electronically sending information to client.
- Consider follow up.
- Consider documentation requirements.

Identified solution: Effective language services, accessible information, cultural competency training, on-site training and effective feedback channels.

Improving access by: Improving communication by:

- Providing a safe and comfortable environment so women are more likely to access the service.
- Skills training and awareness for appropriate communication – including cultural competency.
- Accessing interpreter services and accessible information.

Who should be involved: Communications department, consumer and carers and education and training institutions.

Table 12 – Domestic violence

Issue: Staff not having an awareness of suitable, appropriate referral pathways or the time to access and find the information.

Identified solution: To develop an interactive service directory that is easy for service providers to update including automated update prompts.

Improving access by: Making it easy for staff to access accurate service provider information to give to their patients.

Who should be involved: WACHS; Statewide Obstetric Support Unit; Health Information Network; Western Australian Council of Social Services; Epidemiology; Primary Care Health

network; Consumer/Carer representatives including “GovHack” (competition to improve open government data).

Table 13 – Domestic violence

Issue: Everyone needs to be clear about what domestic violence is in order to better understand how to improve access to services and create change across the board and prevent it.

Identified solution: To develop a collaborative, multi-faceted approach that targets all disadvantaged groups and educates the population, changing attitudes and promoting cultural changes.

Improving access by: Increasing awareness across the system enhancing overall understanding of the problem and improving planning, policy, reform and action around what needs to be changed.

Who should be involved: Political leaders (male / female), community support groups, all public sector agencies / department (Education), role models / leaders for different population groups / disadvantaged women’s areas, Health care workers.

Table 14 – Mental health

Issue: Lack of sustainable and effective funding including; connecting to other areas of health and social well-being.

Identified solution: Work smarter than more silos with separate uncertain funding and collaboration of services, to develop statutory funded bodies and service hubs embedded in community, including rural and remote and lower social and economic areas, comprised of multiple health and social services, creating one stop shops.

Improving access by: Creating seamless pathways to care, de-stigmatises mental health, community based and responsive to community and emerging needs, and reducing silos between services.

Who should be involved: Government, community and non-government organisation service providers / stakeholders, consumers, carers, primary health providers, Minister for Health, Education, and Social Services, and Treasury.

Table 16 – Mental health

Issue: Addressing funding cuts that impact on service delivery: That is both service quality and the number of clients served.

Identified solution: To pool resources, network with other agencies and develop a clear, united voice to raise the profile in the community and of governments, and possibly solutions with care in the community.

Improving access by: Making services sustainable through effective and robust resourcing.

Who should be involved: Consumers empowered to speak out, Education, Womens health – family planning, Womens’ Health and Family Services, WA Primary Health Alliance, Health providers, government and non-government sector, Richmond well-being, Joondalup “Think Tank” / Stirling, Consumers of Mental Health WA (COMHWA) and Health Networks.

7. Presentation of issues and summarising

This feedback included identifying the key issue impacting on disadvantaged women accessing care and how the solution would improve access to this particular group of women. The following themes arose:

- Appropriate patient centred care, delivered as close to home as possible.
- Providing accurate, appropriate and relevant information in regards to all services to consumers, a focus on getting accurate information out to consumer groups.
- Services not working effectively together, a focus to improve communication and professional respect amongst health professionals.
- To improve service delivery for Aboriginal women by providing holistic care through a patient journey package with a focus to address the multiple challenges of those who need to travel to Perth from rural and remote areas.
- The lack of interpreting services for Aboriginal communities and the risk of communication for quality of care through the expansion of the current telephone interpreting service to include Aboriginal languages.
- More one stop shops such as community centres, women's health centre, youth centre that don't require referrals. A team based approach of multiple agencies to disadvantaged women.
- Improving effective communication between health service providers, health services and consumers. Specifically looking at effective language services, accessible information, cultural competency training, onsite training and effective feedback channels. (Skills training and awareness.)
- Funding cuts that impact service delivery including service quality and the number clients seen. Pooling resources, network with other agencies and develop a clear united voice to ensure services are sustainable, robust and enable continuity.
- Lack of sustainable and or effective funding for services, working collaboratively across services (one stop shops that are community based and responsive to communities emerging needs while reducing silos.) A place where women can connect and meet each other, enabling it to be more accessible, more seamless and allowing agencies to talk to each other.
- A better understanding of what domestic violence is to create change. A collaborative multifaceted approach that targets all groups of disadvantage as well as educating the population. Increasing awareness across the system, education and role models and leaders across different population groups.
- Staff having an awareness of suitable and appropriate referral pathways for women with complex issues similar to that of a one stop shop. An interactive service directory that is easy for service providers to update. Ensuring it is easy for staff to access.

The facilitator then summarised the issues raised, including the following themes:

- Where are the services that exist and where can they be expanded (for example, establishing one stop shops).
- Exploring Aboriginal health, in regards to the notion that services already exist and looking at what connects them.
- Ongoing commitment to training and networking for staff.
- What do these supports look like to enable continuity of service (patient centred care).
- How can health professionals have more of an impact at a political level.

The forum was closed by Dr Janet Hornbuckle, Co-lead of the Network who outlined the way forward, including the preparation of a report of the day. Dr Hornbuckle thanked participant's for their participation outlining her passion for such events which not only enable a take home message back to the organisation that health professionals work in but to also influence patient care from a service delivery perspective.

Dr Hornbuckle specifically referenced themes discussed throughout the day that will influence personal ways to improve the care that are provided to patients on a daily basis, including communication, in particular from an interpreting perspective. She highlighted the importance of recognising communication around what other services are doing, in order to become more aware of the opportunities that can be shared to improve service delivery to women with disadvantage.

Dr Hornbuckle concluded by thanking attendees for their participation, and acknowledging the value of the day's presenters, including those who offered a personal perspective and those who shared their service delivery models.

8. Evaluation results

An online survey to evaluate the 'Improving access to and delivery of health services for disadvantaged women' forum was conducted by Health Networks using WA Health's online consultation management system CitizenSpace. The survey opened on 27 July 2015 and closed on 7 August 2015. Survey invitations were sent to all 123 attendees at the Forum, of which 73 responded providing a response rate of 59%.

Overall, the evaluation results were positive. Key results include:

- 95% of attendees either strongly agreed or agreed that attendance at the Forum was a valuable use of their time.
- 94% of attendees either strongly agreed or agreed they felt engaged during the presentations at the morning session.
- 85% of attendees either strongly agreed or agreed they were given opportunity to consider the needs of disadvantaged women across their life span.
- 85% of attendees either strongly agreed or agreed the forum identified solutions in delivering health services to disadvantaged across WA.
- 99% of attendees either strongly agreed or agreed they were given opportunity to connect with new people.
- 90% of attendees either strongly agreed or agreed that their contributions to the workshops were valued.

The full evaluation results are available in [Appendix 4](#).

9. Next steps

The Forum report will be used to inform WA Health and relevant stakeholders on a range of solutions and opportunities to improve access to health services for disadvantaged women and for WA Health to consider taking a partnering role in joining the sector together to identifying strategies and facilitating partnerships.

- To finalise a report from the day with an emphasis on the identified solutions being reported back to the Clinical Senate and the Director General, WA Health and sent to all forum delegates.
- To publicise the final report on the WA Health website.

How to join the Network

If you are interested in joining the [Womens and Newborns Health Network](#) to keep informed of opportunities to get involved, attend networking events, participate in consultations and gain access to a range of health related information visit the [Health Networks](#) website to register.

10. Appendices

Appendix 1: Forum program



Government of **Western Australia**
Department of **Health**
Womens and Newborns Health Network

Improving access to and delivery of health services for disadvantaged women

Friday 24 July, 8.45am–4.00pm, (registrations from 8.15am)

University Club of Western Australia, UWA Hackett Entrance #1, Hackett Drive, Crawley

8.15am	Registration	Ms Vanessa Herbert, Facilitator
8.45am	Welcome to Country	Ms Marie Taylor
8.50am	Welcome and introductions	Associate Professor Graeme Boardley Co-Lead, Womens and Newborns Health Network
9.00am	Official opening	Professor Bryant Stokes Acting Director General, Department of Health
9.15am	Family and domestic violence A consumer perspective	Dr Ann O'Neill, Angel Hands Sponsored by The Health Consumers' Council
9.30am	Accessing mental health services A carer and peer worker perspective	Ms Catherine Holland Carer and peer worker
9.45am	Rural and remote primary health: An opportunity to align and achieve	Ms Melissa Vernon WA Country Health Service
10.00am	Facilitating care for women with social disadvantage	Ms Jenny O'Callaghan, Director Women's Health Clinical Care Unit
10.15am	Resources and supports in community health available to refugee and migrant women	Dr Aesen Thambiran Humanitarian Entrant Health Service
10.30am	Morning Tea	
11.00am	What is working well	
	<ol style="list-style-type: none"> 1. Dr Susan Lee, Womens Health and Family Services 2. Ms Leanne Pilkington, BreastScreen WA 	
11.15am	Panel discussion and plenary: Setting the scene	
	<ol style="list-style-type: none"> 1. Dr Susan Lee 2. Ms Leanne Pilkington 3. Ms Melissa Vernon 4. Ms Jenny O'Callaghan 5. Dr Aesen Thambiran 	
12.30pm	Lunch	
	Workshop: Strategies, solutions, stakeholders	
1.00pm	Exploring strategies and solutions to improve access to and delivery of health services for disadvantaged women across the lifespan, with the following areas of focus:	
	<ul style="list-style-type: none"> • Health promotion and prevention • Family planning • Women's health, including menopause and gynaecological cancers 	<ul style="list-style-type: none"> • Domestic violence • Drug and alcohol • Mental health • Maternity and child care
2.40pm	Afternoon Tea	
3.00pm	Presentation of issues and summarising	Ms Vanessa Herbert
3.45pm	Closing remarks – way forward	Associate Professor Graeme Boardley
4.00pm	Close	

Appendix 2: Workshop proforma

Duration	Content and process
15 mins	<p>Introductions – What is already impacting in improving access and delivery?</p> <p>Participants are directed to:</p> <ul style="list-style-type: none"> • Share service experience from pre-forum activity with their group in a ninety second nutshell, so there is a familiarity with work in their service area.
25 mins	<p>What are the issues and which area of disadvantage is affected?</p> <ul style="list-style-type: none"> • Each person in the group to identify the major issue in relation to accessing services and which areas of disadvantage (including socioeconomic status, Aboriginal, CaLD, rural and remote, disability) it affects.
10 mins	<p>What are the key issues we can begin to generate solutions to?</p> <p>The group members use three dots to prioritise the top two issues (using a two, one priority spread).</p>
40 mins	<p>What are solutions to this service delivery challenge?</p> <ul style="list-style-type: none"> • What is the issue – let's be clear. • First ideas for the solution/how do we address these. • Who could assist in solving the problem and implementing the solution.
10 mins	<p>What is the essence of our solution?</p> <ul style="list-style-type: none"> • Table to complete A4 proforma to use a template for reporting back. <p>Our group addressed the issue of _____. We believe the solution to this issue/challenge to improving service delivery for _____ is_____.</p> <p>We believe it could improve access by _____.</p> <p>We believe these people should be involved_____.</p>

Appendix 3: Pre-forum activity



Government of Western Australia
Department of Health

Pre-Workshop Reflection – for Consumers or interagency referrals

Name of service: _____

Dimensions of Accessibility		A service you access	Your Ability to Interact <small>Populations, communities, households, individuals</small>
Service Delivery	1. Tick the areas the service addressed <input checked="" type="checkbox"/>	2. Briefly describe the key elements of a service	3. Tick the areas that were important to you <input checked="" type="checkbox"/>
Approachable Were you able to identify that the service exists?	<input type="checkbox"/> They made the service known to you <input type="checkbox"/> They were clear in describing what the service provided <input type="checkbox"/> There was information on availability <input type="checkbox"/> There was information on outreach	<ul style="list-style-type: none"> • 	Ability to perceive need <input type="checkbox"/> Health literacy – could you understand what the service was able to provide? <input type="checkbox"/> Did you need to have knowledge about health? <input type="checkbox"/> Did it work with your beliefs about health?
Acceptable Was the service socially and culturally acceptable?	<input type="checkbox"/> The service reflects the beliefs of what is appropriate service <input type="checkbox"/> Assessed as appropriate for/by person receiving care	What do you believe has been done to improve accessibility, as outlined in prompt one? <ul style="list-style-type: none"> • 	Ability to seek service For example, were there barriers due to: <input type="checkbox"/> Culture <input type="checkbox"/> Gender <input type="checkbox"/> Disability <input type="checkbox"/> Social values <input type="checkbox"/> Other: _____
Available Was the service in a physical location and could you access it promptly?	<input type="checkbox"/> Facilities are accessible, distributed, decentralised <input type="checkbox"/> There is the capacity to deliver care <input type="checkbox"/> There is proximity to other services		Ability to reach service For example, were there barriers due to: <input type="checkbox"/> Personal mobility – physical difficulties <input type="checkbox"/> Mobility – transport <input type="checkbox"/> Knowing what is available and where and when <input type="checkbox"/> Other: _____
Appropriate Was there an appropriate fit between the service and your needs?	<input type="checkbox"/> The service is appropriately timed for your care needs <input type="checkbox"/> Time is spent assessing the problem and treatment <input type="checkbox"/> The service is integrated with other services <input type="checkbox"/> There is continuity/flow <input type="checkbox"/> There is technical/ interpersonal quality		Ability to engage <input type="checkbox"/> Were you involved in the treatment? <input type="checkbox"/> Were you involved in decision making? <input type="checkbox"/> Were you able to self-manage during and after treatment?
Scope to be more impactful	4. What do you think the service could do to provide better access for disadvantaged women?		

Appendix 4: Full evaluation results

1. Which best describes your primary role in the health sector?

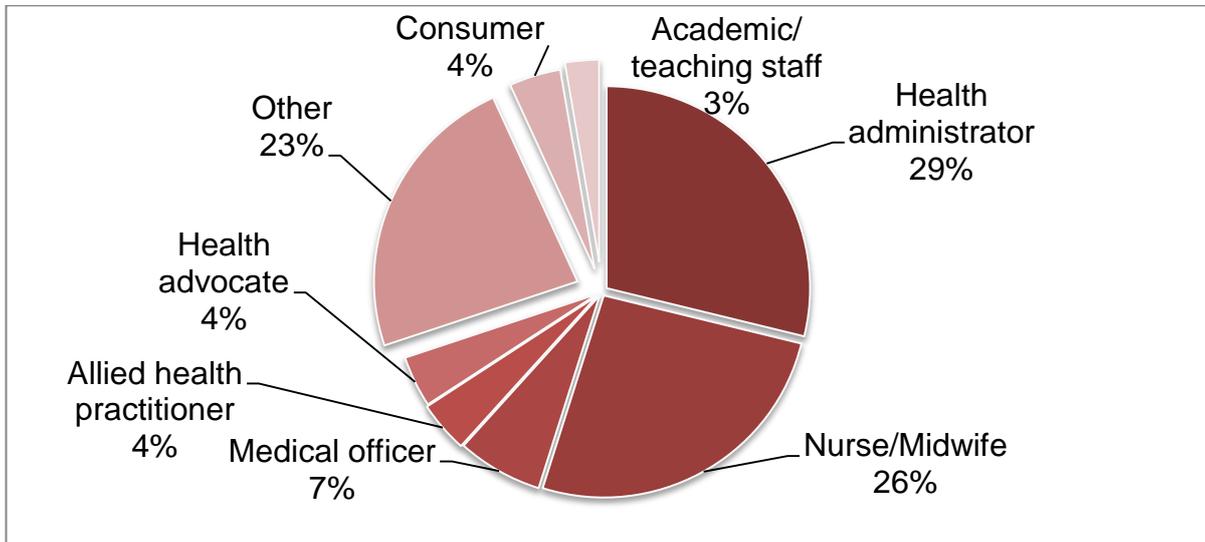


Figure 1. Pie chart summarising percentages for question 1.

Detail for other:

- | | |
|--|--|
| 1. Director of a social enterprise in health | 10. Midwifery program |
| 2. Aboriginal Liaison Grandmother | 11. Disability health administrator |
| 3. Health promotion and recruitment | 12. Health promotion officer |
| 4. Health promotion | 13. Community Awareness/health promotion Mental Health |
| 5. Regional coordinator | 14. Workforce planning |
| 6. Support worker | 15. Australian Apprenticeship Support Network Mentor |
| 7. Quality facilitator | 16. Researcher |
| 8. Community child health nurse | 17. Manager Health Promotion |
| 9. Health promotion | |

2. Which best describes your primary place of employment?

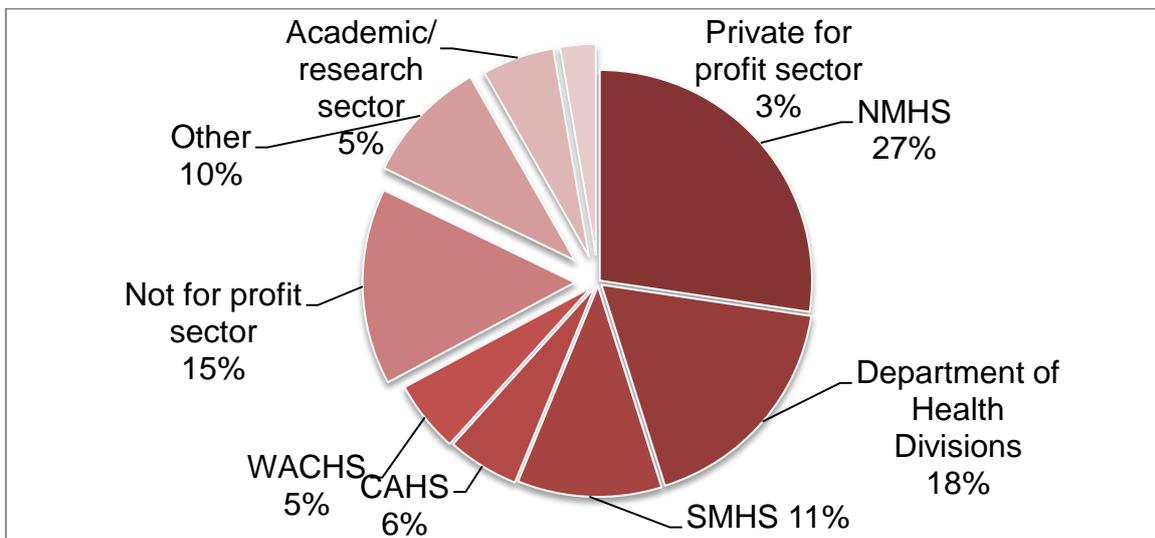


Figure 2. Pie chart summarising percentages for question 2.

Detail for other:

- | | |
|--|--|
| 1. Third sector/social enterprise | 4. Disability Services Commission |
| 2. WA Primary Health Alliance | 5. Ramsay Healthcare Mandurah |
| 3. Child and Adolescent Community Health | 6. Aboriginal Community Controlled Health Sector |

3. Please rate the extent to which you agree/disagree with the following statements about the Forum:

- a) Attendance at the Forum was a valuable use of my time:
- 95% of attendees **either strongly agreed or agreed.**
 - 2.5% of attendees **neither agreed nor disagreed.**
 - 2.5% of attendees **disagreed.**
- b) I felt engaged during the presentations at the morning session:
- 94% of attendees **either strongly agreed or agreed.**
 - 6% of attendees **neither agreed nor disagreed.**
 - No attendees **disagreed.**
- c) I was given opportunity to consider the needs of disadvantaged women across their life span:
- 85% of attendees **either strongly agreed or agreed.**
 - 8% of attendees **neither agreed nor disagreed.**
 - 7% of attendees **disagreed or strongly disagreed.**
- d) The Forum identified solutions in delivering health services to disadvantaged across WA:
- 85% of attendees **either strongly agreed or agreed.**
 - 11% of attendees **neither agreed nor disagreed.**
 - 4% of attendees **disagreed or strongly disagreed.**
- e) I was given opportunity to connect with new people:
- 99% of attendees **either strongly agreed or agreed.**
 - 1% of attendees **neither agreed nor disagreed.**
 - No attendees **disagreed.**
- f) Time was well allocated throughout the Forum:
- 90% of attendees **either strongly agreed or agreed.**
 - 7% of attendees **neither agreed nor disagreed.**
 - 3% of attendees **disagreed.**

4. To help us understand how valuable you found each of the sessions at the Forum, please rate each session below:

- a) How valuable was the presentations session (8:15am–10.30am)?
- 76% of attendees found it **either extremely valuable or very valuable.**
 - 24% of attendees found it **valuable or somewhat valuable.**
- b) How valuable was the panel and plenary discussion (11:00am–12:30pm)?
- 62% of attendees found it **either extremely valuable or very valuable.**
 - 38% of attendees found it **valuable or somewhat valuable.**

- c) How valuable was the afternoon workshop (1:00pm–2:40pm)?
 - 54% of attendees found it **either extremely valuable or very valuable.**
 - 46% of attendees found it **valuable or somewhat valuable.**
- d) How valuable was the presentation of issues and summarising (3:00pm–3:45pm)?
 - 44% of attendees found it **either extremely valuable or very valuable.**
 - 52% of attendees found it **valuable or somewhat valuable.**
 - 4% of attendees found it **not at all valuable.**

5. To what extent do you agree/disagree with the following statements regarding the afternoon workshop session (1:00pm–2:40pm)

- a) The workshop sessions were facilitated well:
 - 90% of attendees **either strongly agreed or agreed.**
 - 7% of attendees **neither agreed nor disagreed.**
 - 3% of attendees **strongly disagreed or disagreed.**
- b) I was given the opportunity to contribute during the workshop sessions:
 - 96% of attendees **either strongly agreed or agreed.**
 - 3% of attendees **neither agreed nor disagreed.**
 - No attendees **disagreed.**
- c) I believe my contributions to the workshops were valued:
 - 90% of attendees **either strongly agreed or agreed.**
 - 9% of attendees **neither agreed nor disagreed.**
 - 1% of attendees **strongly disagreed.**
- d) Time was managed well during the workshops:
 - 88% of attendees **either strongly agreed or agreed.**
 - 9% of attendees **neither agreed nor disagreed.**
 - 3% of attendees **disagreed.**

6. If you wish to, please provide any general feedback you have about the Forum, or suggestions for future events:

- In future, offer more constraints for brainstorming solutions. People will become fatigued if they are invited to come up with big ideas that are never implemented. Decide if you want solutions for the people there, or something that you will submit to government. If the latter, there needs to be follow-up. There was no mention in the close out about what happens with the ideas.
- Also, include in future sessions different models of delivery, and invite people from outside of health because they will have knowledge and skills that let us get help to those who need it.
- Interesting presenters - Ann O'Neill is inspiring so was the women who spoke about her experience of her daughter's mental illness/drug and alcohol abuse.
- Some good ideas generated in the afternoon. The challenge is to collaborate and focus now and this was a good platform for the sector to consider how and on what.
- Presentations where people read from their notes were less engaging than the presentations where people spoke to the audience without too many notes.

- I wonder if each of the workshop facilitators could have taken responsibility for managing the progress and time for each table. While I can appreciate the importance of keeping to time, I felt the continual reminders over the microphone were at times a bit disruptive to the flow of the conversation.
- I thought the presenters spoke very well and overall it was an informative day. The opportunity to network was also very valuable.
- It was well attended and valuable to attend I've come away with more information about resources/what is out there.
- Well done Jen!
- It was a good day!
- I felt like this was a waste of time, an expensive catered talk fest with no likely outcomes.
- There was no discussion around the reduced or discontinued funding to important programs that did make a difference to disadvantaged women that has happened since the Clinical Senate meeting a year ago. Valuable service time is currently taken up seeking funding. I cannot understand how the State Government can expect to keep good staff working for them when there is such uncertainty around funding with decisions around employment being made at the last minute. There seems to be no logic in why funding is removed from programs that are working such as Strong Links. Despondent!
- I thought the discussion session was too long.
- Some sort of networking time would have been good - hard to keep table "on task" in afternoon session because they were busy networking and swapping information (also valuable).
- Didn't rate the facilitator.
- Be great if the ideas put forward are actioned.
- People encouraged to present on challenges and workshopping strategies of overcoming these challenges.
- My table facilitator was excellent at allowing everyone to share their thoughts and ideas. It was challenging coming up with solutions in a short time. I'm not sure how practical the solutions will be in the current economic environment. Very informative day. Thank you.
- 2 days would be better allowing more time for each presentation as were a little rushed even though very good content. If done over 2 days could be more relaxed giving presenters more time.
- It was difficult to concentrate sitting down for so long during the morning presentations. The facilitator could have asked people to stand up and stretch their legs at least once during that time. The quality of the presentations was uneven.
- The facilitator's summing up didn't add value - it was not a reflection of the conclusions and for that late on Friday seemed unnecessary - because the lead's summary was so succinct and useful.

- Absolutely fantastic event. Very grateful to be able to participate. In such a large organisation such as health, opportunities such as these to connect, network with others and build relationships for future ventures are absolutely crucial to bridge the gaps across services.
- Excellent platform to build from - hopefully WNHS gained some valuable evidence to use to springboard future initiatives.
- I was unfortunately only able to stay until lunch time but it was excellent.
- The forum was excellently delivered, organised, thoroughly enjoyable and highlighted unexpected areas of disadvantage for women when accessing or requiring health. I would have liked the forum to discuss the issues of FGM, sexual abuse - access to services for women. However, I am aware that these discussions may well have taken place elsewhere in the room on individual tables and there was limited time to discuss so many prominent issues.
- The venue was comfortable, refreshments were well catered throughout the day and staff were very helpful.
- There was very little discussion about women in the community child health setting and what impacts them at this time of their life - parenting from birth to school aged, and then school aged children. I would have liked to have heard the voice of the 'consumer attending child health services' and what barriers or successes they have had navigating this system. For example parenting services, child development assessments, parenting groups, lactation and breastfeeding services, child development services etc.
- Thanks for the great day of networking. The food was delicious and unexpected.
- I continue to be surprised that sexual assault was not specifically noted, or a broader interpersonal violence used to include an important cohort of vulnerable women.
- The next steps are the most important - seeing action!
- I felt we did not consider the concerns of older women who may be disadvantaged and as mentioned during the day we didn't explicitly consider the needs of women who have been sexually assaulted and although this was considered by some to be included in domestic and family violence the needs and issues are distinctly different.
- I am also concerned that there was no space to discuss meta issues such as Climate Change which is already impacting those who are disadvantaged in our society and will continue to do so. Whilst it may seem a strange concern to bring into this kind of event climate change (its causes, mitigation and impacts) will affect every area of our lives and our health services are distinctly ill prepared.
- I felt that our solutions sessions tended to focus on the first level (direct actions people could take to make a difference to the area they were considering) however genuine solutions rely on a systemic and whole of sector response. I'd be interested on exploring solutions beyond the immediate (we've been talking about the immediate for a long time).
- How can practitioners engage in system change, what would it take for the sector to come together and lobby the Partnership Forum (DG's) on key priorities... What will it

take for us to be dealing with entirely new challenges in 10/20 years as opposed to slightly different ones to right now that we've been delaying with for many years.

- The facilitator's talking over the group sessions was quite distracting. It was a repetition of what the group facilitator was saying. The Forum facilitator in this instance should just act as time keeper.
- Not sure of the value add for some of the presenters in the first session.
- Some of the themes coming out of the forum were about how no matter what the 'disadvantage', women's health care needs are the same but it's often in accessing health services that the issues lies. So the strategies to break down barriers may differ depending on the woman's circumstances. I think instead of presenting disadvantaged women as separate groups it might be more real to present the whole person who may have some or all of the factors that create the 'disadvantage'.
- Much of the discussion seemed to be focussed on generic funding and organisational issues. I did not feel there were many specific strategies for disadvantaged women.
- Thank you for the opportunity to attend the forum.
- Many issues were identified and possible interventions identified - hopefully these will be presented at the next forum so that members are reminded of work that has been carried out between forums.
- A wonderful day. I wonder if it would be worthwhile doing this sort of thing biannually so we can monitor our progress. Have spoken about the forum to many health professionals already and have connected with our local aboriginal health centre to offer our services in light of recent cuts. The networking was great and the afternoon session gave me ideas about how to collaborate with other services to improve access for many women.
- The other morning sessions were wonderful especially by Ann O'Neill and Leanne Pilkington and I congratulate both of them to their ongoing contributions to improving outcomes in Womens health.
- I was not available for the full afternoon's workshops.
- Dr Ann O'Neill's presentation was a highlight.
- The facilitator interrupted too much during the workshops. This disrupted people's ability to have their say.
- Some of the real life examples (people's stories) I heard during the day regarding access and delivery of health services to disadvantage women were quite alarming but really hit home for me the significance of the issues facing these groups. I personally find the 'stories' are more meaningful than facts and figures.
- At forums, I think it would be useful if attendees were advised whether the slides will be made available after the forum, so we know whether we need to scribble down notes, or, as I prefer to do, sit back and listen and really absorb what is being said.
- Frustration around the knowledge that the health of these people is tied so closely to the social determinants which are not within our power to change. The solutions by their

nature involve some new and reallocation of resources which is not going to happen in the current fiscal and political climate in WA.

- The afternoon work-shopping session was too structured.
- The focus questions imposed a "service provision" response when the real solutions for DV lie in prevention and cultural shift.
- Excellent workshop with opportunities to network, share best practice and innovative ideas with like-minded professionals.
- I am looking forward to reading the summarisation of the forum and initiatives that have been developed as a result of the forum.
- I think we needed to define what was meant by disadvantage and what areas we wanted to particularly focus on and find solutions. For example, low education levels often lead to disadvantage but DOH isn't going to be addressing this.
- It would have been good to have more NGOs present. For example, there was no one that I know of that attended from the AOD sector.
- I only attend up to lunch time. The scene setting presentations covered relevant areas. The conversations of how to address the health and wellbeing of disadvantaged women need to continue. I would like to have heard more about a social determinants approach to service design and delivery.
- It would have been great to have an opportunity to consider women's access to services at different points in their lifespan. I think we tend to focus on women broadly without considering the varying needs of women at different points in their life. Accommodation is a big issue that needs to be placed front and centre of the agenda. Women need safe places to go with their children if they are relocating to give birth, leaving a violent situation, have mental health issues, etc...
- Also, I think we also need to reframe our thinking in terms about service delivery and integrating services. Ideally, we want less women needing services so what can we do at the front end to prevent the need for services in the first place?

Appendix 5: Delegates list

Name	Position	Organisation
Miss Donna Adams	Raphael Manager WA	St John of God Health Care
Mrs Stephanie Aitken	Clinical Nurse Manager	Fiona Stanley Hospital
Ms Hope Alexander	Health consumer advocate	hopealexander.com
Ms Jodie Atkinson	Clinical Midwifery Facilitator	King Edward Memorial Hospital
Ms Terri Barrett	A/Executive Director Midwifery, Nursing & Patient Support Services	Women and Newborn Health Service
Ms Teresa Barry	Registered Midwife /Clinician/Lecturer	AHC/University of Western Australia
Ms Harriet Beer	Graduate Officer Consumer Engagement	Child and Adolescent Health Service
Miss Brenna Blainey	Health Promotions	HepatitisWA
Ms Ekaterini Blitz-Cokis	Manager	Women and Newborn Health Service
Mr Graeme Boardley	Co-lead	Womens and Newborns Health Network
Miss Rebecca Bowman	Clinical Coordinator	Street Doctor
Mrs Susan Bradshaw	Senior Portfolio & Policy Officer	Child and Adolescent Community Health
Ms Pip Brennan	Executive Director	Health Consumers' Council
Miss Eulalie Brennan	Registered Midwife	Peel Health Campus
Ms Sarah Bright	Health Promotion Officer	BreastScreen WA
Ms Sally Brooks	Registered Nurse	King Edward Memorial Hospital
Ms Megan Burley	Manager	Health Networks
Mrs Debbie Carrivick	Patient Advocate	King Edward Memorial Hospital
Mrs Mary Catherine	Clinical Nurse	Corrective Services
Mr Jason Chua	Development Officer	Health Networks
Mr Richard Clark	Senior Development Officer	Health Networks
Mrs Kerri Colegate	Regional Coordinator for Midland/Swan region	Western Australian Primary Health Alliance (WAPHA)
Miss Rebecca Collier	Health Promotion Officer	WA Cervical Cancer Prevention Program
Ms Dorothy Collins	Solicitor and Director	Panetta McGrath

Name	Position	Organisation
Ms Kate Conway	Acting Manager Customer Service Unit	King Edward Memorial Hospital
Ms Margaret Cook	Consultant	Consumer independent
Ms Leah Cooper		Health Consumers' Council
Ms Karen Cooper	Registered Midwife	Bentley Health Service
Mrs Andrea Creado	Chief Executive Officer	Ishar Multicultural Women's Health Centre
Ms Kym Daffen	Post Natal Depression Counsellor	Midland Women's Health
Associate Professor Dawn Darlaston-Jones	Coordinator, Behavioural Science	University of Notre Dame
Ms Whitney Darlaston-Jones	Development Officer	Health Networks
Ms Lea Davidson	Perinatal Mental Health E&T Officer	Women's Health Clinical Support Programs
Mrs Sarah Dean	Carer Representative	Carers WA
Miss Seanna Dempsey	Community Development Coordinator - Ellenbrook	City of Swan
Ms Nicole Deprazer	Senior Development Officer	Health Networks
Ms Tricia Dewar	Principal Disability Health Coordinator	Disability Services Commission
Ms Sarah Dunstan	Graduate Officer	WACHS Primary Health and Engagement - Albany
Ms Sara Dyer	Indigenous Health Project Officer	Aboriginal Health Council of Western Australia
Miss Ashley Dyke	Independent	Consumer
Ms Sara Elliott	Consumer	Mental Health Services
Dr Alison Evans	Executive Officer	Women's Community Health Network WA
Mrs Andrea Fallon	Community Midwife	Moort Boodjari Mia
Dr Asifa Farhat	Registrar	Princess Margaret Hospital
Ms Juanita Fishwick	Mentor	BUSYatWork/CoAct
Ms Sue Flindell	Workforce Consultant	South Metropolitan Health Service
Ms Louise Ford	Consumer and Community Development Manager	Health Consumers' Council
Ms Mary Ford	Aboriginal Liaison Grandmother	Moort Boodjari Mia

Name	Position	Organisation
Ms Joan Forward	Director Medical Services	Womens Health & family Services
Dr Liza Fowler	Consultant Obstetrics and Gynaecology	Armadale Health Service
Mrs Jemma Freegard	Clinical Midwifery Manager	Peel Health Campus
Ms Renae Gibson	Senior Health Promotion Officer	Women's Health Clinical Support Programs
Mrs Alison Gibson	Coordinator	Moort Boodjari Mia
Mrs Gail Gibson	Aboriginal Health Officer	Moort Boodjari Mia
Ms Sally Gilchrist	Health Promotion Officer - Aboriginal Health	Diabetes WA
Ms Janinne Gliddon	Aboriginal Senior Health Promotion Officer	Women and Newborn Health Service
Ms Kate Goodman	Manager	TheBumpWA
Ms Kim Goodman	Development Officer	Health Networks
Mrs Denese Griffin	Program Manager	Aboriginal Health Improvement Unit
Ms Rysia Gruszecka	WRAP facilitator	Ruah
Mrs Jocelyne Halpin	Chief Executive Officer	Pilbara Health Network
Ms Kim Hamilton	Social Worker/Project Officer	St John of God Social Outreach Services
Ms Shelley Harwood	Health Promotion Officer	Continence Foundation of Australia
Ms Jo Hodson	AOD & Mental Health Service Manager	Women's Health and Family Services
Mrs Catherine Holland	Carer Peer Support Worker	Arafmi
Ms Julie Hollingworth	Coordinator of Nursing and Midwifery	WA Country Health Service - Kimberley
Dr Janet Hornbuckle	Co-lead	Womens and Newborns Health Network
Mrs Angela Humphry	Community Midwife	Population Health Western Wheatbelt
Dr Ljiljana Ilic Jestic	Obstetrics and Gynaecology Consultant	Armadale Health Service
Mrs Hazel Inglis	Quality Facilitator	South Metropolitan Health Service
Ms Zel Iscel	President	Women With Disabilities WA
Mrs Karyn James	Clinical Midwife/Lactation Consultant	Women and Newborn Health Service
Dr Jonine Jancey	Research Academic	Curtin University

Name	Position	Organisation
Miss Stefanie Johnston	Director - WA Branch	Pharmaceutical Society of Australia
Ms Stephanie Jones	Manager Social Outreach	St John of God Murdoch Ferns House
Dr Jacqueline Joseph-Bowen	Director	Achieve International
Ms Bev Jowle	Chief Executive Officer	South Coastal Women's Health Services
Mrs Deborah Julius	Community Midwife	WACHS - Great Southern (Katanning)
Ms Kathryn Kerry	Senior Policy and Planning Officer	Chronic Disease Control Directorate, Department of Health
Mrs Maxine Kluckow	Registered Midwife	Women and Newborn Health Service
Mrs Jane Knight	Clinical Midwife	Western Wheatbelt, Northam Health Campus
Dr Susan Lee	Manager Health Promotion	Womens Health and Family Services
Ms Megan Levy	Counsellor Clinical Team	ASeTTS
Ms Ruth Lopez	Senior Policy Officer	Cultural Diversity Unit, Department of Health
Ms Jade Lyons	Education and Training, Family and Domestic Violence	Women's Health Clinical Support Programs
Mrs Jodie MacKell	Community Midwife	Moort Boodjari Mia
Mrs Melanie Marsh	Manager Family Services	Ngala
Miss Gitana Matthews	Assistant Program Officer	Health Networks
Mrs Suzie May	Health Advocate & Mentor	Giving Voice
Dr Kimberley McAuley	Research Fellow	University of Western Australia
Ms Marianne McCabe	Coordinator Stirling Women's Centre/Stirling Safe at Home	City of Stirling
Mrs Gabrielle McCrae	Refugee Health Nurse	Child and Adolescent Community Health
Ms Monica McGhie		
Ms Colette McGuinness	Registered Midwife	WA Country Health Service
Ms Robyn Millar	Clinical Nurse	WA Country Health Service - Great Southern
Dr Diane Mohen	Medical Director (Rural), Statewide Obstetric Support Unit	Women and Newborns Health Service
Ms Kelli Monaghan	Policy Officer	Department of Health

Name	Position	Organisation
Ms Eva Mwakichako	Multicultural Project Officer	City of Sirling
Mrs Mary Nolan	Advocate	Member of CoMHWA
Ms Jenny O'Callaghan	Director Women's Health	Women and Newborn Health Service
Ms Karen Ogilvie	Registered Midwife	Fiona Stanley Hospital
Mrs Marlene Parry	Senior Development Officer	WA Health
Ms Maureen Pendell	Midwifery Unit Manager Bunbury Hospital	WA Country Health Service - South West
Mrs Leanne Pilkington	Aboriginal Program Officer	BreastScreen WA
Ms Trulie Pinnegar	A/Director, Clinical Practice	Child and Adolescent Community Health
Ms Alysha Rata	Support Facilitator	Partners in Recovery
Mr Luke Regan	Senior Research Officer	Health Networks
Dr Tracy Reibel	Senior Research Fellow	Telethon Kids Institute
Mrs Robyn Richmond	Senior Policy Officer	Health Networks
Mrs Tracy Robertson	Director Safety Quality and Performance	Women and Newborn Health Service
Miss Christine Rowcliffe	Refugee Liaison Nurse	Princess Margaret Hospital
Ms Jan Ryan	Manager of Health Services	Ishar Multicultural Women's Health Centre
Mrs Jan Salmon	Mental Health Key-Worker	Southern Cross Care
Ms Sonya Schultz	Program Officer - Women with Special Needs	BreastScreen WA
Mrs Debbie Scoble	Project Officer Safety, Quality and Risk	Armadale Health Service
Ms Ruth Sims	Senior Social Worker / Project Coordinator, Perinatal Mental Health - CaLD Women and Home Visiting Services	Ishar Multicultural Women's Health Centre
Ms Linda Sinclair	A/Midwifery Director Statewide Obstetric Support Unit	Women and Newborn Health Service
Mrs Margaret Slattery	AOD Program Coordinator	Womens Health & Family Services
Ms Lyn Smith	Health Promotion Coordinator	Child and Adolescent Community Health
Ms Roslyn Smith	Consultant for women's health services in the Pilbara	
Ms Susanne Somerville	Associate Head Psychological Medicine	Women and Newborn Health Service
Ms Kim Southgate	Assistant Program Support Officer	Health Networks

Name	Position	Organisation
Mrs Kerryl Spence	Registered Midwife	Family Birth Centre King Edward Memorial Hospital
Dr Natalie Strobel	Research Fellow	University of Western Australia
MS Marlene Sykes	Performance & Monitoring	WA Country Health Service
Mrs Dianna Tanian	Community Child Health Nurse/Lactation Consultant	Child and Adolescent Community Health
Ms Cheryl Taylor	Aboriginal Capacity Builder	Partners in Recovery
Mrs Georgina Taylor	Out of Hours Clinical Nurse Manager	Fiona Stanley Hospital
Dr Aesen Thambiran	Medical Director	Humanitarian Entrant Health Service
Ms Raelene Tolentino	Patient Journey Coordinator	WA Country Health Service - Country Health Connection
Ms Melissa Trivic	Development Officer	Health Networks
Ms Natasha Tucker	Program Manager	Specialised Child and Adolescent Mental Health Services
Miss Tanja Van Mierlo	Peer Support Worker	Grow/Polytechnic West
Ms Melissa Vernon	Chief Operating Officer	WA Country Health Service
Ms Leanda Verrier	Coordinator Perinatal Mental Health	Women and Newborn Health Service
Ms Sarah Visser	Community Capacity Builder	Fremantle Partners In Recovery
Mrs Jennifer Watchorn	Development Officer	Health Networks
Dr Felice Watt	Director of Psychiatry	Women and Newborn Health Service
Mrs Sarah Weightman	Midwifery Manager	Armadale Health Service
Ms Rachael West	Founder	Finding Yoga
Mrs Nijole West	Program Officer	Health Networks
Ms Roslyn West	Clinical Nurse Specialist - Perinatal Mental Health	Child and Adolescent Community Health
Ms Ginni White	Manager General Practice Support	Arche Health
Ms Emma Williams	Development Officer	Health Networks
Dr Marianne Wood	PHMO	Aboriginal Health Council of Western Australia
Dr Paula Wyndow	Senior Researcher	Telethon Kids Institute
Ms Jaime Yallup Farrant	CEO and Crowd Funded Climate Justice Campaigner	RRaFT Educators
Mrs Kristy Zani	Registered Midwife	Armadale Health Service - Maternity



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