



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



**Women's Community  
Health Network WA**

# **WA Women's Health Conference 2019**

**Monday 2 September 2019  
Perth Convention and Exhibition Centre,  
Perth Western Australia**



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## Welcome Message

On behalf of the Women and Newborn Health Network, WA Department of Health and the Women's Community Health Network WA, we are pleased to welcome you to the WA Women's Health Conference.

The theme of the conference is 'Lifting the profile of Women's Health'. The Conference provides stakeholders with an opportunity to consider the latest research and evidence in the field of women's health and how we can best translate this current knowledge into policy and practice.

The Western Australian Women's Health and Wellbeing Policy will be launched by the Minister for Health, the Honourable Roger Cook MLA.

The afternoon session focuses on the need to work collaboratively across the sectors. The Honourable Simone McGurk MLA will present on connecting the WA Women's Health and Wellbeing Policy, Women's Plan and the 10 Year Strategy for Reducing Family and Domestic Violence.

Thank you for attending the WA Women's Health Conference.

Megan Burley

**A/Director, Health Networks, WA Department of Health**

Dr Alison Evans

**Executive Officer, Women's Community Health Network WA**

# General information

## Mobile phones

Please ensure your mobile is switched off or in 'silent' mode during all conference sessions.

## Poster presentations

Poster presentations will be displayed on boards in the foyer area throughout the conference. We encourage you to view the posters during the breaks.

## Conference Organising Committee

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<b>Kate Reynolds</b>	Women and Newborn Health Network
<b>Dr Chris Griffin</b>	Women and Newborn Health Network
<b>Dr Alison Evans</b>	Women's Community Health Network WA
<b>Kathy Blitz-Cokis</b>	Women and Newborn Health Service
<b>Pip Brennan</b>	Health Consumers' Council
<b>Peta Fisher</b>	Fiona Stanley Hospital
<b>Zel Iscel</b>	Consumer Representative
<b>Nicole Lambert</b>	Allambee Counselling
<b>Jenny O'Callaghan</b>	Women and Newborn Health Service
<b>Rachel O'Connell</b>	WA Primary Health Alliance
<b>Rachel Pearce</b>	Ishar Multicultural Women's Health Services
<b>Milambo Sichaaba</b>	Women's Health and Family Services
<b>Daphne White</b>	Desert Blue Connect
<b>Sarah Wright</b>	WA Council of Social Service
<b>Marie Deverell</b>	Health Networks, WA Department of Health
<b>Jennifer Watchorn</b>	Health Networks, WA Department of Health
<b>Stefanie Faraone</b>	Health Networks, WA Department of Health
<b>Priya Jagadeesan</b>	Health Networks, WA Department of Health

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# Lifting the profile on Women's Health

**Date:** 2 September 2019

**Time:** 8.30am to 4.30 pm

**Location:** The Perth Convention and Exhibition Centre

## Session Program

### PART A – Setting the Scene

**7.45 – 8.30 Registration**

**8.30 – 8.40 Conference Opening**

Karen Bradley, Executive Director, Clinical Leadership and Reform

**8.40 – 8.55 Welcome to Country**

Ingrid Cummings

**9.00 – 9.25 The evidence and lived experiences of women's health and wellbeing**

Dr Alison Evans, Executive Officer, Women's Community Health Network WA

Dr Ellie Thye, RUAH - 100 Families project

Ms Renna Gayde

**9.00 – 9.25 Keynote Speaker - Social Determinants and the impact on Families**

Vicki O'Donnell, Chairperson, Aboriginal Health Council of WA;  
CEO, Kimberley Aboriginal Medical Service

**9.45 – 10.20 Morning Tea, Networking and Poster Viewing**

## PART B – Knowledge Translation and Exchange – breakout sessions

10.20 –12.20	River View Room 5 Empowerment	Room M6 Continuous Improvement and Innovation	Room M7 Prevention, Promotion and Early Intervention	Room M8 Collaboration & Partnerships
<b>Session 1</b> 10.20-11.00	<b>From Victim to Victor</b> Champo Ngweshe Dr Bernadette Wright	<b>Strengthening WA Country Health Service Response to Family and Domestic Violence</b> Andrea Rieusset Jade Lyons	<b>Nurturing Families: A pilot of a modified version of the Parent-Child Assistance Program in Australia</b> Dr Martyn Symons Natalie Raymond	<b>Health Justice Partnership</b> Kim Broughton Alice Wong
<b>Session 2</b> 11.00-11.40	<b>The Gender Identity Burger: A youth Peer Education Approach to Diverse Gender &amp; Sexuality Education</b> Kai Schweizer Lorna Graham-Geraghty	<b>Gender Responsive Sexual and Reproductive WA Health Services</b> Dr Sajni Gudka	<b>Increasing breast screening participation among Aboriginal and Multicultural women in WA</b> Sonya Schultz Kelly Cameron	<b>The Radiance Network: Together Anything Is Possible</b> Anne Mackay CJ Heins
<b>Session 3</b> 11.40-12.20	<b>Eating disorders, lived experience and gender centred care</b> Natalie Robartson Jemma Caswell	<b>Heart disease in Australian women: making the invisible visible</b> Shelley McRae	<b>Maximising cervical screening in vulnerable populations: Putting the spotlight on healthcare providers</b> Kay Morton	<b>WANDAS &amp; Women Inside</b> Orla Peoples Renate McLaurin
<b>12.20-1.00</b>	<b>Lunch, Networking and Poster Viewing</b>			

## **PART C – Collaboration and Launch**

### **1.05-1.40 Working collaboratively across sector to have a collective impact on Women’s Health and Wellbeing**

Helen Creed, Deputy Chair – Supporting Communities Forum  
Learne Durrington, CEO WAPHA  
Dr Jennie Gray, Deputy CEO WACOSS  
Vicki O’Donnell, Chairperson, Aboriginal Health Council of WA; CEO,  
Kimberley Aboriginal Medical Service  
Debra Zanella, CEO RUAH

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### **1.40-2.00 WA Women’s Health and Wellbeing Policy launch**

Hon. Roger Cook MLA, Minister for Health; Mental Health

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### **2.00-2.15 Afternoon Tea, Networking and Poster Viewing**

## **PART D – Workshop and Connect**

### **2.20-2.30 Evidence into Action: Aligning with the WA Women’s Health and Wellbeing Policy**

Megan Burley, A/Director, Health Networks

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### **2.30-4.00**

- Chronic conditions and healthy ageing - River View Room 5
- Health and wellbeing impacts of gender-based violence - Room M6
- Maternal, reproductive and sexual health - Room M7
- Mental health and wellbeing, including AOD - Room M8

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### **4.00-4.15 Making the Connection in WA: Women’s Health and Wellbeing Policy; Women’s Plan; Strategy for Reducing Family and Domestic Violence**

Hon. Simone McGurk MLA, Minister for Child Protection; Women’s Interests; Prevention of Family and Domestic Violence; Community Services

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### **4.15-4.30 Closing Address: Summary, next steps, acknowledgments**

Karen Bradley, Executive Director, Clinical Leadership and Reform

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# The evidence and lived experiences of women's health and wellbeing

## Dr Alison Evans

Executive Officer, Women's Community Health Network WA

Alison has been the Executive Officer of the Women's Community Health Network WA for the past six years. The focus of her work is violence against women and girls, the social determinants of women's health and gender equity. Alison is on the Board of the Australian Women's Health Network and is a member of the Australian National Research Organisation for Women's Safety Practitioner Engagement Group.



# Keynote Speaker

**Vicki O'Donnell**

**Chairperson, Aboriginal Health Council of WA; Chief Executive Officer (CEO), Kimberley Aboriginal Medical Service**

Vicki is a Nyikina Mangala Aboriginal woman from Derby where she grew up and still has five generations of families residing. She is the CEO for the Kimberley Aboriginal Medical Service (KAMS) in Broome since February 2014. KAMS is managed and controlled by Kimberley Aboriginal people and is locally and nationally recognised as a leader in the provision and support of holistic and culturally appropriate comprehensive primary health care services for Aboriginal people. KAMS also provides advice on a Regional, State and National level.

Prior to being the CEO of KAMS, Vicki was the CEO of the Derby Aboriginal Health Service for 12 years, which is an Aboriginal Community Controlled Health Service, providing comprehensive primary health care services to the Derby area.

Vicki has worked for the WA Department of Health and also for the Aboriginal Affairs Department for some years. Her passion is working in health and in particular Aboriginal Health so that our people can have better access to health and to support access to health in remotes areas of the Kimberley.

Vicki is the Chairperson of Aboriginal Health Council of WA, which provides advice, support and advocacy at a Regional, State and National level. She is also the Chair of the WA Aboriginal State Ethics Committee, which has been instrumental in ensuring research on Aboriginal health issues is beneficial and leads to better outcomes for Aboriginal health.



# Panel Speakers

## Helen Creed

### **Deputy Chair of the Supporting Communities Forum**

Helen Creed is the Deputy Chair of the Supporting Communities Forum, which was established by the WA Government to, among other things, build relationships based on partnership, collaboration, mutual respect and trust between the government and community services sector.

She has held senior roles in government, in the community sector and in the union movement, including as the Director of the Office of Women's Policy in the WA Government and as Chair of both the ACTU and International Union movement's Women's Committees. She was the inaugural Co-Convenor, with Joan Kirner, of Emily's List.

Helen's roles also include Chair of Regional Early Education and Development Inc, Chair of Vic Park Youth Accommodation, Chair of the Food Relief Framework Working Group, Board member of Child Australia, and a member of the Ratings Review Panel for the Australian Children's Education and Care Quality Authority.

Helen's awards include the WA Women's Fellowship, awarded in 1989 for her to study the provision of employer provided child care in the United States, the Centenary Medal awarded in 2001 and more recently being inducted into the WA Women's Hall of Fame in 2018.



## **Learne Durrington**

### **Chief Executive Officer, WA Primary Health Alliance (WAPHA)**

Learne is an A/Adjunct Professor of Health Sciences, holds a Master's Degree in Public Policy and an Honours Degree in Social Work, is a Fellow of the Australasian College of Health Service Management and a Graduate of Australian Institute of Company Directors.

Learne is known as a strategic leader and has a strong blend of skills and knowledge gained in her roles in the government and not-for-profit sectors. With a background in health, mental health, primary care and human services, she is purposeful in articulating the importance of collective impact as a basis for improving outcomes.

## **Dr Jennie Gray**

### **Deputy Chief Executive Officer, Western Australian Council for Social Service**

Dr Jennie Gray is Deputy Chief Executive Officer, at the Western Australian Council for Social Service, overseeing the organisation's social policy, special projects and business development work, and deputising for the CEO when necessary.

Jennie was Anglicare WA's Regional Manager, in the South Metro and North West, from 2004-2013 and 2014-2017 respectively. This encompassed seven years based in the Kimberley, coordinating services delivered through the agency's offices in Broome, Derby, Kununurra, Halls Creek and Karratha.

Her professional career in the human services sector has spanned practice, management and research roles, in a variety of contexts, including in both the women's and youth sectors, and working as a sessional educator and research assistant at Curtin University and the University of Western Australia.

In addition to a Doctorate of Philosophy, Jennie has a Bachelor of Social Work and a Bachelor of Business. Jennie combines her professional life with the needs of her family.



## Debra Zanella

### **Chief Executive Officer, Ruah Community Services (WA) President, Western Australian Council of Social Services**

With more than two decades' experience in the health and community service sectors, Debra Zanella is a passionate advocate for practical and decisive action to disrupt cycles of social disadvantage.

Debra is a Graduate of the Australian Institute of Company Directors, and Chief Executive Officer of Ruah Community Services and President of the Western Australian Council of Social Services.

Debra also holds a position on Western Australia's East Metropolitan Health Service Board. She was a founding member of the WA Alliance to End Homelessness (WAAEH) and is a member of the Australian Alliance to End Homelessness (AAEH).

Debra's work has a particular focus on addressing the complex issues relating to mental health and wellbeing, and ending homelessness and family violence.



# Knowledge Translation and Exchange

## Breakout Sessions Abstracts





# Empowerment – River View Room 5

## Session 1 – From Victim to Victor

### Champo Ngweshe and Dr Bernadette Wright

Many women in Australia are affected by domestic violence. Leaving a long-term relationship can be hard for any women but for women for whom English is not their first language and are unfamiliar with Australian services and their rights under Australian law this can be especially difficult. For many of Ishar's clients leaving a husband brings shame on their family so they are not supported by family and friends.

Ishar works with women from a migrant or refugee background experiencing domestic violence to support them and give them the confidence to rebuild their lives. This presentation will discuss Ishar's model of care for women experiencing domestic violence and using lived experience to illustrate how women are supported throughout all stages of their journey, From Victim to Victor.

We will discuss the multiple layers of service that clients can choose to access with their choices, respected at all times. As women grow in confidence, they flourish in the safety of camaraderie of others who are also on the same journey. A completion of this journey is to be the Victor in their self-empowerment to regain a meaningful life. We will outline how this process has been developed and is being implemented.

# Empowerment – River View Room 5

## Session 2 – The Gender Identity Burger: A Youth Peer Education Approach to Diverse Gender and Sexual Education

**Kai Schweizer and Lorna Graham-Geraghty**

About 1 in 25 young people identifies as trans or gender diverse. Despite this, youth workers report a lack of confidence in discussing gender and sexuality with young people. In YACWA's Biennial Youth Sector Survey, 47 per cent of youth sector respondents stated they wanted more training on gender and sexuality topics and how best to engage with LGBTQIA+ young people and 63 per cent reported young people at their services raised issues related to LGBTQIA+ topics. In response, the YEP Crew Peer Educators, including LGBTQIA+ crew members, have developed a Gender Identity Toolkit workshop for the WA youth sector.

The Gender Identity Burger model is a unique tool designed specifically for this workshop. The model is an accessible framework that enables both young people and youth sector workers to understand the nuances of sex assignment at birth, gender identity, gender expression and sexuality. Since its launch, the workshop has reached youth workers, medical professionals, program coordinators, educators, students, and young people in regional and metropolitan WA.



# Empowerment – River View Room 5

## Session 3 – Eating disorders, lived experience and gender centred care

### Natalie Robartson and Jemma Caswell

The Body Esteem Program (BEP) offers 20-week, peer-facilitated groups for women (18+) who experience an eating disorder (anorexia nervosa, bulimia nervosa and binge eating disorder). The program is based on the self-help model of care, and is the only community based eating disorder specific service in Western Australia which uses lived experience in the development and delivery of its programs.

While the Body Esteem Program acknowledges that eating disorders are non-discriminatory and can affect people of any age and gender, evidence shows that females are at higher risk and, due to a multitude of factors, can often experience body image differently to males.

This presentation will offer some information on eating disorders, an overview of the BEP and the benefits of having a gendered centred service which explores behaviours and thought processes that can contribute to the development and continuation of an eating disorder.

The presentation will also include a lived experience story from a past participant of the BEP, and an opportunity for questions.



# Continuous Improvement and Innovation – Room M6

## Session 1 – Strengthening WA Country Health Service Response to Family and Domestic Violence

**Andrea Rieusset and Jade Lyons**

### **Part 1 - Strengthening a WA Country Health Service response to Family and Domestic Violence.**

From April 2019, the WA Country Health Service (WACHS) implemented a Responding to Family and Domestic Violence Policy along with supporting resources for WACHS clinicians. This presentation will outline the minimum standards for WACHS clinicians for a client who discloses family and domestic violence (FDV); the health settings and presentations which trigger automatic FDV screening of clients; the mandatory training for all clinical and non-clinical staff on FDV; and the ways we are working to improve the methods of data collection in this space.

### **Part 2 – Strengthening inter-agency collaboration in the Kimberley**

The WACHS Kimberley have implemented an innovative model of FDV response. Andrea Rieusset, an Emergency Department (ED) Nurse Practitioner based in Fitzroy Crossing, has been instrumental in instigating and driving this initiative. This idea came about after an audit she conducted at Broome Hospital found a clear pattern of clients attending Broome ED with multiple FDV related presentations, in a short time frame, with escalating violence. Further it appeared assessment and referral for these clients was ad-hoc and these clients were often falling through the service gaps. Andrea will explain this model of FDV response that has been implemented in Kimberley Emergency Departments, illustrate how this is working through a case study, as well as some of the highlights and challenges of working in this space.



# Continuous Improvement and Innovation – Room M6

## Session 2 – Gender Responsive Sexual and Reproductive WA Health Services

### Dr Sajni Gudka

In Western Australia, we are fortunate to have an accessible and affordable health system. Yet women continue to suffer a higher burden of sexual and reproductive health problems, including high rates of unintended pregnancies, unsafe abortions, sexually transmitted infections and reproductive cancers. All of which have significant long-term health, wellbeing, professional and relationship impacts on women.

Through a review of the existing evidence, and embedding a Gender Responsive Model of Care, this presentation will show why it is important to look at gender as a determinant of sexual and reproductive health. The presentation will provide a high-level summary of evidence around the sexual and reproductive issues women in WA face, including:

- demographic trends highlighting gender-based sexual and reproductive burden
- impact of gender norms and values on existing sexual and reproductive health services
- reproductive and sexual risk-taking behaviours
- organisational and systemic barriers to consider when re-designing existing health services gender responsive.

In the second half of the presentation I will delve into possible solutions, and the policy and legal context, of how some sexual and reproductive health services in WA could be re-shaped as gender responsive. This in turn could progress the long-term health and wellbeing of women and adolescent girls living in WA.

# Continuous Improvement and Innovation – Room M6

## Session 3 – Heart disease in Australian women: Making the invisible visible

### Shelley McRae

Heart disease in women is often described in the international literature as ‘under-recognised, under treated and under researched’. In 2007 the Heart Foundation of Australia committed resources to investigate whether this was also true of Australian women. Over the past 12 years our efforts have revealed that indeed this picture is also true of Australian women.

- Heart disease is a leading killer of Australian women.
- It kills nearly three times as many women as breast cancer.
- 22 Australian women die from heart disease every day.
- Chest pain is a common heart attack symptom in both men and women but women are more likely to experience – non chest pain symptoms: jaw, shoulder, neck and back pain, nausea, sweating, overwhelming sense of fatigue.

It’s a long term vision but our objective is to:

- contribute to closing the gender gap on the awareness of heart disease as an important health issue for women
- broadenour knowledge of the impact sex and gender has on heart disease
- strengthen health professionals capacity to support women through their ‘cardiac journey’
- help address the research bias that has been a characteristic of past research efforts in cardiovascular disease.



# Prevention, Promotion and Early Intervention – Room M7

## Session 1 – Nurturing Families: A pilot of a modified version of the Parent-Child Assistance Program in Australia

**Dr Martyn Symons and Natalie Raymond**

Exposure to alcohol and other drugs during pregnancy can lead to serious adverse child outcomes, including FASD. The Parent-Child Assistance Program (PCAP) offers long-term support to disengaged women with problematic AOD use who are pregnant or have young children. PCAP has helped reduce alcohol exposed pregnancies, promoted abstinence, increased employment and family planning and improved child outcomes. Economic modelling showed a \$22million Canadian dollars saving to the Canadian Government from reducing FASD prevalence.

A modified version of the PCAP was piloted in Australia. Home visitation advocacy, coupled with therapeutic and parenting support, was provided to 10 women by an experienced psychotherapist. Clients were assisted to engage with services effectively to meet their goals via a combination of relational theory, motivational interviewing and harm reduction approaches. Patient satisfaction was measured with the Treatment Perceptions Questionnaire. Staff were interviewed to determine site-specific adaptations and program delivery was audited using standard PCAP forms.

Clients typically improved in all domains measured. Over 80 per cent had improved connection to services and used birth control. All had significant periods of abstinence. Four of six women had children returned from government care. Satisfaction was close to 100 per cent. Differences to traditional PCAP included regular AOD counselling by the case-manager, less direct supervision and altered data collection.



Initial pilot results are encouraging and will inform the methodology for a larger longitudinal study including more trauma informed and qualitative evaluation including improved measures of family/child wellbeing, effective connection with services, and reduced social isolation. If successful, PCAP could help prevent FASD across Australia and improve the lives of women at high risk from AOD use.



# Prevention, Promotion and Early Intervention – Room M7

## Session 2 – Increasing breast screening participation among Aboriginal and Multicultural women in WA

### Sonya Schultz and Kelly Cameron

It is well documented that Aboriginal and culturally and linguistically diverse (CaLD) women are less likely to participate in breast screening than women in the general population. BreastScreen WA (BSWA) has a strong history of developing, implementing and reviewing resources, strategies and initiatives to increase access and participation of Aboriginal and CaLD women in the screening program.

BSWA implements the following strategies to address identified barriers, increase knowledge and awareness regarding the importance of breast screening and the early detection of the disease and to increase participation in the Aboriginal and CaLD community:

- Dedicated program officers working with these communities.
- Consultation with significant stakeholders and community leaders.
- Developing and maintaining stakeholder networks and partnerships.
- Development of culturally appropriate resources.
- Assistance with transport for women in remote areas of WA.
- Group bookings in metropolitan and rural clinics.
- Translated information and free interpreters for women with a language barrier.
- Organisation of and involvement in cultural events, community education sessions and professional training to promote breast screening and increase BSWA's profile in the community.

BSWA analyses data to identify specific populations and areas in the WA where participation is low. Targeted strategies for under screening women



have been successful in improving access and participation for Aboriginal and CaLD communities in BSWA program. This presentation will highlight the successful strategies, lessons learned and what the future holds in BSWA's pursuit to provide a service that is culturally appropriate and equitable for all eligible women in WA.



# Prevention, Promotion and Early Intervention – Room M7

## Session 3 – Maximising cervical screening in vulnerable populations: Putting the spotlight on healthcare providers

### Kay Morton

The aim of this presentation is to provide an overview of some of the key biological and socio-cultural factors that influence participation in cervical screening. Historically, considerable disparities exist in both the uptake of cervical screening and the incidence and mortality attributable to cervical cancer among different groups. Cervical Screening Registry data shows that almost half of WA women participate in regular cervical screening, meaning that half are either under-screened or have never screened. Evidence shows that 80 per cent of cervical cancer occurs in this group.

The renewed National Cervical Screening Program (NCSP) will be judged on its ability to reduce preventable deaths from HPV-related cancer of the cervix. Any improvement is, however reliant on healthcare providers adopting effective, appropriate and tailored strategies to identify and support those that are at risk through under-screening.

A key function of the NCSP (comprising national, state and territory arms) is to support healthcare providers in their adoption and delivery of renewed cervical screening policies and clinical management guidelines. Education for healthcare providers should focus on building trust in the clinical evidence and increasing confidence to change entrenched clinical habits. Perhaps more importantly, healthcare providers may need to examine their own competencies and comfort levels in raising the topic of cervical screening. This presentation will explore what needs to change at the healthcare provider level to convince under and never screened groups of the benefits of participating in cervical screening.

# Collaboration and Partnerships – Room M8

## Session 1 – Health Justice Partnership

### Kim Broughton and Alice Wong

The Health Justice Partnership between Joondalup Health Campus and the Women's Resource and Engagement Network (a joint initiative between Legal Aid Western Australia and Northern Suburbs Community Legal Centre), which commenced in 2016, has allowed patients attending the Health Campus who face issues of family and domestic violence to have seamless access to legal advice and information from an attending solicitor – a service innovation that has seen hundreds of women benefiting from this collaboration.

Evidence has shown that Australians are more likely to speak with a trusted health professional regarding their legal issues, than make an appointment to see a lawyer. Often these legal issues have a significant adverse impact on a patient's mental health and their physical and general wellbeing, hence this partnership seeks to improve both health and justice outcomes to the most vulnerable in our community.

This presentation will seek to highlight a patient's journey as they first access the health system, disclose the presence of family and domestic violence to the healthcare professional and the referral and intervention process by the family lawyer, including some of the outcomes that have eventuated.

The socio-demographics of those who have used the service have also been analysed, and will be discussed during the presentation. These figures further evidence that the Health Justice Partnership support populations that are particularly at risk of poor health and unmet legal need, including people experiencing family violence, people at risk of elder abuse, those from culturally and linguistically diverse communities and people experiencing poverty.

As a specialist domestic violence legal service, working within a health setting is a unique collaboration, both the challenges and benefits of this partnership will also be discussed.



# Collaboration & Partnerships – Room M8

## Session 2 – The Radiance Network: Together Anything Is Possible

### Anne Mackay and CJ Heins

The Radiance Network was formed as a result of an amazing mother, CJ, who remembers being overjoyed when she fell pregnant with her first child in 2013. CJ had a dream pregnancy and uneventful birth and she and her partner fell in love with their beautiful healthy baby boy. However this is where the fairy tale takes a dramatic turn because CJ experienced post-natal psychosis. CJ very bravely shares her journey with post-natal psychosis – her raw and painful truth.

CJ's story does end well – both for her family and the community. Through her experience CJ was able to identify that there was not enough awareness, support, and services for families who are struggling in the perinatal period within our region. So she set about to change this. She raised and donated \$15000 for the purpose of improving outcomes for families.

Through partnership and collaboration, The Radiance Network was formed. Our vision was to provide a platform to bring services together in order to support, build resilience, and enhance the emotional wellbeing of parents to strengthen family relationships. An additional goal was to raise awareness around perinatal anxiety and depression and adjustment difficulties.

The Radiance Network is a great example of what a small community can achieve in response to an identified need. We are driving communication, service cohesiveness, inspiration and action around perinatal infant mental health in our community. We are making a difference to the emotional wellbeing of many families through improved social support and facilitating better pathways to care.

# Collaboration & Partnerships – Room M8

## Session 3 – WANDAS and Women Inside

### Orla Peoples and Renate McLaurin

The Women and Newborn Drug and Alcohol Service (WANDAS) provides statewide specialist clinical services and professional support to care for pregnant women with drug and alcohol dependence. The service uses a multidisciplinary team approach to improve the health and wellbeing of the women and their babies. The midwifery-led team work alongside doctors, addiction specialist, drug and alcohol specialist midwife, social workers, dietitians and mental health professionals to ensure patients receive the highest level of care possible. The women cared for by the WANDAS team often have complex social, psychiatric and medical needs.

The presentation will provide insight regarding WANDAS and the work they do as a gender responsive model of service. The presentation will provide statistics of the work carried out by the team and the outcomes achieved ultimately benefiting the long term health, safety and wellbeing of women and their children.

As a part of WANDAS, antenatal care is provided for women who are incarcerated. All of these women do not have a drug and alcohol dependence but often have complex social situations. The presentation will explore the prison system and if this 19th century concept has evolved to be gender responsive, providing appropriate support and interventions for women. The opportunity is available for women in many countries to have their children in prison with them and variations of this model will be shared. The presentation will aim to represent some views of women who are incarcerated and the difficulties faced by them.



# Poster Displays

## **Engaging with Aboriginal Women to Develop new Cervical Screening Resources**

**Kay Walley**

## **Maximising cervical screening participation among under-screened or never-screened women: putting a spotlight on self-collection**

**Bethwyn Chigwada**

## **BreastScreen WA's Social Media Campaign - Confronting fear, shame and pain**

**Coby Pearson**

## **Infectious Syphilis in Females and Congenital Syphilis in WA**

**Professor Donna Mak**

## **Taking it to the Streets - BreastScreen WA's mobile service in the suburbs**

**Angela Hellewell**

## **Non-Fatal Strangulation in Sexual Assault and Domestic and Family Violence Relationships**

**Debbie Smith and Kedy Kristal**

## **Growing Strong Brains®: An interactive toolkit used in remote WA with Aboriginal families/communities**

**Dr Elaine Bennet**

## **Counselling Support for Recent Sexual Assaults: Findings from the Sexual Assault Resource Centre's Research Database**

**Jonathan O'Neill and Kylie Laughton**

## **Improving equity in rural maternity care with technology**

**Tarryn Sharp and Kate Reynolds**

## **Girls Standing Strong Program - Holistic health and wellbeing approach to early intervention with young girls who experienced Family and Domestic Violence**

**Arielle Carignan-Perron**





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