



**Women's Health & Equality Consortium  
Terms of reference, 3<sup>rd</sup> June 2009**

**1. What is the Women's Health and Equality Consortium (WHEC)**

The Women's Health and Equality Consortium (WHEC) is funded by the Department of Health (DH) and consists of women's organisations, who are committed to significantly reducing women's health inequalities in England. The consortium comprises six agencies working as partners: Forward UK, Positively Women, Maternity Action, Women's Resource Centre, Rape Crisis and YWCA. The lead partner is YWCA England & Wales. A Manager will be recruited or seconded to facilitate the work of the consortium. The Consortium is currently funded by the Department of Health

**2. Aims and Purpose of the WHEC**

The consortium will work to develop the sustainability of the health and social care women's sector and support the development of its capability to understand and engage with the reformed health and social care systems.

Members of WHEC together are aiming to reduce women's and girls health inequalities initially by building the capacity of their own women's organisations and thereby strengthening the voice of women at a national level.

Members of WHEC will:

- Tackle women's health and equality issues, issues around intersectionality including monitoring and adherence to the gender equality duty
- Contribute to the development of a future vision for WHEC and its annual work plan (2009-10)
- Participate in consultations with government and influencers which are relevant to the health and well being of women which press for action to address gender inequality
- Facilitate or participate in training and events organised by the consortium to strengthen the capacity of the sector
- Actively engage in activities and knowledge sharing within WHEC, for example via newsletters
- Act as national/regional representatives for the consortium as agreed by the steering group

- Share knowledge and capacity with each other, for example via joint policy statements.

The partners in WHEC will:

- ensure delivery of the annual work plan and any supporting projects, to time and budget, by:
  - monitoring progress
  - identifying blocks
  - assessing risks, and
  - providing solutions to overcome any difficulties
- promote collaborative cross organisational working, shared ownership of the challenges faced by WHEC and a culture of development and growth to meet those challenges
- ensure that WHEC's network are kept fully informed and involved in all activities, campaigns and work undertaken by the consortium
- be responsible for overseeing and reviewing the work of the WHEC Manager.

The purpose of WHEC is to ensure that women's health inequalities are kept high on the government agenda and are tackled in a way that makes best use of the experience and expertise within the women's voluntary sector. The partners will agree to individual and collective responsibilities for delivering on the requirements of the annual workplan by:

- committing to the consortium and engaging in all activities as well as being a proactive representative for the consortium on national platforms
- improving information sharing among WHEC network both informally and formally
- coming together regularly to learn and to identify the best ways to address the major issues confronting the consortia
- sharing resources and capacity where possible to enable the sector to grow efficiently and effectively

### **3. Accountability**

WHEC as a body has collective decision making responsibility. The partners are responsible for the delivery of the workplan and activities and will be accountable to DH for its successful delivery.

Each partner of WHEC has individual responsibility for their personal contribution to ensure that the overall purpose and aims of WHEC are met.

WHEC partners will ensure that they act as representatives for the consortium only when they have a clear mandate from all partners

### **4. Membership of the Network**

As at April 2009, the network is open to:

- all those organisations committed to the common policy of the Consortium
- all those organisations that are set up by women for women

- projects within larger organisations that are led and run by women for women
- community groups which may be unconstituted but are led and run by women for women

## **5. Working Parameters**

- The partners of WHEC are the key individuals responsible for developing and delivering the WHEC work plans. They are expected to work collaboratively and constructively together at all times to ensure the success of WHEC.
- All members of WHEC will be given regular updates on WHEC progress including:
  - Workplans and progress reports
  - E newsletters
  - Manager updates

## **6. WHEC meetings**

- WHEC will meet 3-4 times per year
- There will be women only attendance at the consortium meetings
- The primary purpose of the meetings will be
  - To monitor and evaluate progress of the workplan
  - for the discussion of key issues which give rise to health and social care inequalities for women,
  - for developing and agreeing how the WHEC network will work together to influence the desired changes to policy and practice.

## **7. Statement of Common Policy**

WHEC works to tackle women's health and social inequalities through:

- Bringing women's health organisations together;
- Building a shared understanding of the issues surrounding women's health and equality; and
- Promoting the value of the women's health and equality sector within government departments and amongst statutory and third sector bodies.

WHEC current partners are: YWCA (as lead partner) Maternity Action, Women's Resource Centre, Positively Women, FORWARD UK and Rape Crisis England and Wales.

WHEC is currently bidding to become a strategic partner with the Department of Health (DH) in 2010 and has agreed to work to deliver a work plan that will:

- Develop and build the capacity of the consortium to ensure that robust working arrangements are established to support longer term sustainability
- Undertake work and activity that supports the women's health and social care sector including:

a) raising awareness of the Gender Equality Duty and its potential to support women's services

b) identifying sustainable business models for women's voluntary organisations in the context of the wider health and social care commissioning and system management environment, this will include identifying barriers and possible solutions to address them.

- Develop and implement a work plan that addresses key issues affecting the women's sector across health and social care in partnership with DH officials
1. WHEC's member groups have distinct and innovative services which include: women-only space; focus on empowerment and independence; service user involvement and high level peer support; integrated 'one-stop-shop' service; needs based approach and reaching 'hard to reach' women. These characteristics are what make them unique and difficult to replicate, as well as in demand. Member groups also have the added advantage of being independent from the state which is why they are better to support vulnerable groups of women.
  2. By working to feminist principles, WHEC recognises that particular groups of women and girls are affected differently by the compounded effects of past and continuing inequalities based on gender, sexuality, disability, faith, age, ethnicity, economic situation and other status; the WHEC proactively works towards making services available and accessible to all women.
  3. WHEC's women's health and equality network (WHEN) member groups aim to encourage all women to be involved and to contribute to the direction and priorities of their organisations. Women and girls must be supported to speak in their own voices about their own experiences and realities. All organisational members work in an inclusive and participatory manner and they facilitate women and girls to be involved in their organisations at all levels and demonstrate mutual accountability and responsibility in policy and decision making. Organisations work within the principle that if group is made up of women from a diverse range of ethnic, social and economic backgrounds and experiences, this makes the group stronger.
  4. Health outcomes are closely associated with socio-economic status. Those on the lowest incomes have the worst health outcomes and there is an incremental improvement in health outcomes as incomes increase. Women are more likely than men to live in poverty. Women face entrenched gender discrimination in the workforce, including pregnancy discrimination, resulting in a gender pay gap. WHEC recognizes that improving women's socio-economic status is an important part of improving women's health outcomes.
  5. WHEC members recognize the importance of community development in improving the women's health, particularly amongst marginalized groups. Effective community development work empowers communities to address the underlying causes of ill-health, to identify and respond to emerging community needs, and to make more effective use of health services.
  6. WHEC recognises the imbalance of power relations between men and women within society and works to promote substantive equality<sup>1</sup>. WHEC believes that by providing women only space, this challenges structures which have

historically discriminated against women and girls. WHEC supports the provision of services for women from a women-centred perspective.

7. The WHEC recognises that violence against women is a cause and consequence of gender inequality and that it represents a violation of women's and girl's fundamental human rights. Gender based violence requires a gender specific, evidence based response. Discrimination against women violates the principles of equality of rights and respect for human dignity and is an obstacle to the participation of women, on equal terms with men, in political, social, economic and cultural life. Substantive equality recognises that the neutral, genderless character of formal equality masks structural discrimination and privilege that are embedded or built into institutions as a result of past discrimination.
8. Women and girls are supported in their choices with regard to their human rights including: sexual health; reproductive rights and the right to safe abortion.
9. WHEC recognises women's leadership at all levels.

As partners and members of WHEC we agree to abide by this policy statement as outlined above and to safeguard the good name and values of the Consortium.

WHEC will review this policy from time to time.

---

<sup>i</sup> Substantive equality – Given the embedded, structural nature of discrimination, substantive equality addresses equality of results as well as equality of opportunity. Thus, the substantive equality model differs from that of formal equality by requiring that the UK achieve equality of results between men and women: by acknowledging that the UK may need to treat men and women differently in order to realise these aims; and by recognising the need for enabling conditions to ameliorate women's situation