

APPENDIX

ATTACHMENT 1 Workshop 1 Outline	i.
ATTACHMENT 2 Research Projects	ii.
ATTACHMENT 3 Workshop 2 Outline	iii.
ATTACHMENT 4 Post Workshop Questionnaire	iv.
ATTACHMENT 5 Outcome Evaluation	v.
ATTACHMENT 6 Issues arising at Initial Gender Sensitive Reference Group Meeting	vi.
ATTACHMENT 7 Exploration of Issues	vii.
ATTACHMENT 8 Evaluation - Gender & Equity Training	viii.
ATTACHMENT 9 Values of the Service	ix.

WORKSHOP 1 OUTLINE

Activity 1. **30 minutes**

Group discussion:

Roles, expectations/issues, what participants hoped to achieve.

Activity 2. **30 minutes**

Exploration of definitions:

- Values
- Sex
- Gender
- Equity
- Equality
- Gender Sensitive Practice

Activity 3. **45 minutes**

Framework for a Gender Sensitive Approach to Practice¹:

- Critical issues for practice using the Equity Framework.
- Principles underpinning BPCHS and strategies used to meet these.
- Understanding the Framework as a way of thinking about practice.

Activity 4. **60 minutes**

"Putting yourself on the Gender Line"²:

- Encourage thinking and discussion about personal values to do with gender.
- Take a stand on issues of personal importance.
- Differentiate between personal and practice values and expectations.

Statements included:

"Men should not look after young children"

"Men are stronger than women"

"Women's primary role is caring for young children"

"Women are more sensitive than men"

Activity 5. **60 minutes**

Evaluate Your Practice³

Critically examine your current practice against the principles of gender sensitivity.

¹ Dyson S, Gender & Diversity – An Equity Approach to Practice Workbook, Women's Health in the South East. 2001.

² Dyson S, Gender & Diversity – An Equity Approach to Practice Workbook, Women's Health in the South East. 2001.

³ Dyson S, Gender & Diversity – An Equity Approach to Practice Workbook, Women's Health in the South East.

RESEARCH PROJECTS

(Undertaken during 2 week break)

Project 1: "Media Watch"⁴

Gather information from a range of media with a focus on how gender stereotypes (positive and negative) are portrayed in advertising and popular culture. Discuss how these stereotypes might influence women and men.

Project 2: "Counting Heads"⁵

Obtain a "snapshot" of the gender dynamics of the environment in which you operate.

Project 3: "Diversity Snapshot"⁶

Gather information about who participates in your service and identify any gaps or absences.

⁴ Dyson S, Gender & Diversity – An Equity Approach to Practice Workbook, Women's Health in the South East. 2001.

⁵ Dyson S, Gender & Diversity – An Equity Approach to Practice Workbook, Women's Health in the South East. 2001.

⁶ Dyson S, Gender & Diversity – An Equity Approach to Practice Workbook, Women's Health in the South East. 2001.

WORKSHOP 2 - OUTLINE

Activity 1

60 minutes

Detailed review and discussion about activity results from "Media Watch", "Diversity Snap Shot" and "Counting Heads".

Activity 2

90 minutes

Review BPCHS Mission & Value Statements.
Review ADA Key Result Areas (KRAs).
Develop objectives and how they can be implemented.

The following questions were asked about each value and one KRA:

"What does this mean to you?"

"How can you demonstrate this?"

"What might be missing?"

"Frame some objectives that will help achieve this more fully"

Activity 3

45 minutes

Collate objectives from the previous exercise. Discuss and organise into **short, medium and long term goals** for ADA.

Activity 4

60 minutes

- Select one object to explore using the five step planning process. (Steps 1 and 2 of the process were undertaken in detail).
- Overhead presentation of the five step planning process.

The Five Step Planning Process

1. Identify the issue.
2. Defining goals and objectives.
3. Planning.
4. Implementing.
5. Evaluation.

At each step, participants were asked to consider:

"How does it affect women?"

"How does it affect men?"

"Who might not be included?"

"How will you ensure they have access?"

"What broader social factors might be involved?"

OUTCOME EVALUATION

STATEMENTS/QUESTIONS FOR FOCUS GROUP

The effect of the recent *Gender Sensitive & Equity Training* process on my work in ADA has been:

- What have been shifts in my practice as a result of this process?
- What have been the shifts in my thinking that has informed this change?
- When I think about *Gender* now I think?
- When I think about *Equity* now I think?
- What did I value about having the external facilitators provide this training?

ISSUES ARISING AT INITIAL GENDER SENSITIVE REFERENCE GROUP MEETING

EXAMPLES OF GOOD PRACTICE	EXAMPLES OF PRACTICE REQUIRING SOME IMPROVEMENT	POTENTIAL PROJECT ISSUES
<ul style="list-style-type: none"> • Being well informed and therefore able to confidently consent. • Respecting individual enough to allow her to make an informed choice. • Being able to truly participate in defining our health issue and health care options. • Not making assumptions about anyone. • Being LISTENED to. • Being well informed and therefore able to share information and choices. • Process is a vital part of all our consultations. • These processes must be equitable and accessible. 	<ul style="list-style-type: none"> • We enjoy self help options. • Feel sorry if we don't fit into "criteria of service". • There are assumptions made that I will take the orthodox/recommended path of treatment option. • My practitioner loses sight of the fact that I am the sum total of my experiences and not just one experience. • Female doctors/practitioners are not necessarily as sympathetic or sensitive to issues of the "whole" woman. • There is frequently an emphasis on fertility. • We don't know where to go for help in areas that are not necessarily specialist areas but doctors/practitioners have areas of specialty and preference. • Age is an issue in relation to assumptions. • Assumptions often made in particular about illness, age, treatment options. • We would like to be able to incorporate choices such as natural therapies. • Limited access to information – on request we can receive a resistive response. • Limited access to relevant services. • Comparisons with female doctors evident: ie some keep very up to date others not well informed. • Assumptions are made that we are not aware of terminology. • Not all Women's services are Gender Sensitive. 	<ul style="list-style-type: none"> • Regarding workshop day/days; <ul style="list-style-type: none"> • Will they be for all providers? • Do we choose dominant culture to focus on? • Will facilitators be from dominant culture? • Staff may adopt increased awareness/increased tolerance "by osmosis". • How do we ensure inclusion of the issues of marginalised people NESB / Lesbian / Aboriginal / HIV / AIDS etc. • Whilst the BPCHS Mission Statement is inclusive, there is no intrinsic statement about inclusiveness/equal opportunity. • Should give priority access to marginalised groups. • Recognition of different issues for different groups. • We must balance inclusiveness with differences. • Stress inclusiveness as a <i>right</i> not a privilege. • Expect resistance against GS education among staff. • Staff members have many demands on time and varying perceptions for priority needs for education. <p>Important to ensure that we keep project relevant, ie not getting bogged down with terminology; focussing on real issues for participants, while not losing the focus of GS.</p>

EXPLORATION OF ISSUES

GENDER SENSITIVE & EQUITY TRAINING AND POLICY DEVELOPMENT

PILOT PROJECT

**Steering Committee Meeting
Tuesday 16 May 2001
Ocean Grove Community Health Centre
2pm - 4pm**

AGENDA

1. Review ADA Workshop Results and Findings.
2. Issues arising for ADA:
 - 2.1 Those directly relating to ADA program delivery.
 - 2.2 Policy development.
 - 2.3 Implementation issues.
3. Issues for BPCHS Management:
 - 3.1 Where to from here?
 - 3.2 Relationship between this process and QICSA.
 - 3.3 Are QICSA guidelines explicitly GS enough?
4. Issues for BSWRWH Training Portfolio:
 - 4.1 Relationship of this project with GS Workbook (WHAU)
 - 4.2 Proposed future actions of Training Plan in response to GS Pilot Project.
 - 4.3 How to operationalise this process.

EVALUATION - GENDER & EQUITY TRAINING**Questionnaire results**

Seven (7) out of eight (8) questionnaires were returned completed. It should be noted that not all participants were present for both workshops. This will influence the responses to some extent.

1. During this program the 3 most important things I learnt were:

The difference between equity and equality	5
The difference between general and sex	4
Differences identified in ourselves during group exercise line.	2
Increased awareness of marginalised people, those who “slip through our net” and what to do about it.	1
Everyone is different and deserves the right to have their individual needs met.	1
The difficulties of meeting all diverse needs	1
The importance of reassessing individual needs of multilingual clients	1
To listen more closely to clients	1
To express my views	1
I learnt and now understand more about my own biases and belief systems/values and how this impacts on what I plan/provide, and how I <i>assume</i> I am meeting everyone’s needs	2
To read more	1
It was great to look at BPCHS value statements and really explore what they actually mean to <i>our service/practice</i> .	1

2. The parts of the program I liked the MOST were:

Appreciating the complex nature of all people and that we have the right to be individual	1
Practice exercise (on the line) of determining complex nature of individuals	6
To see each others differences and respect these differences	1
Discussion groups	1
Counting heads exercise gave me a way of looking at my client group through a useful and enriching lens	1
I enjoyed the exercises the most. Overall, I think there was a bit too much work in each exercise, too many questions, too much detail per exercise.	1
It would have been better for our department to do exercises together.	1
Exercises useful for those who haven’t thought about gender/equity before	1
Overall very positive experience. It validated that we are doing a good job and felt positive. I was worried after first session because of terminology that I would feel less positive.	1
I enjoyed having someone from management (a male) there in the first session. We don’t have many men in the service so that perspective was good.	1
Second workshop was better than the first. Timing and pace much better.	1

3. The parts of the program I liked LEAST were:

In-depth definitions and use of “jargon”	2
Information went over my head	2
Information in session 1 too technical	1
Highly academic	1
Took me a while to feel involved in session	1
Too much information (though content was excellent)	1
I think we should have left out the KRAs because they are so new to everyone and are not complete. We could have taken info from In-Service and superimposed the results onto KRAs at a later date. Including them spread the session content “too thin”.	1
I really wish management had shown their support to this process by being present	1
Exercise after lunch on session 1 (evaluate your own practice) was the least useful. Too wordy, too involved, too hard, too threatening.	2
Exercise “Evaluate Your Own Practice” should have been done in groups. Too hard on our own. I was unsure what some of the questions meant.	1

4. Overall, I would rate the training as being:

Very helpful	3
Somewhat useful	3
OK	1

5. Comments

Program could have been simplified.	3
Program could have been rolled into one day	3
A lot of information to try to digest	3
Reception would really benefit from this process	1
It was great to heighten awareness on gender and diversity	1
I am much more aware of clients differing needs now and all the staff have talked much more about clients individual needs since the In-Service	1
I feel much more able/confident to talk about clients’ different needs	1
I am more aware of individuals in community that we perhaps could be assessing the needs of	1
It would have been good to have everyone in the group focussed on one program or program area. I think we could have achieved more.	1
We covered a lot of ground in not much depth.	2
Perhaps we could have covered fewer BPCHS values but in more depth	1
I felt safer to be completely honest without management being present	1
It is important to eat lunch together. That was great and I think benefited the process a lot	1
It helped to get to know the two Sues. They made the process easier	1

6. Graded responses to workshops

Response	Workshop 1	Workshop 2
Very useful		4
Somewhat useful	7	3
OK (useful)		
Not very useful		
Not useful		
Very interesting	2	3
Somewhat interesting	5	4
OK (interesting)		
Not very interesting		
Not interesting		

7. Evaluation meeting results

The effect of the recent Gender Sensitive & Equity Training process on my work in ADA has been:

- It has highlighted that in some cases we may not be meeting some of our client's needs. I think we need to consider some more specialist programs for these people. Currently we are providing equality but the outcomes are not necessarily equitable.
- It has made me realise two things: 1) what a great job I am doing and 2) how I can improve my practice.
- I felt inadequate before but now feel confident that I am doing a good job. I also realise that I could do with other resources to support what I do.
- Culturally isolated people often need lots of home visits before they are comfortable to attend our service. I realise that all the staff here have the skills and qualities and that they can be actively involved in this assessment and support process.

What have been shifts in my practice as a result of this process?

- When I review the daily list, I consciously think about the potential diversity within my client group, and how I may impact on their diversity. It feels empowering to think about these issues, good for me and good for the clients.
- We now feel committed to seeking funding to support development of specialist programs, eg younger people with psychiatric disability, and up skilling in this area.
- We are now discussing as a team the ways in which we can improve and broaden the assessment process and ensure that it is formally ongoing.

What have been the shifts in my thinking that has informed this change?

- I was quite cynical about the concept of "gender sensitivity" and about the value of gender specific programs. I have developed an understanding of the ways people can be marginalised in ways that this may not be obvious.
- Developing a clear understanding and putting our practice within a clear framework.

When I think about Gender now I think?

- The whole person with all their diversity and not just their sexual differences.

When I think about Equity now I think?

- How I can ensure that our clients' individual differences can be considered to be reflected in our care of them.
- I understand the difference between equality in treatment and equity in outcomes.

What did you value about having the external facilitators provide this training?

- I think it would be good in the future to have one external provider and one internal one, especially with smaller groups.
- At first I felt intimidated by having two people from Melbourne come down to talk to us.
- They were a great balance and very approachable.
- The second day was better than the first, more productive.

Bellarine Peninsula Community Health Service Inc

VALUES OF THE SERVICE

These are the beliefs and principles, which underpin our Service to you, our client.

- Health is the complete state of social and emotional wellbeing, not merely the absence of disease.

We provide a holistic approach to your health care

- Social, physical, cultural and environment aspects of peoples lives all contribute to their wellbeing.

We provide a comprehensive range of intervention and factors

- Health care should be available to all, accessible by all and affordable by all.

We distribute services on the principles of social justice and equity

- People receive the best health care when they take ownership for their own health.

We aim to help you do this through promotion, education and motivation

- People should have a say in the level and quality of health care provided to them.

We provide many opportunities for people to learn about health care and to participate in debate and decision making at the community level. Empowered by the community, we provide advocacy on your behalf to local, State and Commonwealth governments

- No health profession has all the answers to all the health issues.

We provide an open minded and multidisciplinary approach to your health, working with external providers where this is beneficial.

- No single provider has all the necessary resources to meet the health needs of the community.

We actively seek cooperation with all other providers and agencies in the region.

- Well trained and highly motivated people are the greatest asset to our Service.

We train, reward and acknowledge the value of our staff and our volunteers.