TOOL KIT FOR WORKING IN A FEMINIST ORGANISATION

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THE DEVELOPMENT OF THE FEMINIST ORGANISATION TOOL KIT

BACKGROUND

Women’s Health West (WHW) is the women’s health service for the western metropolitan region of Melbourne. Our services include research, health promotion, community development, training and advocacy around women’s health, safety and wellbeing. Since 1994, WHW has hosted the region’s largest family violence crisis support and prevention program. These two main arms of the service place WHW in a unique position to incorporate women’s experiences directly into our research, health promotion and project work, ensuring that we clarify the connections between structural oppression and individual experience.

WHW identifies as a feminist organisation in our strategic plan, which states that we work within a feminist framework to redress the gender and structural inequities that limit the lives of women and girls. When we developed our 2009 - 2012 strategic plan, we queried whether our practices and behaviours are truly reflective of a feminist organisation and whether we had a shared understanding of what it is to be a ‘feminist organisation’. The goal we subsequently set ourselves was to develop a document that clarifies the practices we refer to when we call ourselves a ‘feminist organisation’ and a tool that allows us to undertake a regular audit of those practices.

To audit our practices, we agreed that we needed to begin by developing a feminist audit tool. This required:

- A shared understanding of feminism
- A clear set of statements of practice and behaviours that we define as feminist
- A benchmark document that allows us to measure these practices and behaviours
WHW’s Working in a Feminist Organisation Tool Kit has been developed to support feminist governance and operations. It forms part of our orientation pack for new staff and board directors and has been designed for ease of use in other feminist women’s health services. The tool kit has six modules that include:

1. The development of the feminist organisation tool kit
2. Women’s Health West’s feminist beginnings
3. Feminist theoretical perspectives: An overview
4. Our organisational understanding of feminism
5. Working in a feminist organisation: An audit
6. A snapshot of five areas of feminist workplace practice

HOW THE TOOL WAS DEVELOPED

WHW held a series of internal workshops to investigate whether staff had a shared understanding of what it is to be a ‘feminist organisation.’ These workshops, which were developed and facilitated by WHW CEO, Dr Robyn Gregory, were informed by the feminist principle that the process taken is as valuable as the outcome. A lot of effort was therefore put into ensuring a respectful and inclusive process that was strongly influenced by staff knowledge and expertise and tailored to the unique characteristics of our organisation.

At our first workshop in late 2009, staff worked in small groups to define feminism in the context of working in a feminist women’s health service. In a large group, we explored the commonalities and differences in our definitions and found broad consensus. Our definitions identified the multi-faceted nature of feminism – as theory, behaviour, taking action to bring about change, and processes that recognise and value women’s diversity and difference. Broadly speaking, we define feminism as a theoretical analysis of the impact on women of power and structural inequities that exist between women. These definitions form the basis of our shared understanding of feminism, as outlined in WHW position statement – Our organisational understanding of feminism.

Defining feminism …

‘The personal is political’
‘Smash patriarchy and end capitalism!’
‘Stands for other women’s rights – united’
‘Protest – take to the streets!’
‘Values women’s lives and experiences’

(Staff workshop, September 2009)

At the second workshop at WHW, staff outlined feminist theory, actions, processes and behaviours in relation to five areas: our work as an organisation, with clients and community, as managers, our work within teams, and in terms of our individual responsibility for building a feminist culture at WHW.
Staff worked in small groups, with the task of developing a list of agreed upon behaviours specific to one of these five areas of feminist workplace practice. The following questions were posed to stimulate group discussion:

- What is the role, functions and characteristics of a feminist organisation? In what ways should we work with and relate to other organisations that are consistent with feminist ways of operating?

- What are the practices that we should engage in when working with clients and community groups that are consistent with feminist values? Which of these practices are specific to feminist ways of working and which simply reflect ‘good practice’?

- What is the function, role and characteristics of feminist management? In order to be consistent with feminist ways of operating, what are the practices and behaviours managers should exhibit? Similarly, how should we work with those leading our teams?

- What are the particular behaviours and practices that each of us should exhibit within our team that are consistent with feminist ways of working? How do we find the balance between supporting a ‘team view’ and challenging the behaviour and ideas of others? What do we need to do as individuals to take responsibility for building a feminist culture at WHW? What behaviours and practices should we each engage in to ensure that our individual work practices reflect feminist values?

As a larger staff group we then cast a critical eye over what had been brainstormed to consider whether we agree that the practices and behaviours outlined were indeed ‘feminist’, as well as working to identify any gaps.

Additional information about feminist management and how women can model alternative leadership was gathered through a discussion at a WHW management team meeting. This conversation explored feminist management through a critique of definitions of feminist leadership and by considering how we ideally want it to operate in practice. The management team discussed the ongoing tension between problematising power and authority and having to enact it in the workplace, concluding that contemporary feminist management is less about relinquishing ‘power’, but rather about enacting ‘power’ or ‘authority’ differently. The ability to support staff to translate feminist theory into practice and critique how feminism interfaces with their work is deemed important. Defining clear decision-making processes – that are consultative, respectful and encourage opposing views to be heard – were also considered essential. Included in this was the need to be honest and transparent about how

**The role, functions and characteristics of a feminist organisation...**

‘Provide a feminist voice for all women’

‘In and against the state’

‘Challenging sexist/discriminatory ways of operating’

‘Model feminist practice’

‘Working in ways that are consistent with our politics’

(Staff workshop, December 2009)
decisions are reached. There was also consensus that feminist managers have a responsibility to impart their knowledge to other women to support and mentor the next generation of feminist leaders.

We then carried out a literature review to build on knowledge gained in our workshops and discussions, exploring what differentiates a feminist service from mainstream services and identifying the particular principles or defining features of feminist organisations. We focused on investigating feminist theory as it relates to the five areas of feminist workplace practice – at an organisational level, in our work with clients and community, as managers, within teams and in relation to our individual responsibility for building a strong feminist culture at WHW.

While undertaking the literature review, we found that only a small group of authors focused explicitly on feminist women’s health services to consider and critique the organisational practices that make these services distinctly feminist. Rather, the literature primarily explored the work of feminist women’s health services in their struggle to achieve social equality for women – such as the elimination of violence against women and ensuring women’s right to control their fertility through access to safe, legal abortion.

Given the gap in the literature, a large part of our work involved converting feminist theory into concrete workplace practices and behaviours that could be included in our feminist audit tool, while also ensuring that the ideas put forward by WHW staff were at the forefront. We then developed a series of fact sheets to provide a snapshot of the five identified areas of feminist workplace practice.

We met again as a staff group in mid 2010 and again in 2011. This time we workshopped the fact sheets in small groups to determine whether staff agreed that the behaviours and practices outlined under each of the five workplace areas were distinctly ‘feminist’. For behaviours and practices to be included in our audit tool they needed to be informed by feminist theory, not simply ‘good practice’ or another theoretical standpoint or professional discipline, such as health promotion. Making the distinction was at times difficult, given that many traditionally feminist practices (e.g. participatory processes and open and respectful methods of communication) have been integrated into mainstream services over the years and are now generally identified as good practice.

As an outcome of this work, WHW developed ‘Working in a Feminist Organisation: An Audit’. This tool assists us to measure whether we are operating as a feminist organisation by identifying where we are succeeding, and assessing areas of feminist theory, practice and behaviour that we need to strengthen. The audit tool is aligned with our strategic plan to ensure that feminism informs and is embedded in the governance and operations of our organisation. The tool forms part of a larger package that recounts the story of WHW’s feminist beginning, provides an overview of the feminist theoretical perspectives that inform our work and details our shared understanding of feminism.
WOMEN’S HEALTH WEST’S FEMINIST BEGINNINGS

Like other women’s health services, rape crisis centres and women’s refuges, WHW was established by women for women. These services were invariably linked to the politics of the women’s liberation movement. Feminist services had a dual focus on change for women individually and collectively, and worked to propel concerns deemed as ‘women’s issues’ into the public sphere, where they called for political and social action.

During our feminist audit workshops, WHW staff acknowledged the importance of women’s historical struggle to bring about the achievements and opportunities women have today. Staff felt that it was particularly important for new staff to have an understanding of our feminist history. Detailed below is part of the story of WHW’s feminist beginnings taken from REtroSPECT, a book that recounts the milestones of a group of passionate feminists who won a tender to start WHW - Victoria’s first regional women’s health service.

BEFORE

The story of Women’s Health West begins, with second-wave feminism, in the 1960s and 70s. As women gathered to share their experiences, and discovered how they were shaped by sexism, health was one of the first issues they discussed. After all, in pre-feminist Australia:

- It was illegal for Family Planning to advertise their services
- Women living in violence were told it was ‘just a domestic’
- There were no health services for migrant or refugee women
- Menopause was never discussed
- Lesbianism was treated as unnatural
- Sex education was considered obscene

As the women’s liberation movement grew, consciousness-raising groups and activist collectives formed across the country. Fertility control, sexual assault, abortion and the sexist medical system were all hot topics. They were crucial parts of the movement’s struggle for women to control their lives and bodies.

Through the 1970s women organised themselves to learn about their bodies, provide information to other women and offer medical services. Feminists argued for women-only health centres as a way to deliver the services women needed and to model feminist practice.

By the mid-1970s women had some success in gaining the ear of governments. The first women’s health centre opened in Leichhardt, Sydney, in 1974, funded by the Whitlam Government’s Community Health Program. Although funding for other centres was not easy to come by, it didn’t stop women from opening them. In the same year Melbourne’s Women’s Health Collective opened in Collingwood without securing any government grants. The centre offered clinical services and health information, with seven staff working without salaries.

By the late 1980s there were women’s health centres in over fifty locations across the country, mostly operating on state funding where they could get it. In 1982 the Victorian Cain Government came to power on a strong platform of women’s issues. They convened a ministerial working party on women’s health and released the ‘Why Women’s Health?’ discussion paper in 1985. Over 7,000 women responded, sharing their views of the health system. After a year of intensive lobbying for funding for women’s health services, the working party presented its report in 1987. It was what women had fought for – the government committed to funding a statewide women’s health information centre and a regional women’s health service.
In the late 80s there were significant social changes in the western suburbs. Jobs were being lost; the manufacturing industry was basically shutting down. People lost their jobs or had to work further out and things were particularly hard for immigrant women who often worked in the clothing and footwear sector. Socially the area was changing and so was the service system. It was one of the most critical periods of evolution for the community sector. The federal government invested a lot in the west through the Australian Assistance Plan, and Victoria University came into being then too.

Melissa Afentoulis, CEO Women’s Health West, (1998-2008)

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In February 1987, the Victorian Government announced that $400,000 was available to open Victoria’s first women’s health centre.

In the western region it quickly became clear that two groups were interested in applying. The Women’s Health Network and the Women’s Coalition decided that rather than compete for funds they would prepare a joint submission.

With only four weeks to produce a tender, there were many late night meetings involved. The women debated what type of service to propose and thrashed out agreements on policies and philosophies. They wanted a health service that took into account the social and economic conditions of women’s lives. They worked hard to bring theory and practice together to develop a new model for health care.

The resulting tender made a strong case for the first centre to be in the west, based on demonstrated need and the support of the groups’ well-established networks. Heather Clarke, a member of the Women’s Coalition says ‘We were probably naïvely optimistic, but we were pretty confident of winning the tender’.

And win it they did, with the funding announced on 22 May 1987. Victoria’s first women’s health service was coming to the west!

The Age reported that the deciding factors in awarding the tender to the west were ‘the capability, demonstrated commitment, understanding of the issues and (being) representative of women in the western suburbs.’
ABOUT THE TENDER GROUPS

The Women’s Coalition was a monthly meeting for women who lived and worked in Kensington, Flemington, North and West Melbourne. The coalition formed in 1985 to raise awareness of the difficulties facing women in the region and to develop new ways of working to meet women’s needs.

The Women’s Health Network provided a forum for women in the western region who wanted to focus on advocacy and education. One of their key aims was to submit for funding to establish a women’s health centre in the region.

Socialization is geared towards producing men who are assertive, dominant and independent while women are taught to be passive, docile, dependent and nurturing. If we replace ‘man’ with ‘doctor’ and ‘woman’ with ‘patient’, we reveal a description of the traditional role differences between health service providers and service users.

‘The Western Region Six Tender for a Women’s Health Centre’, 1987

Our brief was rush, rush, rush – everything initially needed to be done yesterday.

Work... Work... Laugh... Rush... Struggle... Laughter... Growth... Tears... Changes... Challenges... Excitement... Fun... Gratitude... Frustration... Pressure... Anger... Laugh... Achievement... Sigh!!!!!! (Laugh) Get the picture?????

Ronnie Egan
in the first annual report

OPENING THE SERVICE

OUR FIRST COMMITTEE OF MANAGEMENT, OUR FIRST STAFF

After the funding was secured and hundreds of women had been consulted, the steering group had the task of assembling the first committee of management for the Women’s Health Service for the West. There were two representatives from the original tender group, two from local women’s services and seven spots for community representatives.

Elizabeth Mazeyko was running a Spanish women’s group when a visiting nurse told her about the steering group. She turned up to an early meeting to find out more:

I just walked in and said, “I’m really interested to see how I can help and how I can work as a bridge between my Spanish community and the future of women’s health”. I participated in another two meetings, I couldn’t really understand one word because they were talking about policy and my English wasn’t really so very good. Yet I still had this something inside of me, this passion. I started to participate in those meetings and then they were looking for women to be on the first management committee so I applied. It was a really big thing for me because I knew that this was something I could do to make a big change for women in my community.

Maureen Dawson-Smith chaired the first committee, who were responsible for the policy development, securing and renovating the building and employing staff. At the end of the committee’s first term, Maureen reported ‘We are all proud, not only of our achievements but of our collective decision-making processes, which never ceased to respect our individual needs and vulnerabilities. There were a few tears along the way but there was heaps of laughter and warmth.’

In July 1988 the first permanent staff member was appointed. At twenty-eight, Anita Carroll was the Administrator of Victoria’s first women’s health centre. In her first report she recalled:

In no time I came to experience a very heavy sense of responsibility in attempting to meet the enormous expectations that were held of the Women’s Health Service, in making a reality of the vision and ideals that had been so clearly and comprehensively set out in the tender and further developed in the consultation phase of the project. This sense of anticipation from the community, and political pressure to demonstrate progress, culminated in a grand opening only three weeks after the move to our new home in Droop Street.
The service was committed to modelling equality in its staff practices, as well as its work. But this was not always easy. Jamie Terzi remembers:

Back then we laboured every process. The first performance appraisal we did took three days for one person, and everybody was involved. It was just excruciatingly long. Any discussions just took forever. When you don’t know what you’re doing and you’re trying to do it differently from what you’re familiar with, that happens.

Conflicts were often poorly dealt with and the promise of a supportive women’s space did not always match reality:

It got pretty awful at many times; there was a lot of tension. It’s a myth that just because you’re a pack of feminists you’re going to be holding hands and riding into some women’s-only-space heaven.

Staff often found themselves taking on work outside their role, as Veronica Garcia found on reception:

I speak Spanish, so I used to do medical interpreting. I wasn’t equipped for that! It’s fine saying ‘When would you like your next appointment?’ But to be telling them ‘You’ve got something wrong with you’, that’s another thing.

But despite, or maybe because of, the pressure they were under, it was a very bonded staff group:

I made a lot of friends during that time that I still keep in touch with today. We were such a small team. The organisation was a lot more social back then. We used to down tools a lot, and go for a meal. Just for the sake of it.
When women gathered in 1988 to plan the structure of Women’s Health West, the community management model was in favour with both government and the planning group. This model allowed for the involvement of many interested local women and, with no formal executive, the service was theoretically under community control. But by the end of its first decade the organisation had grown considerably, and structures and procedures were lagging behind. Staff were concerned that the committee of management did not have the skills required to pilot the organisation into its next phase. It was time for (yet another) service review.

The review recommended a new structure and the committee of management was replaced by a board with greater emphasis on governance. The administrator role was replaced by a chief executive officer, with greater management responsibilities. In 1998, Melissa Afentoulis was appointed to the CEO role:

While this restructure was happening to WHW a reassessment of structures was happening in other women’s organisations, but we were one of the first to introduce it. So we were learning at the same time as doing. It was pretty innovative, particularly in a feminist women’s organisation. For a long time there was this belief that women’s health services were different and they needed to create their own structures and their own philosophical approach to implementing governance. So we had quite a lot of challenges and ideological things that we tussled over and worked through.

It held the organisation in good stead to grow and go through other cycles of change. It was the right time, it was needed, but as happens in most cases, it came out of tension and conflict.

I believe it also allowed us to try to operate a holistic organisation and that became a bit of a model, as we think Women’s Health West still is.

Over the past decade many dedicated women have contributed their energies through the board. As volunteers these women bring their diverse talents and connections to WHW, guiding and supporting the organisation. Georgie Hill is the board’s current deputy chair. She describes how the board sees governance:

Governance is about making sure that some of the fundamental things are in place so the organisation can get on with its work. Things like financial viability and setting a clear strategic direction for the organisation. The role of the board is to add value and support the organisation. We do this by keeping at arms length and providing that bigger picture view.

Being involved as a board member can also inspire women in their own work:

I’m passionate about issues affecting women and social justice and as a local resident and worker at the City of Maribyrnong I was very keen to join the board. For me, being able to contribute with a group of equally passionate women has been really fantastic. Being part of such a progressive organisation, with such dedicated staff, has taught me a great deal. I’ve gotten more value out of being part of the organisation than I think I’ve given. I think the whole board feels that way – we’re constantly inspired by the work that happens throughout the organisation.

Read more of RETroSPECT: 21 years of women’s health in the west of Melbourne at: http://www.whwest.org.au/research/retrospect.php
FEMINIST THEORETICAL PERSPECTIVES: AN OVERVIEW

Feminism is a social movement that encompasses various different theoretical streams. This document is designed as an introduction to six ‘feminisms’. Understanding the distinctions is important for our broader understanding of feminism, as well as how the different streams influence and inform our work at WHW. For example, in line with liberal feminists, WHW works to secure equal rights and opportunities for women by advocating for social policy and law reform. We maintain radical feminist’s contention that the ‘personal is political.’ Likewise, we support black feminist’s assertion that while women share a common oppression as women, not all women are equally disadvantaged.

Hence, we recognise and work to redress racism, homophobia, discrimination associated with having a disability, and other forms of oppression that impact on women’s health, safety and wellbeing.

**LIBERAL FEMINISM** is concerned with gaining equal rights and opportunities for women by achieving equality and justice through legal and social reforms. Liberal feminists argue that women are discriminated against because they are always judged first as women and second as human beings; whereas men are judged individually on their own merits, rather than according to sex-stereotypes. Liberal feminists work within the political system by building women’s coalitions that seek social and legislative reform for women to ensure equal rights with men – often through lobbying, class actions and individual law suits. Liberal feminists also work to bring about change by influencing public opinion through education and the media, by eliminating sex-role stereotypes, and through presenting more varied and positive images of women.

**RADICAL FEMINISM** takes women’s common experience as its primary concern and argues that it is a necessity to have an autonomous, women-only, women’s movement. Radical feminists look at how gender differences – which usually go unrecognised or unquestioned as they are assumed to be ‘natural’ – impact on every aspect of women’s lives. It was radical feminists who declared ‘the personal is political’ and examined the way that human reproduction is socialised and controlled through patriarchal institutions such as marriage, motherhood and heterosexuality.¹ Radical feminists have reclaimed many characteristics labelled ‘feminine’ that have been devalued by dominant male culture, arguing that they are a source of women’s power and superiority over men. Men and patriarchal society are seen as the enemy by radical feminists, who argue that all men benefit from women’s oppression. Consequently, radical feminists believe there is a need for some degree of separation from men (e.g. by creating women-only spaces) as they believe that this will eventually lead to a ‘woman culture’.

**BLACK FEMINISM** grew in response to what many deemed a white, middle-class women’s movement. The term ‘black feminism’ is perhaps inaccurate, as it ignores the many other women from culturally and linguistically diverse backgrounds who don’t define themselves as ‘black’ but feel equally as alienated from the white feminist movement. Historically, black feminists faced racism, poverty and a lack of understanding from many white feminists, though also struggled with criticism from their communities about ‘selling out’ and joining what was considered a white movement. Black feminists challenged the idea that a feminism

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¹ Lesbian feminists insist that heterosexuality must be considered as a political institution, rather than a natural part of human sexuality. The idea that heterosexuality is the norm, lesbian feminists argue, not only marginalises lesbian and bi-sexual women but also denies women affectionate, sexual and political relationships with one another, as women are taught from a young age that they must devote their attention to finding and keeping a man.
that ignored racism could be meaningful. They argued that feminist theory must acknowledge ways in which racism and sexism are interconnected, rather than pitting one struggle against the other, or simply ignoring oppression based on ethnicity. It was black feminists that introduced the idea that while women share a common oppression as women, not all women are equally oppressed. Black feminists made the difficult but necessary step of moving away from social equality as the common goal, towards a struggle against all forms of oppression.

**Marxist feminism** is concerned with abolishing capitalism as it insists that private property that gives rise to economic inequity is the source of women’s oppression. Marxist feminists maintain that the capitalist drive for profits is responsible for women’s second class status, as women workers experience greater exploitation than men. Marxist feminists also argue that women’s oppression is linked to the institution of the family, reproduction and unpaid domestic labour, all of which service the interests of capitalism and the ruling class. Although Marxism is theoretically committed to women’s liberation, there is a tension between the movements. This is usually presented as a dispute around whether class or gendered oppression should be prioritised, given that Marxism deems the class struggle as paramount, whereas feminism considers patriarchal society as the primary concern. Moreover, many feminists have argued that traditional Marxism does not explain how patriarchy works independently of capitalism, or why women were oppressed even in pre-capitalist societies.

**Socialist feminism** is committed to overthrowing class, gender and other forms of oppression such as racism, and combines many of the insights of radical feminism and Marxism. Socialist feminists believe that there are inevitable links between capitalism and patriarchy and aim to end both the economic and cultural sources of women’s oppression. Socialist feminists reject the concept that there is a division between the private and public spheres, arguing that the family, monogamy and marriage are institutions that cause women’s oppression as they are informed by the notion of men’s private ownership of women. Socialist feminists argue against radical feminists’ main contention that patriarchy is the primary source of women’s oppression. They also oppose Marxist feminism’s assertion that if class oppression was overcome, so too would gender oppression. This is because socialist feminists believe that capitalism is only one of many intertwined factors that contribute to women’s oppression.

**Postmodern feminism** argues that there are many differences and diversities among women. Feminists informed by this approach insist that there is no one way of explaining the world or women’s experiences within it, but rather there are many experiences, identities and ‘truths’, none of which are more important than another. Postmodern feminists challenge the idea of fixed meaning, arguing that language doesn’t reflect reality but rather gives it meaning. Postmodern feminism believes that power can be exercised through coercion but also through language and how it is used to shape and restrict women’s lives. Postmodern feminists explore how language, knowledge and power are interlinked and work to marginalise women by defining them as ‘other’. While feminists informed by this approach use categories such as ‘women’, ‘gender’, ‘race’ and ‘class’, they argue that they must be thought of as socially, culturally and historically constructed and therefore ever-changing. Postmodern feminists maintain that women’s oppression has no single cause and therefore no single solution, though they do insist that language can be a key site for feminist action.
Module Four

Our Organisational Understanding of Feminism

WHW’s definitions of feminism identify its multi-faceted nature – feminism as theory, behaviour, taking action to bring about change, and processes that recognise and value difference.

A theoretical analysis of power structures and inequality

One of the core values of feminism is an analysis of power and control in all social, cultural, economic, political and legal structures. Feminism identifies the fundamental differences in power – or structural inequalities – that exist on the basis of gender and provides an analysis of the impact this has on women and girls.

The importance of feminism as taking action

Feminism not only acknowledges inequities created by a patriarchal society, it offers a method for raising awareness about and working to challenge and change structures and systems that oppress women. For example, feminism can challenge patriarchal organisational and social structures, leading to the creation of more egalitarian structures. The outcome of a feminist process is to work towards greater equity for all – a just society.

Feminist theory analyses oppression more broadly

Feminism does more than provide an analysis of women’s oppression; it also assists us to recognise power differences within oppressed groups, leading to the importance of respecting women’s choices, differences, abilities and cultures. Feminist analysis and practice should lead to a greater understanding and acceptance of women’s diversity, recognising and acknowledging power differences between women. This understanding and acceptance comes from listening to women’s perspectives and respecting their choices, even when we don’t agree; we must avoid stereotyping women on the basis of their culture, age, sexuality or ability. As a feminist organisation, WHW celebrates women’s diversity.
Feminism is about how we behave and work collaboratively to enhance our knowledge and understanding of each other.

This includes an acknowledgement of the historical struggles that women have undertaken to bring about the achievements we have today. It can also include respectfully challenging women where their views or behaviours collude in their oppression; as well as challenging and reflecting on our own views and behaviours to ensure we don’t collude in either oppressing or patronising others. It means using simple and clear language to express ourselves to be understood. It also means working in ways that recognise and reflect women’s different power and capacity to be involved in wanting, as well as creating change.

Acknowledging difference also leads us to recognise the importance of feminist processes – providing women-only services and space for women’s voices to be heard and valuing women’s lives and experiences.

The need for women-specific services exists because women’s needs are different from men’s – for biological and physiological reasons, as well as a result of social, economic and political oppression. Women-only services can provide a safe place for healing and recovery; and to reflect on, express and consolidate women’s ideas, needs and concerns. They provide a place where women’s health, lives and experiences are valued and celebrated, and where the emphasis is on women’s strengths. As such, women-specific services can provide a place for the empowerment of women; a place where we can stand together, united. Feminism is not about ‘hating men’; it’s about achieving equity and giving equal space and opportunity to women.
### Working in a Feminist Organisation: An Audit

Working in a Feminist Organisation: An Audit is designed to assist Women’s Health West to measure whether we are operating as a feminist organisation by assessing where we are succeeding, and areas of feminist principles, practice and behaviour that we need to strengthen. The tool audits the five areas of feminist workplace practice and is aligned with our strategic plan to ensure that feminism informs and is embedded in the strategic thinking and governance of the organisation, as well as our day-to-day operations.

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<td>has a shared understanding of the historical struggle of the women’s liberation movement and its influence of WHW past and future</td>
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<tr>
<td>provides opportunities to celebrate women’s strengths</td>
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<tr>
<td>requires women applying for employment and volunteer positions to articulate their understanding of, and commitment to feminist principles of practice – e.g. equity and social justice for women</td>
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<tr>
<td>states in publications, submissions, job adverts and other organisational materials that we are a feminist organisation</td>
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<td>clearly defines its position about circumstances where it is appropriate to work with men and boys in order to advance the rights of women and girls</td>
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<tr>
<td>actively support women in their multiple roles through flexible workplace provisions and entitlements - e.g. 48/52, maternity leave</td>
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Module Five

Where is Women’s Health West most effectively operating as a feminist organisation? (Please provide examples)

How can we strengthen our work as a feminist women’s health service?

2. Our work with clients and community groups ...

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<tbody>
<tr>
<td>is collaborative, transparent and recognises that women are the experts in their lives</td>
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<td>focuses on listening respectfully to women even when we might not agree with their choices</td>
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<tr>
<td>uses practice frameworks that are women-centred and situate women’s experiences within a broader context of gender and power (rather than a problem with the individual)</td>
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<td>avoids colluding with gender stereotypes and assists women to identify how gender norms negatively impact on their health and wellbeing</td>
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<td>increases women’s safety, builds knowledge and options, and supports women to make informed choices about their and their children’s future</td>
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<td>secures rights and equal opportunities for women to enable them to have greater control over their lives</td>
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<td>ensures women have a voice in the development and implementation of services and programs that affect them</td>
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<td>is accountable and responsive to women in the community by providing avenues for active participation that reflects women’s different power and capacity to be involved</td>
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<td>shares power, knowledge and expertise to build the capacity of communities to advocate on their own behalf</td>
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</table>
Where is our work with clients and community groups most successfully achieving feminist principles of practice?

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How can we strengthen our work with clients and community to better reflect feminist ways of working?

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### 3. Our Managers and Coordinators ...

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<th>STRONGLY DISAGREE</th>
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<tbody>
<tr>
<td>lead the organisation and staff to challenge systems and structures that oppress women</td>
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<tr>
<td>help staff to make the links between broader theories of feminism and program and service delivery</td>
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<tr>
<td>work in ways that are women-focused, democratic and are committed to ‘power for’ women (as opposed to ‘power over’)</td>
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<tr>
<td>set and maintain boundaries of respectful working relationship</td>
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<td>facilitate decision-making processes that are transparent, inclusive and work to share power among women in the organisation</td>
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<td>provide clear formal avenues for the discussion of power and the appropriate use of authority and influence – e.g. their own and others within our teams</td>
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<td>provide staff wherever possible with employment security and opportunities for meaningful engagement in the workplace</td>
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<td>assist women to identify and take up career and personal development opportunities</td>
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<td>mentor and support other women to develop feminist leadership skills and to become the next generation of feminist leaders</td>
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</tbody>
</table>
What are the practices and behaviours your line manager exhibits that are most consistent with feminist leadership?

How can our managers and coordinators strengthen their work of feminist leadership?

How do you support women leading our teams to support practices and behaviours that are in line with feminist ways of working?

### 4. OUR WORK IN TEAMS ...

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<tr>
<td>is inclusive and respectful of women of different ages, ethnicities, religions, abilities and sexual orientations</td>
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<td>is collaborative, cooperative and facilitates open and effective communication</td>
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<tr>
<td>considers and critiques feminist theory and debate, and how it applies to our work</td>
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<td>encourages one another to challenge views or behaviours that collude in our own oppression or the oppression of other women</td>
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<td>is a space where complex workplace questions can be discussed in a safe, respectful and open manner</td>
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<td>ensures potential problems are out in the open before difficulties arise, to prevent conflict and the misuse of power</td>
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</table>
In your team what are the behaviours and practices that are most consistent with feminist ways of working?

How can we strengthen our work in teams to better reflect feminist understandings of teamwork?

<table>
<thead>
<tr>
<th>5. I AM RESPONSIBLE FOR BUILDING A FEMINIST CULTURE AT WHW BY...</th>
<th>STRONGLY DISAGREE</th>
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<tr>
<td>engaging in feminist analysis, critical reflection and mutual learning</td>
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<td>exploring alternative ways of understanding particular feminist topics or different ideas put forth by colleagues</td>
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<td>ensuring my professional conduct is ethical and holds up to public scrutiny and private reflection</td>
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<td>working in a way that protects or advances the interests of women</td>
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<td>fostering effective and respectful relationships and supportive work environments</td>
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<td>recognising and respecting differences of opinion and operating in ways that preserve the dignity of others</td>
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<td>being open to having my behaviour and practice questioned or challenged in the spirit of supporting innovative feminist practice</td>
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<td>ensuring I don’t use feminism as tool to avoid conflict or criticism</td>
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<td>being conscious of the way in which I use my power regardless of my position in the organisation</td>
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</table>
How do you work to build a feminist workplace culture at Women’s Health West?

Over the next year, how will your individual work practice progress feminist ways of working at Women’s Health West?

What feminist topic would you like to see workshopped in the annual WHW feminist audit cross team training?
A SNAP SHOT OF FIVE AREAS OF FEMINIST WORKPLACE PRACTICE

FEMINIST ORGANISATIONS

One of the outcomes of second wave feminism was the creation of alternative, openly feminist, women-centred services (Miles, 2004). These organisations were and continue to be dynamic places where women influenced by feminism and its ideals can work together to challenge systems and structures that oppress and marginalise women and take action to bring about social change. Organisations where women share power and decision-making remains an important feminist goal.

Australian women’s health services emerged in the early 1970s as a response to the needs of community women and concerns raised by feminism itself – abortion, domestic violence, sexual assault and the like. During this time, the women’s health movement explored alternative workplaces through collectivism. Women’s collectives intentionally moved away from hierarchical workplace structures; as these workplaces created and reinforced unequal power dynamics between women that were seen to mirror men’s dominance over women (Riger, 1994).

As feminist organisations grew larger, principles of collectivism such as rotating leadership and collective decision-making became more difficult. Interpersonal conflict and a failure to acknowledge and redress informal power differences between women were a common experience for those working within feminist collectives (Miles, 2004).

Many feminists consider the principles that underpin women’s collectives to be the cornerstones of feminist ways of working. However, today successful feminist services have accepted that women’s collectives can be ineffective and have changed workplace structures without losing integrity, passion and a commitment to social justice (Egan & Hoatson, 1999). In fact, a number of feminists have argued that when women’s genuine involvement in the service is valued and decision-making processes are inclusive and transparent, any organisational structure can be considered feminist.

**CHARACTERISTICS MOST COMMONLY ASSOCIATED WITH WOMEN’S COLLECTIVES INCLUDE:**

- Authority and power shared equally among all members of the organisation
- Leadership is a temporary role assumed by staff through the rotation of a facilitation position
- Decision-making is participatory, preferably consensual
- Division of labour is minimal and tasks rotate among staff
- Information, resources and rewards are shared equally among women
- Power is conceptualised as empowerment rather than domination
- The process of the group or organisation is as valuable as any outcome
- Relationships are based on personal, communal and holistic ideals (Rothchild-Whitt, 1979).
Module Six

Fact Sheet 1.

Defining features of feminist women’s health organisations

Feminist organisations are run by women, for women and work according to feminist or woman-centred principles of practice (Weeks, 1994). Defining exactly what makes an organisation ‘feminist’ is difficult as there is no consensus within the women’s health movement. However, many authors suggest that feminist organisations have distinct features that make them unique from mainstream services, such as a feminist ideology, feminist values, feminist goals, feminist outcomes and feminist beginnings (Martin, 1990). Outlined below are characteristics that commonly feature in descriptions of feminist women’s health services.

Feminist Theory that informs our work

- By women, for women
- A commitment to rights, equality and justice for all women
- Claiming and maintaining a feminist analysis and ideology, which is derived from the lived experiences of women
- The personal is political

Taking action to bring about change

- Putting women’s needs on the political agenda to improve the status of women
- Working to overcome power and structural inequalities that negatively impact on women
- Building community among feminist activists and for women using the service through women-only spaces and only-women workplaces

Feminist processes

- Women staff the service at all levels
- Organisational accountability is first and foremost to the women who use and are part of the service
- Recognition that the organisational process is as important as the outcome or goal

Feminist behaviours

- A commitment to workplace flexibility and acknowledgment of women’s multiple roles
- Model inclusive, respectful and fair relationships between service users, staff and management

What do we expect from Women’s Health West as a feminist organisation...

Feminist women expect, at the very least, that feminist organisations will be guided by core feminist principles, gender analysis and a commitment to influencing broader structural change through a range of strategies. We expect inclusive, respectful spaces where the lived experiences of women are valued and understood. We expect the voices of women within the organisation to be heard. We expect to be consulted about decisions that affect us, and prefer consensus decision-making where possible, although we are not naïve about the fact that some decisions are beyond our control. We expect practices to be transparent and non-discriminatory. As women working at WHW we want to be part of change and to be encouraged to legitimately discuss feminist ideas in our workplace and beyond (Women’s Health West, 2009).
Module Six

Fact Sheet 2.

Feminist Approaches to Working with Clients and Community Groups

Feminist women’s health services work with clients and communities to offer an important alternative to mainstream services. Feminist service providers engage with many different ‘best practice’ theoretical frameworks and approaches (Laing, 2001). Whether working with women individually or collectively, feminist service providers work to secure rights and equal opportunities for women to enable them to have greater control over their lives.

Feminist Practice and Working with Clients

Unlike the medical model that has traditionally pathologised women as ‘sick’ or ‘mad’, feminist service providers situate women’s experiences within a broader context of gender and power. Women’s ‘ill-health’ or victimisation is seen as a political issue caused by their subordinate position in society, rather than simply a problem with the individual.

During the 1970s many feminists argued that women didn’t need counselling; what they needed were equal rights, freedom from violence and financial independence. Many feminists, particularly those working in the domestic violence and sexual assault field, raised concerns about providing counselling to women individually. These reservations came from the belief that:

- Offering women counselling implied that they had a pre-existing problem that contributed to their illness or victimisation
- Many women reported unhelpful encounters with therapeutic service providers
- There were clear power imbalance between the client and the service provider
- The focus on ending women’s oppression needed to be systemic and focus on changing social conditions (Laing, 2001 Issue paper 4, :1).

Many feminist service providers therefore argued that group work was more in line with feminist practice as it challenged women’s isolation, facilitated empowerment and, most importantly, linked women’s experiences with the experiences of other women (Ibid).

It is now recognised that working with women individually can be extremely effective, particularly in supporting women’s recovery from the affects of violence and trauma. Today many feminist service providers work in case management roles to increase women’s safety, build knowledge and options, and support women to make informed choices about their and their children’s future. Continuing to situate women’s individual experiences within the broader social context nevertheless remains an extremely important component of feminist service provision.

Feminist Practice and Working with Groups of Community Women

Feminist community workers seek creative and collective ways of recognising and responding to women’s needs. Feminist community workers challenge and facilitate women to find ways to oppose oppressive practices and to take action that will lead to improved social outcomes. Feminist community work aims to legitimise the lived experience of marginalised women by creating safe spaces where women can connect with one another. Feminist community work places women at the centre of collective action and promotes women’s engagement through inclusion and choice (Dominelli, 1995). Empowering women to develop skills, build new networks and develop confidence are important goals associated with feminist community work.

Critical Reflection and Evaluation

The principles of critical reflection and evaluation are essential to feminist work with clients and community. Critical reflection is a necessary
and ongoing component of good feminist practice, as it ensures that services continue to evolve and stay relevant (Dominelli, 1995). Feminist workers must therefore accept criticism and use it in a constructive manner to further develop effective, accessible and quality programs and services that are responsive to the lives of marginalised and disadvantaged women.

LEADING WORK WITH CLIENTS AND COMMUNITY

Traditionally feminists that facilitate group work or work with communities have been unwilling to place one woman in a leadership position over others (Ibid). Today women’s health services have moved away from this approach by supporting skilled workers to lead programs that improve the health, safety and wellbeing of community women. Feminist service providers must still endeavour to share power, knowledge and expertise, because taking on a leadership role is not about workers imposing their views, but rather resourcing and supporting the women they work for.

ADVOCATING FOR COMMUNITY WOMEN’S INTERESTS

Advocacy is central to feminist work. For decades, women’s health services have worked with community women to advocate for social change through education, media, resource allocation, and policy and law reform. Women’s health services have and continue to play a key role in campaigning for women’s rights. This has meant that services often have to ‘speak with one voice’, sometimes at a cost of acknowledging different ideas or areas of contention. Despite this, women’s health services continue to successfully represent the interests of women and assist in building the capacity of communities so that they can advocate on their own behalf. The following practices are associated with client and community work within a feminist framework (Racher, 2007).

FEMINIST THEORY THAT INFORMS OUR WORK

- Women are the experts on their own lives (Laidlaw & Malmo, 1990)
- Give power to, rather than use power over, community women
- Use practice frameworks that are women-centred, anti-oppressive and avoid pathologising women

TAKING ACTIONS TO BRING ABOUT CHANGE

- Engage in gender-role analysis, avoid colluding with gender stereotypes and assist women to identify how gender norms negatively impact on their health and wellbeing
- Acknowledge and work to overcome the multiple barriers to participation that many women experience
- Maintain goals of social change through community education and social action

ORGANISATIONAL PROCESSES

- Seek guidance from community women in program and service design, implementation and evaluation
- Provide safe spaces for women to develop social connections
- Work in a way that ensures relationships with clients and communities are egalitarian

FEMINIST BEHAVIOURS

- Listen, believe and where appropriate respectfully challenge women’s experiences
- Support women to identify their strengths and to value and nurture themselves
- Safely challenge behaviour that restricts women’s ability to take control of their lives
- Support women’s rights and decisions to determine how they live their lives, even if these choices are not in line with feminist ideals
- Work with flexibility to ensure clients are treated as individuals. This could mean working outside the ‘rules of the system’ to provide the kind of service that the client sees as valuable
FEMINIST MANAGEMENT

Feminist management and women modelling alternative leadership is an important goal for feminist women’s health services. Feminist leadership is women-focused, democratic and is committed to ‘empowerment of’ or ‘power for’ women, rather than ‘power over’ members of the organisation.

Feminist organisations first modelled democratic, woman-centred leadership in women’s collectives. More recently management within feminist organisations has become the responsibility of one or a small group of women. Despite this shift, a commitment to feminist, woman-centred leadership continues through management that actively facilitates processes of decision-making that are transparent, inclusive and that work to share power among all women in the organisation (Miles, 2004).

Feminist leadership can be extremely effective when feminist managers work to earn the respect and trust of their staff and in turn receive support and loyalty from the women in their team. Without a doubt there is a great deal of responsibility and pressure placed on feminist managers. Feminist managers are required to model alternative leadership and feminist processes and practices, within an organisation driven by external and service delivery demands. Given that defining a feminist management style can be challenging, there is also a risk that a manager will not understand or value how feminist leadership differs from management in mainstream services. There are also risks associated with a person or persons misusing their power. In spite of this, feminist management is considered a progressive political development because it challenges the male norms of workplace practice and continues to effectively model alternative service delivery that promotes and empowers women (Weeks, 1994).

RESEARCH ON WOMEN LEADING FEMINIST ORGANISATIONS CHARACTERISES FEMINIST MANAGERS AS BEING COMMITTED TO:

- Building appropriate and effective services for all women
- Working from a sound women-focused analysis of women’s needs, including service-users, community women and staff
- Ensuring democratic processes, practices and structures
- Information sharing and transparency
- Creating rewarding work opportunities for staff
- Being clear about naming and clarifying power relationships and working to challenge powerlessness (Egan & Hoatson, 1999).

FEMINIST MANAGEMENT IN PRACTICE

A feminist manager needs to be a proactive, critical thinker with a commitment to cooperation, lateral thinking and who is able to mediate and negotiate competing interests in a rational and ethical manner (Akarakulvanich, 2001). Feminist managers play an important role in facilitating the process of women working together by providing cohesion to their team and assisting to build strong trusting relationships between women. Women that lead feminist organisations must also support staff to engage in feminist analysis, critical reflection and mutual learning.

Securing women’s economic independence is a fundamental feminist goal. Providing staff wherever possible with employment security and opportunities for meaningful engagement in the workplace is an important component of a feminist management.
Employment does not only mean access to paid work, but the nature of employment, job security, appropriate levels of pay and job satisfaction.

Feminist managers work to share leadership, and pay keen attention to bringing staff and community women along in decisions that affect them. Women leading feminist organisations must have an awareness of power dynamics and their varied meanings in different cultural contexts (Hawken, 1996).

Creating safe environments for staff expression and participation is a key component of feminist management, as is assisting women to identify and take up career pathways and personal development opportunities, and supporting the growth of other women’s feminist leadership skills. The following practices are the responsibility of a feminist manager.

**FEMINIST THEORY THAT INFORMS OUR WORK**
- Lead and support staff to link feminist principles and practice

**TAKING ACTION TO BRING ABOUT CHANGE**
- Acknowledge power and work to overcome power differences by creating opportunities to participate in decision-making on topics that impact on staff
- Lead the organisation and staff to challenge systems and structures that oppress women
- Advocate and lobby in the best interests of the service and women more broadly
- Facilitate staff involvement in social and political action
- Create opportunities and encourage women to take up leadership and advocacy positions

**FEMINIST PROCESSES**
- Provide a link between different organisational layers including the board of management
- Establish clearly agreed ways of working through transparent documented policies and practices and support staff to use these processes in a meaningful way
- Facilitate positive, respectful communication between staff and between staff and management
- Create an environment where workers can challenge ways of working
- Provide formal avenues to discuss the use of power, conflict and the misuse of authority and influence
- An emphasis on cooperative, collaborative and transparent decision-making processes

**FEMINIST BEHAVIOURS**
- Model behaviour expected of others in the organisation
- Give trust and autonomy to staff
- Recognise and assist staff when they need support and encourage self-care
- Be available, open and approachable when needed
- Remain open and accountable to criticism from staff, the board and outside agencies
FEMINIST UNDERSTANDINGS OF TEAMWORK

One of the founding claims of second wave feminism was the idea of a unity between women – a ‘sisterhood’. Informed by the vision of political solidarity, feminist organisations strived to be places where women from diverse backgrounds and skill sets work together in the spirit of collaboration and cooperation.

FEMINISM TEAMWORK AND INCLUSIVITY

One of the core values of feminism is to be inclusive and value women’s diversity and our unique ways of working. In the days of women’s collectives, staff needed to have similar backgrounds, beliefs and values so that goals such as collective decision-making could be achieved (Rothschild-Whitt, 1979). The need for unity often meant that feminist organisations became places where only white, middle-class women worked. The exclusion of Aboriginal women, women from non-English speaking backgrounds, women with a disability and lesbian women has been a criticism put forth by many feminists. In order to reflect feminist values, feminist organisations need to be inclusive and respectful spaces, where women from diverse backgrounds and experiences work as a team. With this said, negotiating women’s difference remains a challenge, as the bottom line is that feminist organisations are for like-minded women who are committed to feminist and women-centred principles of practice (Miles, 2004).

COLLABORATIVE AND COOPERATIVE TEAM ENVIRONMENTS

Cooperative and collaborative team environments are central to feminist understanding of teamwork. As opposed to traditional masculine workplaces that endorse individual competition, feminism promotes collaboration and cooperation as these practices facilitate open and effective communication, build trust and connections between women, and support teams to have a common purpose. These workplace practices also ensure that women are better placed to ask for support and assistance from their colleagues when needed.

FEMINISM FRIENDSHIPS AND TEAMWORK

Women’s friendships are an important and enduring part of work within feminist organisations, which can enrich women’s personal and professional lives. However, women’s friendships can also make it challenging to openly tackle conflict and difficulties within a team – for instance power misuse. Many authors emphasise the need to move beyond the idea that it’s not ‘feminist’ for women to do anything other than support one another. (Ibid) Instead they argue that women working in feminist teams must ask one another difficult questions and tackle complex issues to create stronger, more egalitarian relationships. In order to do this, there must be spaces where complex workplace questions can be discussed in a safe, respectful and open manner.

DEALING WITH CONFLICT AND POWER DYNAMICS IN FEMINIST TEAMS

Feminist workplaces aim to build women’s personal and social power. However, feminist teams can be sites of contradiction when power is misused or abused. How women use power in a team environment and how that is perceived is an important focus for feminist workplace analysis. This includes acknowledging formal as well as informal power differences between women. Getting potential problems out in the open before difficulties arise is important to prevent conflict and power abuse within feminist teams. If conflict
does occur formal avenues must be in place for the discussion of power and the appropriate use of authority and influence. While power differences between team members clearly exist, it is importance that they are acknowledged and that strategies are established to promote equity among women. For feminist teams to operate effectively women must continue their ongoing ‘search for better ways to work together in a spirit of harmony and friendship; with women for women’ (Miles, 2004 : 228). Below are practices and behaviours associated with feminist understandings of teamwork.

Feminist Theory That Informs Our Work
- Equity and justice between team members
- Strive to achieve a team where women’s diversity and strengths are recognised and celebrated

Taking Action to Bring About Change
- Work to bring about change by developing partnerships across teams and collaborative practices across the organisation

Feminist Processes
- Meaningful, open and effective communication within the team
- Shared decision-making and proactive problem solving
- Respectful interpersonal dynamics that promote women’s autonomy and participation
- Engage in rigorous debate, critical reflection and constructive criticism that allow alternative points of view to be expressed and heard
- Recognise the interests, skills and achievements of the team and individual women within the team
- Engage in open and honest discussion about concerns or difficulties as soon as they arise

Feminist Behaviours
- Respect, tolerance and understanding
- Active listening by letting each woman have her say
- Fostering a workplace culture of tolerance and learning through supporting and encouraging behaviour towards each other
- Supporting a team environment that is fair and transparent
Module Six

Fact Sheet 5.

Feminist Understandings of Individual Responsibility

Women working in feminist organisations have a responsibility to build a feminist culture and ensure that their work practices with colleagues, clients or community are in keeping with feminist values. Feminist theory asks women to reflect on their own beliefs, behaviours and work practices to ensure that they are responsive to women’s lives and experiences. Feminist literature on individual responsibility insists that women respect the dignity and worth of others, interact in ways that are non-judgmental and work towards eliminating inequity and social injustice (Racher 2007, vol 24, no 1.: 65-76). Ethical conduct is central to feminist understandings of individual responsibility. Being ethically engaged as feminist women with our colleagues, community women and other organisations can at times be challenging. Ethical behaviour is not only compliance with the law; it extends to integrity and social responsibility in all aspects of our behaviour.

Women Working from a Feminist Perspective Must:

- Consider how actions and social practices cause women’s oppression and poor health
- Consult with women that have been marginalised by these practices and consider the unique insights that they can provide
- Find ways to resist or take action against oppressive practices
- Design alternative ways of working that enable women to lead freer and more fulfilled lives
- Feminist women need to also reflect on whether their behaviour and practice is:
  - Ethical
  - Holds up to public scrutiny and private reflection
  - Protects or advances the interests of women
  - Contributes to a safer and healthier workplace (Ibid & Dominelli, 1995).

What Are Our Individual Responsibilities for Building a Feminist Culture at WHW...

We all have an individual responsibility for building a strong feminist workplace culture. One person’s behaviour in the workplace has a collective impact. It’s important that we all reflect on feminist values and determine whether our behaviour towards our colleagues is contributing to a positive workplace culture where everyone is respected and valued. It is not only the responsibility of managers to create a feminist culture; we all have an important role to play. We must challenge the status quo and indeed each other. We must all be open to asking questions, and be open to having our behaviour and practice questioned and challenged in the spirit of supporting innovative feminist practice (Women’s Health West, 2009).

Various authors have identified the following individual responsibilities as central to feminist ways of working. Feminist workplace theory requires women to engage with actions and attitudes that achieve meaningful inclusion of all women. Feminist workers must also create opportunities for women’s full participation and decision-making, as this builds capacity for change and social action.
Women working in feminist organisations have an individual responsibility to recognise and respect women’s diversity. This includes being sensitive to the ways in which gender inequity and other forms of oppression impact on women differently. While women share a ‘common oppression’ as women, certain groups of women experience far greater disadvantage and marginalisation due to their religion, ethnicity, age, ability or sexuality. By acknowledging this, feminist women can more effectively work towards eliminating all forms of oppression that impact negatively on women’s lives.

Women working in feminist organisations have an individual responsibility to operate in ways that empower women through knowledge, information and skills development to increase women’s confidence, autonomy and ability to make informed decisions. They are also responsible for advocacy work to achieve equity and social justice for women and girls through influencing public opinion, policy, legislation and decision-making processes.

The following practices are associated with feminist understandings of individual responsibility.

**Feminist Theory that Informs our Work**
- Strive to be consciously ‘feminist’ in our interactions and be willing to be challenged about behaviours that are inconsistent with feminist practice

**Taking Action to Bring About Change**
- Protest (e.g. take to the streets)
- Respectfully challenge the status quo
- Commit to professional and personal development
- Foster and maintain effective and respectful relationships and supportive work environments

**Feminist Processes**
- Commit and work towards achieving collectively determined goals, while sharing power and decision making between each other
- Support a learning environment through active participation in regular staff meetings, supervision and training opportunities

**Feminist Behaviours**
- Recognise and respect differences of opinion and operate in a way that preserves the dignity of others
- Be inclusive and welcoming
- Engage in critical self-reflection
- Ensure appropriate boundaries with colleagues, clients and communities
- Be transparent in actions and intention
- Communicate in a way that is open and respectful
- Be courageous, take risks
- Behave in ways that endorse and encourage egalitarian as oppose to traditional workplace practice.
REFERENCES


Women’s Health West. (2009) Staff cross team training workshop notes [unpublished], Women’s Health West, Footscray.