CHASE – Centre for Health through Action on Social Exclusion

Taking Stock, April 2015

CHASE

CHASE brings together a group of some 30 academic staff, located mainly in the School of Health and Social Development, across both Burwood and Waterfront campuses. We also have a large number of honours and PhD students under our supervision.

The group is multidisciplinary and multiprofessional, including public health, health promotion, health sciences, social work, occupational science and therapy, sociology, anthropology, disability studies, and psychology.

The CHASE vision is working collaboratively with communities, organisations and governments to promote social inclusion and to enhance the health and wellbeing of all, particularly those populations, communities and individuals who experience social exclusion.

In this issue as well as our customary project updates and news, we include information on our publications for 2014.

UPCOMING EVENTS

In late June we will host a seminar by visiting academic Professor Judy Makhoul from the American University of Beirut. She will speak on ‘The meanings of and dealing with social exclusion in an Arab world context: an emerging research agenda’. Full details to follow as soon as possible.

The CHASE symposium for 2015 will take place towards the end of the year, we will not be able to confirm a date until we have the programme finalised. Later in the year, we also hope to be running the postponed seminars on the research into the impact of the You the Man program.
CHASE RESEARCH

CHASE’s purpose is to undertake research and practice development of the highest quality, including the development of theory, in partnership with communities and organisations; and, to provide evidence-based policy and practice advice to government and industry. Twice a year we produce a report that gives a brief summary of some of CHASE’s current activity and our forward directions.

In this issue we provide updates on some of our projects and feature summaries of three recently completed PhDs. We also provide details of our research outputs for 2014.

Key statistics – research outputs 2014

- 5 Research based book
- 28 Book chapters
- 30 Refereed journal articles
- 10 other publications
For details see pages 11-15

- 5 PhDs successfully examined
For details see page 15

PROJECT UPDATES

Health of garment factory workers in Cambodia

With ever-changing new fashion trends hitting the streets, rarely do shoppers ask themselves whose hands make the outfits, and in which part of the world they are made.

Cambodia has approximately 750,000 garment factory workers, mainly women, who work 8-10 hours a day and earn below the USD128 per month minimum wage. Most of the women are rural migrants who come into the industrial centre and capital Phnom Penh to earn enough money to live and send to their family back home.

In 2014, a mixed methods study conducted by a team of researchers from the School of Health and Social Development, Deakin University surveyed over 1000 female garment factory workers in Phnom Penh (mean age 23 years) about their reproductive health perceptions and practices. Many of the women who work in garment factories have low literacy levels and in response novel approaches to data collection were adopted, including audio-assisted self-administered surveys.

Early findings reveal that many of the women are engaged in unsafe sexual practices, a substantial proportion of the women had experienced an induced abortion, and antenatal care during their last pregnancy was infrequent.

The research team are in the process of analysing Year 1 data while at the same time preparing for the Year 2 study which will be conducted with women who are working in the rural garment factories in Cambodia. The findings from the garment factory studies will be used by the Cambodia Ministry of Health, National Reproductive Health Programme and the United Nations Population Fund to develop the 2015-2020 reproductive health strategic plan.

The reproductive health of the 750,000 plus female garment factory workers is a focus of the Ministry of Health’s reproductive health policies in the coming years.

Author: Ekaterina Bogatyreva

Year 1 Research group: Liz Hoban, Jan Moore, Fiona Read, Ekaterina Bogatyreva, Eng Hok, Melissa Graham, Lisa Hanna, Christopher Stevenson.

The Thin Line’: building knowledge and understanding about eating disorders

Eating disorders in schools are as prevalent as alcohol and drug abuse, and 86 percent of people report that their eating disorder started before the age of 20. In the US, an estimated 25 percent of college students suffer from eating disorders. In Australia, eating disorders affect 10% of young Australian women and 1% of young Australian men ages 14-24, they are the 2nd leading cause of hospitalisations in young Australian women1.

Eating disorders among young people are well hidden, dangerously glamorized, socially contagious, and becoming epidemic. It is the mental illness with the highest fatality rate: yet the stigma surrounding the disease allows many to suffer alone to face the threat of death or severe lifelong ailments. Anorexia Nervosa (AN) is a crippling illness for

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many young people under the age of 25 years in Australia². The mortality rate of people with AN is 5.86 times higher than for people without the disorder³ and one in ten persons with AN will not live past 10 years post diagnosis⁴. With such a sombre prognosis, effective early detection and intervention is crucial.

There is growing concern that the dominant national discourse on tackling obesity could exacerbate disordered eating among our children. The Butterfly Foundation, in a recent report on the state of eating disorders in Australia, identified the need for prevention and education activities to be developed and offered in schools across the country⁵.

Funded by a strategic project grant from the School of Health and Social Development, Professor Ann Taket and Dr Genevieve Pepin are leading a team to produce an Australian version of a theatre based education program about eating disorders: The Thin Line.

The Thin Line program consists of two parts, a 30 minute play performed by a single actress that illustrates a young woman’s struggle with an eating disorder, followed by a moderated panel discussion of at least 30 minutes. The play weaves together the voices of four characters— a girl who is struggling, her internal negative voice, her mother, and a friend— showing how the disease affects not only the individual struggling, but also how it impacts his or her surrounding family and circle of friends. Panel members for the post-show discussion are drawn from local eating disorder specialists, advocates, and/or health professionals who can continue to provide support after the program.

The program aims to increase knowledge and understanding about eating disorders and to give people knowledge about services and support that exist, and what they might do to support a friend, family member or colleague.

Originating in the U.S. in 1998, The Thin Line has been delivered in colleges, schools, organisations and conferences across the U.S. It has been progressively developed, and results from a longitudinal study demonstrating positive impact are currently under review for publication.

The Australian version of The Thin Line is being produced by Deakin University under licence and is directed by Suzanne Chaundy. It uses an Australian version of the U.S. script, and the producer, director and actor are all Australian. It will be offered for the first time in Victoria in May 2015.

With a simple set-up of a table and a few chairs, The Thin Line can be performed in virtually any setting in cooperation with a hosting organisation. An implementation guide, other resource materials and telephone support are available to help the local organiser plan and prepare for the delivery of the program.

If you have questions or want further information, feel free to contact Professor Ann Taket, Deakin University on 03 9244 3798 (if I’m not there, please leave a message, it gets forwarded to wherever I am) or ann.taket@deakin.edu.au. In particular we are interested in hearing from organisations who would like to host a preview of the program in the first week of May 2015, or host the program in our first season of this year; this would be without cost.

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A good place to raise a family

This project is led by CHASE members Dr Fiona Andrews and Associate Professor Julia Shelley. The project aims to identify factors that affect residential location choices, and the quality of experiences of parents raising children in inner versus outer suburbs of Melbourne. The research is being undertaken in collaboration with two project partners, the City of Wyndham and the City of Maribyrnong.

Since the last newsletter, more of our work has been accepted for publication. Our paper was entitled ‘Social connections among parents of pre-school-age children in an inner and outer area of Melbourne, Australia’ was accepted for publication in the Journal of Social Inclusion in February and Katherine Ware’s paper from her Master’s thesis work was published in the Victorian Journal of Home Economics at the end of last year. Two further papers are in preparation.

Sarah Neil has just joined our team as an honours student working on a project in a new partnership with the City of Whittlesea. Her project will involve the use of Photovoice methods to explore social connectedness amongst parents in the suburb of Mernda. She is supervised by Fiona Andrews and Professor Louise Johnson from the School of Australian Studies and Planning at Deakin University. Professor Johnson along with Fiona Andrews and Elyse Warner presented ‘Tales from the fringe: strategies for living well in the outer-suburbs of Melbourne’, covering the work conducted in the City of Wyndham at the Australian Cities; Urban Geographies workshop at the end of March.

Children with disability in Vanuatu and PNG

Associate Professor Erin Wilson has been leading the team carrying out a research project entitled ‘Voices of Pacific children with disability: Identifying the human rights needs and priorities of children with disability in Vanuatu and Papua New Guinea (PNG)’.

Other team members are: Elena Jenkin, Kevin Murfitt, Matthew Clarke, Robert Campain, and Lanie Stockman.

Defining the problem

According to the World Report on Disability, children with disability experience significant disadvantage. They are less likely to start school than children without disability; have lower rates of retention and advancement in school; are less likely to gain employment; earn less when they are employed; are likely to live in households experiencing greater poverty and material hardship; and have inadequate access to health care. These conditions mean that they are frequently denied their human rights mandated in the Convention on the Rights of Persons with Disabilities (CRPD) (2006), and the Convention on the Rights of the Child (CRC) (1989).

Despite Vanuatu and PNG being signatories to both the CRPD and the CRC, governments have not yet domesticated the CRPD into national laws. Little is known about the human rights situation of children with a disability in both countries, though what information is available speaks to lack of access to basic services such as health care and education, ongoing discrimination and abuse, and poverty.

The voice of children with disability in both PNG and Vanuatu is largely missing in the development agenda. This means that, in addition to the ongoing barriers to human rights attainment for children with disability, their needs and priorities are not adequately addressed in service delivery and policy design.

The project

This research was funded through the Australian Development Research Award. The project aimed to: develop a method of data collection / communication with children with diverse disabilities to enable them to ‘speak’ for themselves; identify the human rights priorities of children with disability in Vanuatu and PNG; and analyse these in relation to the CRPD. The research was undertaken between 2013 and 2015 by Deakin University in partnership with Save the Children, the Vanuatu Disabled People’s Association and the PNG Assembly of Disabled Persons. Researchers collected data from 89 children with disability aged between 5 and 18 years living in both urban and rural areas in Vanuatu and PNG.

As part of the research, local researchers (including people with disability) were trained and a range of inclusive ‘tools’ for communicating with children with diverse disabilities
were developed. Tools included audio recordings of local sounds, a photo library of local images, the use of a camera by participating children, walking tour of the community, drawing and dolls – all acting as prompts to help children express their views about their lives. These tools are now available to government and service providers to assist the identification of the needs and priorities of children in order to aid service design and policy development.

The human rights priorities of children with disability in Vanuatu and PNG

Children were asked three questions about the important elements in their lives now and their aspirations for the future. Their responses were analysed in relation to the CRPD.

Priorities of children with disability in their lives now

Recreation, leisure and cultural life (a human right area mandated in Article 30 of the CRPD) are key priorities for children with disability in both countries. Children with diverse and multiple disabilities talked about the importance of being included in recreational activities (music, singing, sports), custom and church ceremonies, as well as playing with friends. Education (Article 24) was also an important priority for children with disability, with several calling it ‘one of the most important things in life’. Children talked about how school was also a place to meet, spend time with and ‘do the same things as’ other children. School was frequently seen as important to getting a job in later life. However, poverty and standard of living (a human right area mandated in Article 28 of the CRPD) were also key priorities and concerns for children with disability, particularly in PNG. Discussion focused on having adequate food, housing and warmth, with many children talking about being hungry. Home and family life (Article 23) were also important. Children recognised the importance of family to their current and future security, and some talked about the importance of starting their own family.

The hopes and dreams of children with disability

The majority of children dreamt of working and earning money in the future (a human right mandated in Article 27 of the CRPD). Children with diverse disabilities (hearing, vision, physical and intellectual) aspired to an equally diverse range of jobs including policeman, driver, pilot, cook, store worker, plumber, teacher, doctor, musician, scientist, pilot, carpenter, house-girl, sports-person and having their own business (sewing, beading, trucking, farmer, coffee plantation, restaurant owner). Children indicated a desire to work so that they could help support their families and themselves and to contribute to their communities.

Children also aspired to engage in or complete their education (Article 24 of the CRPD). For many, participation in school had been denied them due to their disability, so their dream was simply to attend school. Many saw education as the pathway to gain employment. Some children and families talked about how this aspiration was at risk, with no resources (such as teacher’s aides or assistive technology) to support the child’s needs in a school setting.

Factors that would make life better for children with disability in Vanuatu and PNG

Despite their clear aspirations to be productive members of their families and communities, children with disability in PNG and Vanuatu face many barriers to attaining their basic human rights. Children and families identified a range of things that would improve their situation.

- Children saw work and employment (Article 27) as a means of meeting their needs for future security and adequate standard of living both for themselves and for their families.
- Children with disabilities desired to see improvements in the standard of living for them and their family (related to their human rights under Articles 28 and 23 of the CRPD). The living situation for many children was difficult, including begging, extreme poverty, homelessness, hunger and neglect. In many instances, children with disability saw themselves as having a key role in making changes and being responsible for getting work and bringing in extra income to contribute to the care of the family.
- Several parents described the significant communication deprivation of their children, a denial of their human rights under Article 21 of the CRPD. A range of disabilities, including physical, hearing and intellectual disabilities, affected children’s communication and the supports they need to communicate better. Children were largely found to be lacking in communication supports, other than those devised by the family, such as simple sign and gestural communication systems.
- Education was a constant theme, including a desire by children to remain at or go to school and the need for necessary education supports to enable this. A large proportion of children were not currently attending school due to their disability, discrimination or lack of resources.
- Parents identified the need for medical intervention as a way of improving the life opportunities of their child with disability. Some parents also discussed their previous contact with health services which appeared to be fleeting and often unhelpful, and many had no
contact with health and rehabilitation services for the child’s disability.

- Few children had assistive devices (such as wheelchairs), and aids were also very rudimentary (e.g. rubber tied to the foot of a child to stop it rubbing on the ground; or handle of umbrella instead of a white cane for child who is blind). Other children needed assistive technology to mediate their disability, and many were isolated and immobile due to lack of mobility equipment. Assistive technology was especially necessary to assist carers who themselves were elderly or unwell, and where the child was totally dependent on a carer to move them around the house or environment. The provision of such equipment relates to Articles 4, 9 and 20 of the CRPD.

- Many children and their families reported teasing and abuse in relation to the child’s disability from other children. However, the prevailing need of children with disability was to be included in the everyday activities of childhood and adolescence, especially in friendship groups with other children. The need for changed societal attitudes in relation to this was evident in many instances.

Change actions including policy and program recommendations

The project has identified a range of policy and program recommendations to address the research findings and children’s needs. Influencing and advocacy activities in relation to these are currently being planned. In addition, three short films have been made to represent the research process and the voices of participating children. These films will have Australian and in-country screenings and will be used as ongoing attitude change tools. Finally, a guide to the inclusive data collection processes used in this project will be published and training in its use was conducted in Melbourne (the CHASE symposium held in February 2015), Vanuatu and PNG. Presentations are also planned in Canberra to the Department of Foreign Affairs and Trade.

Further information is available from: Associate Professor Erin Wilson, erin.wilson@deakin.edu.au.

‘You the Man’: a theatre-based program for promotion of bystander engagement and violence prevention

Following a very successful pilot season in 2014 that saw the program delivered in a variety of secondary school, universities, sports clubs, workplaces and community settings throughout regional and metropolitan Victoria, the program is now available for use in a number of seasons during 2015. The first season concluded at the end of March, the second season will run in June and July and the third in September 2015. We are making the program available at cost price ($985 excl GST), however we acknowledge the difficulties that organisations may have in finding the necessary funds in the current budgetary climate. For this reason we are actively seeking funding from philanthropic sources so that we can offer the program at a subsidised rate in particular settings or locales.

If you are interested in exploring bringing the program into your setting, please contact Julie Melican on julie.melican@deakin.edu.au or 03 5227 8108.

The analysis of the data on the program’s impact collected in the pilot season has been held up by staff ill-health. We are working to complete this as soon as possible and hope to arrange some seminars to present this later in the year. If you would like to be put on the mailing list for detailed updates on this exciting program of work, please email Professor Ann Taket at ann.taket@deakin.edu.au.

Building partnerships into Indonesia

In November, CHASE member Greer Lamaro travelled to Indonesia with the support of an international visit grant, to strengthen existing partnerships with Andalas University (Padang) and build new partnerships with other organisations in Yogyakarta. Greer was joined by former Bachelor of Health Sciences student Jessica Smith who is now a sessional tutor in the School of Health and Social Development. Jessica was already based in Yogyakarta on a scholarship to enhance her Bahasa Indonesia language skills. Greer and Jessica spent three days visiting Andalas University in Padang where they had a series of meetings and round-table discussions with the Deans and faculty members from the Faculties of Public Health, Medicine,
Nursing, and a range of other departments. At the meetings, opportunities were discussed to facilitate student and staff exchanges, co-supervision of research students, and for collaborative research activities between the two institutions. Plans were advanced for a joint collaboration on an edited book, tentatively titled, “Social capital and public health development: perspectives, policies and experiences in Indonesia and Australia toward the next century”. An invitation for CHASE members and others interested to contribute to the book is on page 15. The visit to Andalas concluded with a seminar on themes of social inclusion and social connectedness, community engagement and participatory approaches in public health and health promotion, in which Greer was able to present her interim PhD findings about community engagement in sexual and reproductive health promotion.

Following the time in Padang, Greer and Jess spent a further three days in Yogyakata engaging in a series of meetings and community field visits with the NGO, Perkampulan Keluarga Berencana Indonesia (PKBI; translates to the Planned Parenthood Association of Indonesia). Jess has previously undertaken an internship with PKBI, so had established some great relationships. PKBI undertakes a wide range of public health and health promotion work related to sexual and reproductive health (SRH), particularly for marginalised groups including adolescents, the transgender community, female sex workers, and traditionally hard-to-engage groups like men and Muslim populations. PKBI’s work includes the provision of sexual and reproductive health care to these groups, increasing women’s empowerment (including through education and training, micro-finance and access to economic resources), prevention and control of sexually transmitted infections (through health promotion and clinical service delivery), advocacy, and networking with other national and regional government and health organisations. PKBI use upstream community capacity building, community development and social change approaches in their work.

Greer and Jess discussed with the representatives from PKBI areas of mutual interest and opportunities to work together. PKBI identified a number of areas of priority concern, including the health and wellbeing of female sex workers in their domestic intimate partner relationships (e.g. with husbands), the sexual and reproductive health of people with disabilities, social exclusion and discrimination experienced by the transgender community, and the impact of widespread brothel closures in the red-light district of Surabaya on the health and wellbeing of sex workers. Plans for collaborative research projects to address these priorities were initiated, and applications for funding to enable the research are now in development.

Highlights of the time with PKBI were getting to visit sex workers and transgender people in their communities and workplaces, and being in Yogyakarta for World Aids Day on December 1st. Greer and Jess attended a large community arts festival that celebrated sexual diversity and sexual health, along with a large crowd that was encouragingly diverse in age and gender. In the weeks leading up to World Aids Day, there had been incidents of violence targeting other community events promoting sexual and reproductive health, and the transgender community in particular. Greer and Jess (and surely many others!) were very pleased to see the World Aids Day event so well attended and supported, and go off without a hitch.

Both Greer and Jess have now returned to Australia and are looking forward to continuing their collaborations with partners both at Andalas University and PKBI. Any members of CHASE who are interested in finding out more or being involved in aspect of the works with our Indonesian partners are warmly invited to contact Greer:

Email: greer.lamaro@deakin.edu.au, Tel: 03 5227 8468
Redefining the role of community health workers as maternity care providers in rural Sindh Pakistan, a mixed methods study

Humaira Maheen, PhD student
Supervisor: Associate Professor Liz Hoban

Reducing maternal mortality is a global priority, and like many other developing countries Pakistan falls behind all indicators of Millennium Development Goal 5. Pakistan has one of the highest maternal mortality ratios in South Asia (290 per 100,000), and only 43% of births are attended by a skilled birth attendant (SBA). In rural areas, a SBA attends only 16.1% of total births from the poorest population quintile. Pakistan is also at increased risk of natural disaster and ranked amongst the top 10 risk prone countries in the world. Riverine floods and earthquakes were the major disasters that devastated the country’s social and economic indicators in last decade. From 2010 to 2014, parts of Pakistan were affected by monsoon flooding each year between July-September. Pregnant women and children are the most vulnerable population in any natural disaster or humanitarian emergency situation. This PhD project aims to explore how women experienced pregnancy and childbirth during recent floods in Pakistan and how effective strategies can be developed to ensure adequate maternity care during emergency situations in Pakistan.

Pakistan’s primary healthcare system relies significantly on community health workers (CHW). There are more than 150,000 CHWs (of three different types) which cater to the needs of 60% of the rural population of Pakistan. Limited literature is available on the maternity care services provided by CHW during natural disasters, hence this study is investigating the potential role of CHWs as front line health workers during natural disasters in Pakistan.

The study was conducted in five river-facing villages in a rural district of Sindh province which had been adversely affected by floods in 2010, and again in 2013.

In-depth interviews were conducted with women who were pregnant or gave birth during floods, and also with health workers, and key stakeholders.

Additionally, a survey was administered to 678 women who were pregnant or gave birth during July 2010 to Sep 2014, 50% of them had babies or pregnancy during floods.

A workshop was also conducted with 12 health workers (across all three types) which explored potential ways of working together as a health team in a community setting.

In the context of the floods families had moved to the nearby hills and the government provided initial relief funds, food, and tents to affected families. Preliminary findings show that women who gave birth in the camp setting were mainly assisted by a traditional birth attendant (TBA). In the event of a complicated pregnancies (when the case could not be handled by the TBA) then the relatives contributed money and organised a car to take the women to the public hospital. Some women even mentioned the support of land owners to provide transportation.

Not all families were given tents, and some study participants mentioned that they could not get a tent because when they reached the camp, all tents were taken by other families. One of the women shared her childbirth experience as:

“I was in labour, then my relatives bring 4 charapi (a light bed frame consisting of a web of rope or tape netting) and bed sheets to cover me, and our Dai (TBA) assisted me to deliver the baby”.

In the area where the women were relocated, the health camp only provided services for diarrheal diseases, dengue and fever. There was no concept of an antenatal visit and even babies who were born in camp did not receive birth vaccines. Health and sanitation conditions were also very poor, and food supply was irregular. Some women felt unconformable using health camps because the doctors were male, they trusted the TBA more than a new and unfamiliar doctor (especially a male doctor). Doctors were not always available, and the health camp was sometimes very far from their camp lodgings.

None of the health workers were assigned any duty during floods, probably because they themselves had needed to move to safer places. The interviews and the workshop with health workers suggested that there is an immense need for an emergency response plan for CHWs as local maternal child health (MCH) frontline workers so that they could assist women under such emergency circumstances.

The outcome of the study will include a unique MCH service delivery model which will include all different types of CHWs that will form health worker groups (HWG) that can deliver MCH services to pregnant women in regular circumstances and disaster situations (floods, earthquakes and drought etc.)
Natasha Layton: Assistive technology solutions as mediators of equal outcomes for people living with disability

Supervisor: Associate Professor Erin Wilson

The thesis is concerned with equality of outcome for Australians living with impairment. From my standpoint as a practicing occupational therapist, assistive technology (AT) and environmental interventions (EI) as well as personal care or support (PC) can bring about equal outcomes by mediating the ‘gap’ caused by the effects of impairment and/or disabling environments. Despite the efficacy of these strategies, a range of pragmatic constraints limit their effective provision.

Three key inquiry areas, each with a set of research questions, have emerged from my practice:

1. How are impairment and disability understood?
   1a. In what ways is disability different from the absence of disability?
   1b. Does the presence of impairment or disability impact upon people’s life aspirations?
   1c. What is the role of impairment effects and environmental barriers in creating disablement?

2. How do mediators bring about outcomes?
   2a. Which strategies mediate impairment effects and disabling environmental barriers, and what relationship do they have to each other?
   2b. What is the effectiveness of identified mediators?

3. What is the social contract between society and its citizens with impairments?
   3a. How effective is government in delivering equality of outcome through the provision of mediators?
   3b. What does government need to do to realise its obligations?

The thesis intent is to generate useful knowledge with which to lever change, and thus improve equality of outcome for individuals requiring mediators to live their lives.

The perspective of individuals with impairments was sought to fill an evidence gap as to the actual outcomes of mediator provision within existing policy boundaries, and how this might be improved. Based on the premise that researchers should seek epistemologically just methodologies which validate and privilege the view of people living with impairment, the thesis utilised a participatory methodology, within an interpretive tradition. Literature reviews and conceptual analyses considered the author’s standpoint and specifically sought material from the standpoints of those living with impairment. Empirical data were collected and analysed from a medium-scale, mixed-methods study conducted by myself and colleagues of 100 Victorians living with impairment and who used AT or other mediators in their daily lives. An AT policy case study investigated current policy on a number of levels, and identified a range of potential policy solutions.

From a methodological perspective, the thesis demonstrates that people living with impairment have held a marginalised position in relation to the production of knowledge about them, and the delivery of services for them. Impairment and disability were found to be contested concepts, subject to socio-political forces. Contemporary disability theory, and the voices of study participants, presents a nuanced picture of life within the universal spectrum of human diversity, where people move in and out of independence/interdependence. Both impairment effects, that is, the embodied experience of human variation, as well as disablement brought about by societal structures, were found to be factors in the individualised experience of disability. The locus of disablement was demonstrated to occur in the space between individuals’ capabilities, the tasks they aspire to, and the environments in which they operate. The valued life outcomes and aspirations of people generally and people living with impairment specifically, were found to be the same.

Equality of outcome was therefore identified as an important concept with which to evaluate the experiences for individuals using mediators such as AT. People living with impairment are likely to experience multiple costs of disability, a thinner margin of health, and high rates of poverty and social exclusion. Environmental barriers and the limited supply of mediators was found to magnify the experience of disablement. Without effective equity measures on the part of society, the thesis findings show that most people with impairment experience key differences in their capacity to reach these outcomes, best described as ‘capability gaps’. Such factors contribute to the capability gap which renders outcomes less achievable than for the population generally. The literature analyses, and empirical data from ‘The Equipment Study’, identified a range of interventions which mediate the effects of impairment and environmental barriers. Found to be effective in terms of participation, satisfaction with participation, ameliorating difficulty and saving a range of economic costs, the case is made for provision of key
mediators AT, EI and PC in relation to each other, that is, in an AT solution. Tailored provision of mediators in the form of AT solutions and inclusive community environs were demonstrated to narrow the capability gap, minimise the experience of disablement, and enable the achievement of, potentially equal, outcomes. At an individual level, the thesis demonstrates that AT solutions effectively mediate the effects of impairment such that people can participate in a range of life outcome areas. At an environmental level, a range of mediators were found to be effective in removing barriers and facilitating access for all. Current government policy intent was found to align with key human rights tenets. Analysis of the empirical data against UN Convention on the Rights of Persons with Disabilities (CRPD) and social exclusion frameworks however demonstrates the realisation of this intent in AT service delivery falls short. Australia’s commitments in terms of the CRPD (United Nations 2006), and its own disability policy strategies across government demonstrably fail to deliver equal outcomes.

The conceptual and empirical studies conducted in the thesis led to a range of suggested policy solutions. These include adopting a universalised perspective of human variation; realigning policy goals with valued outcomes; enshrining flexible delivery of services and funding in the form of individualised support for AT solutions; and increasing and extending the role of a range of duty holders. These policy solutions are proposed to reconceptualise impairment within the social contract and to reframe the mediators which are effective in delivering the potential of equal outcomes.

Alma Dender: An investigation of play and literacy of Western Indigenous children

Supervisor: Professor Karen Stagnitti

The research outlined in this thesis emanated from the concern of occupational therapists in Western Australia that there were no culturally appropriate assessments for Indigenous children. While the practice of using non-Australian assessments is widespread it is recognised this practice may place Indigenous children in a deficit model, and consequently they may be over-represented as requiring intervention.

There has been very little research on the play, and particularly pretend play of Indigenous children, and there is a dearth of literature on the subject.

Through a series of seven studies, the thesis presents an investigation of Indigenous Australian children’s pretend play and literacy, and in doing so has highlighted that Indigenous children play differently to non-Indigenous children. The play of Indigenous children reflects their collective culture.

The outcome of the studies is the development of the Indigenous Child-Initiated Pretend Play Assessment (I-ChIPPA) with the Play Partner Scale (PPS). The concurrent validity, construct validity and discriminant validity of the I-ChIPPA and PPS were examined and the results indicated that the assessment tools assess different aspects of pretend play and social pretend play. The I-ChIPPA measures quality of pretend play, and the PPS measures the social interaction of children engaged in social pretend play.

The thesis presents the first study of this relationship for Indigenous children. The results of the study indicated that pretend play, social pretend play and language have similar relationships as have been found in non-Indigenous Australian children.

Sarah Epstein: Mothers and Sons: Feminist Maternal Practice with Boys

Supervisor: Professor Bob Pease

This thesis explores feminist mothers’ experiences of raising sons through the application of poststructural feminist theorising about gender as relationally constructed. Analysis of the data is grounded in the notion of feminist maternal practice as an agentic activity capable of repositioning both mother and son in relation to gender difference discourse. I argue that the mother and son relationship is a potential site for the transformation of gendered subjectivities.

The mother and son relationship is embedded within discourse about gender difference and consequently held accountable to a narrative that reflects hegemonic masculinity ideals about normative masculinity, femininity and motherhood. This constrains our understanding of the relationship and at the same time marks it as a discursive route for the construction of problematic gender relations. However, while gender difference is a dominant discourse, it is not the only available discourse about gender and thus the mother and son relationship is a potential site for the transformation of gendered subjectivities.

I have proposed that it is possible to think differently if the relations of power that sustain difference are identified and the assumptions of gender difference discourse are questioned. I have argued that gender is not only structurally located, it is relationally constituted through interaction between mother and son and ongoingly produced through the subjects’ orientation to gender norms, standards and values. The transformation of gendered
subjectivity requires both a re-positioning in relation to gender discourse and the context that invites, supports and validates this change.

This was a qualitative research study that utilised in-depth interviews to explore the accounts of twenty self-identified feminist mothers’ experiences of raising sons. Exploring which discourses about gender and motherhood these feminist mothers engage with, made it possible to develop a more complex account of the effect of dominant gender discourse on the mother and son relationship.

The research found that for the feminist mothers of sons interviewed, they do not successfully iterate the practices that are prescribed in dominant gender discourse. Instead, they position themselves as feminist activists and their maternal practice aims to disrupt the dominant narrative and undermine normative masculinity practices. Feminist mothers establish a critical distance from gender difference discourse in order to position themselves as maternal subjects entitled to, and capable of, enacting a maternal practice that rearranges gender relations in line with a feminist critique of masculinity and towards the feminist goal of equal gender relations. Feminist maternal practice is an ongoing relational activity that circulates norms, and establishes standards of accountability that are demanded, validated and externalised. Feminist maternal practice with sons is about establishing a social and cultural context that orientates boys toward non-normative masculinity practices.

This thesis makes a clear distinction between the boy and the discourse. It is this distinction that provides the foundation upon which the feminist mother and son relationship can write a new script. Consequently, the feminist mother is positioned as an important part of the process in the construction of her sons’ masculinities.

By looking into ways that feminist mothers re-position their sons’ masculine subjectivities, not only are oppressive practices made visible, we learn how feminist practice within the private domain works to interrupt, contest and shift oppressive practice. The feminist mothers’ accounts re-present the maternal subject as an emerging agent of power, generating change at the interactional level.

2014 CHASE PUBLICATIONS

Names of CHASE members and researchers and students supervised by CHASE members appear in bold.


Goldingay, Sophie and Tania Mataki (2014) Indigenous subjectivities. How young women prisoners subvert domination representations to maintain their sense of intrinsic worth, in Maria Pallotta-Chiarolli and Bob Pease (eds), The politics of recognition and social justice: Transforming subjectivities and new forms of resistance, 144-156, Routledge, New York, N.Y.


Hosken, Norah (2014) Residues and resistance: the chafe of working-class girl to academic, in Maria Pallotta-Chiarolli and Bob Pease (eds), Politics of recognition and social justice: transforming subjectivities and new forms of resistance, 416-442, Taylor and Francis, Hoboken, N.J.


Pallotta-Chiarolli, Maria and Bob Pease (2014) Recognition, resistance and reconstruction: an introduction to subjectivities and social justice, in Maria Pallotta-Chiarolli and Bob Pease (eds), The politics of recognition and social justice: transforming subjectivities and new forms of resistance, 1-23, Routledge, New York, N.Y.


Stagnitti, Karen (2014) The parent learn to play program: building relationships through play, in Eileen Prendiville
and Justine Howard (eds), Play therapy today, 149-162, Routledge, Abingdon, England.


Dunn, Matthew, Fiona H. McKay and Iversen, Jenny (2014) Steroid users and the unique challenge they pose to needle and syringe program workers, Drug and alcohol review, 33(1): 71-77

Goldingay, Sophie, Danielle Hitch, Juliana Ryan, Dennis Farrugia, Norah Hosken, Greer Lamaro, Claire Nihill and Susie Macfarlane, (2014) “The university didn't actually tell us this is what you have to do”: Social inclusion through embedding of academic skills in first year professional courses, International Journal of the First Year in Higher Education, 5(1): 43-53


Grundy, J., Elizabeth Hoban, Steve Allender and P. Annear (2014) The inter-section of political history and health policy in Asia - the historical foundations for health policy analysis, Social Science and Medicine, 117: 150-159

Hitch, Danielle, Genevieve Pepin and Karen Stagnitti (2014) In the footsteps of Wilcock, part one: the evolution of doing, being, becoming, and belonging, Occupational Therapy In Health Care, 28(3): 231-246

Hitch, Danielle, Genevieve Pepin and Karen Stagnitti (2014) In the footsteps of Wilcock, part two: the interdependent nature of doing, being, becoming and belonging, Occupational Therapy In Health Care, 28(3): 247-263,


Mørk, Trine, Pernille Tanggaard Andersen and Ann Taket (2014) Barriers among Danish women and general practitioners to raising the issue of intimate partner violence in general practice: a qualitative study, BMC Women’s Health, 14: 1-10


Refereed journal articles
the teacher, Teachers and Teaching: Theory and Practice, 20(5): 595-608


Plakas, Sotirios, **Ann Taket**, Bob Cant, Georgia Fouka and Zambia Vardaki, (2014) The meaning and importance of vigilant attendance for the relatives of intensive care unit patients, Nursing in Critical Care, 19(5): 243-254


**Other publications**


**Pease, Bob** (2014) The Politics of Men’s Emotions: From Emotional Detachment to Compassion in Men’s Responses to Gender Injustice in E. Soderberg and S. Nyhlen (eds.) Walking Beside: Challenging the Role of Emotions in...
Normalization, Gender Studies at Mid Sweden University, Working Papers 6, 69-83.


PhDs conferred in 2014

Natasha Layton: Assistive technology solutions as mediators of equal outcomes for people living with disability*
Supervisor: Associate Professor Erin Wilson

Alma Dender: An investigation of play and literacy of Western Indigenous children*
Supervisor: Professor Karen Stagnitti

Sarah Epstein: Mothers and Sons: feminist maternal practice with boys*
Supervisor: Professor Bob Pease

Stephen Fisher: Involving men to end violence against women: a critical approach**
Supervisor: Professor Bob Pease

Kerry Benton: Emotionality in same-sex attracted men’s sexual scripting**
Supervisor: Dr Maria Pallotta-Chiarolli

* summarised earlier in this report
** summarised in CHASE October 2014 report

CHASE NEWS

Farewells

In the first quarter of 2015 we said farewell to a number of staff who moved on to academic appoints outside Deakin: Sharlene Nipperess and Dr Ann Carrington. We will miss their contributions in CHASE and wish them every success in their future careers. Hopefully we will collaborate with them in the future.

Invitation to contribute to a new book:

Social capital and public health development: perspectives, policies, and experiences in Indonesia and Australia toward the next century

The book will comprise of a series or chapters divided into three sections. The sections are (broadly):

Perspective and policies (discusses the theory and background of social capital and public health development in Indonesia and Australia). Chapters may include:

- Social capital perspective in public health development
- Public health development in Indonesia
- Public health development in Australia

Experiences (a series of chapters which highlight examples and case studies from practice, relevant to community public health/health promotion initiatives and social capital. These can be from the Australian or Indonesian contexts or other international contexts if relevant).

Lessons and agenda for the next century (brings the discussions together to look to the future agenda in this field of theory and practice). Chapters may include:

- Indonesia and Australia Public Health development: A comparative analysis from the social capital perspective
- Strategic agenda for public health development and the role of social capital in the next century

You are particularly invited to contribute chapters for section 2 (experiences). Please submit an abstract for your chapter proposal to Greer Lamaro by 31st May 2015.

You are also warmly invited to contribute to chapters in the other sections if you wish. If so, please contact Greer.

The book will be co-edited by Prof. Rizanda Machmud from Andalas University, with Greer Lamaro and Jessica Smith. If you would like to also contribute to the book as a co-editor, please contact Greer.

If you have any other questions, please contact Greer via email: greer.lamaro@deakin.edu.au, or Tel: 03 5227 8468.
Smart Geelong Researcher Awards

Two CHASE associated researchers were honoured in November 2014 at the Smart Geelong Researcher Awards. Dani Hitch won in her category for Smart Geelong Researcher for Early Career Innovator. There were 2 winners in this category out of 45 nominees. Dani has successfully completed her PhD recently and will graduate in April 2015. She has 18 publications and developed the SuperMoth project for clinicians in OT who were interested in engaging in research and the evidence in the field in their area of interest. Dani’s project has already seen one clinician enrolled as a masters research candidate and another will come on board in 2015. Dani has a strong interest in knowledge translation in mental health.

Professor Karen Stagnitti won in the category of Innovative Initiatives in Community Care and Disability. This was for a research project working with children with autism and their parents in the Parent Learn to Play program. Cortisol samples were taken through saliva and results show a decrease in cortisol over the sessions in both parent and child. Oxytocin is currently being analysed. The children made significant gains in their ability to play and parents reported increases in their language and social ability.

CHASE STAFF MARCH 2015

Director: Professor Ann Taket

Deputy Director: Associate Professor Julia Shelley

Other staff
Dr Fiona Andrews
Georgia Babatsikos
Professor Susan Balandin
Kat Bogatyreva
Teresa Capetola
Professor Beth Crisp
Dr Matthew Dunn
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Dr Sophie Goldingay
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Greer Lamaro
Dr Janine McGuiness
Dr Jan Moore
Dr Fiona McKay
Dr Hayley McKenzie
Dr Kevin Murfitt
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