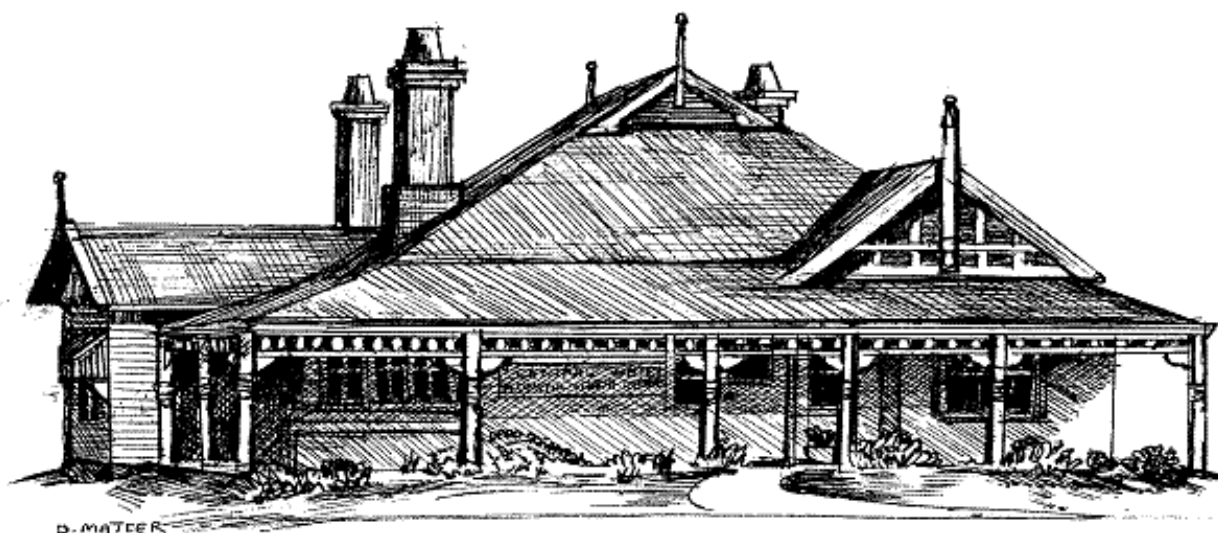




Central West Women's Health Centre Inc.

26th ANNUAL REPORT

July 2011 – June 2012



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Annual Report Chairperson – Jennifer Quill

I am immensely proud to be part of Central West Women's Health Centre, as they celebrate over 25 years of service in the Central West. Central West Women's Health produces a range of information resources across our priority work areas and population groups. We identify gaps in existing health information and we seek to research and produce written resources where none currently exist as we lead the way assisting women and children to make well informed choices in their lives. Our resources are used to both inform our own work and to advocate for better policy and services.

Central West Women's Health Centre, its partners and network share a common aim of working to improve the health status of women through preventative health care service provision, community education, community development, advocacy and providing women with knowledge, skills and resources to enable them to take more responsibility over factors that may adversely affect their lives.

Central West Women's Health Centre services operate from a feminist perspective and link the cause of ill health in women to a multiplicity of factors including biological, social, cultural, environmental and economic. These factors influence women's health status, their need to engage in the community and access support.

Community based feminist women's health services are based on principles of social justice and an understanding of a gendered approach to health or health within a social context, as endorsed by governments throughout Australia. In accordance with these principles, Central West Women's Health Centre provides a service which encompasses all of women's lifespan, and reflects women's various roles in Australian society, not just their reproductive role; promotes the participation of women in debate and decision making about health issues, their own health care, health service policy, planning, delivery and evaluation; and, ensures equity and accessibility of services without financial, cultural, geographic and other barriers.

Women are still the major users of health services. They report more episodes of ill health, consult medical practitioners, pharmacists and other health professionals more frequently and take medication more often. Women have higher rates of hospital use both during their reproductive years and after the age of 70. Women comprise 72 per cent of those in nursing homes and long-stay institutions and report a higher prevalence of psychosocial problems than men - particularly severe and chronic depression. (Women's Health Services in NSW, 1985).

It was because of these and other factors that women in the community applied for and received funding from the Australian Commonwealth Community Health Program in 1974. Services were also developed using a socio-political, feminist analysis that highlighted the patriarchal nature of society and the oppression of women. For many years, women have argued for an understanding of a social view of health, highlighting the links between health status and the social position of women in society.

There are now 22 community managed women's health services funded by the NSW Health Department, principal among them is the Central West Women's Health Centre. They are complemented by various projects funded under other women's health initiatives.

In 2000 NSW Health adopted a policy framework approach recognising that gender leads to different social, economic and political opportunities for women and men. These inequalities can create, maintain or exacerbate exposure to risk factors that endanger health. They can also affect the access to and control of resources, including decision making and education which protect and promote health. (Gender Equity in Health, 2000).

The Central West Women's Health Centre is actively involved in strategies to change the social structure that negatively affect women's health throughout our community. At the same time they provide appropriate individual, group and community services, information and referral to women across the region.

The Central West Women's Health Centre contributes to the nature of Women's Health past; present; and into the future. This centre and its services has been a critical part of the Central West community for over 25 years, sparking a remarkable and inspiring journey for women, their children and partners for years to come. Congratulations, to all of the service employees, many volunteers, stakeholders and thousands of clients as we create a holistic and women-centred approach to health and well-being at our unique location, as we continue to empower women and children to make informed choices throughout their lives.

Board of Management 2011/2012

Name	Office Held	Occupation
Maureen Markwick (4 mths)	Chair	Bookkeeper
Jennifer Quill (8 mths)	Chair	Public Servant
Jennifer Quill (4 mths)	Deputy Chair	Public Servant
Kerry Silverson Marston (8 mths)	Deputy Chair	Educator
Sue Smidt	Ordinary Member	Co-ordinator
Sylvia Latham	Secretary	Retiree
Narelle Pabis (4 mths)	Treasurer	Manager
Kerry Silverson Marston (4 mths)	Ordinary Member	Educator
Heather Bennett	Staff Rep	Administrator
Lee Hagan	Staff Rep	WH Nurse
Linda Leard	Staff Rep	Generalist Counsellor

Staff

Funded by NSW Health (Western Local Health District):

Name	Position	Hours p/week
Susan Clarke-Lindfield (4 mths)	Manager	22.5
Kerry Silverson Marston (5 mths)	Acting Manager	7.5
Erica Pitman (3 mths)	Manager	22.5
Annele Watt (1 mth)	Health Promotion	21
Lee Hagan	WH Nurse	21
Lee Hagan (7 mths)	Health Promotion	7
Linda Leard	Generalist Counsellor	21
Linda Leard (7 mths)	Health Promotion	7
Heather Bennett	Administrator	21

Funded by NSW Department of Family & Community Services:

Name	Position	Hours p/week
Susan Clarke-Lindfield (4 mths)	Manager	7.5
Kerry Silverson Marston (5 mths)	Acting Manager	7.5
Erica Pitman (3 mths)	Manager	7.5
Alexandra (Sandy) Keech	CSA Counsellor	27
Heather Bennett	Administrator	7

Position funded by NSW Health (WLHD) & Fees:

Beryl Shepheard	Yoga Instructor	3.5
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Visiting Practitioners:

Kirsty Lewins	Massage Therapist	5-8
Lisa Milton (2 mths)	Physiotherapist	10
NSW Rape Crisis Centre (6 mths)	Counselling	7

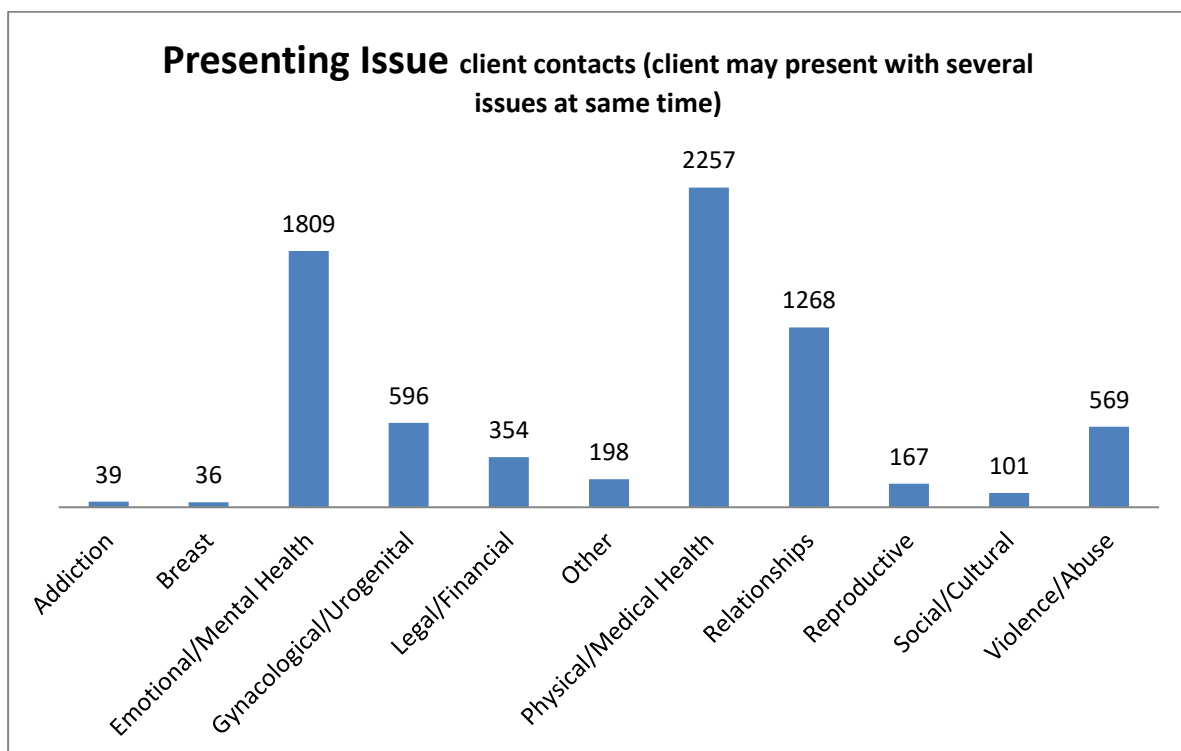
Report Summary

Total Income \$324,638.00

By Funding Source

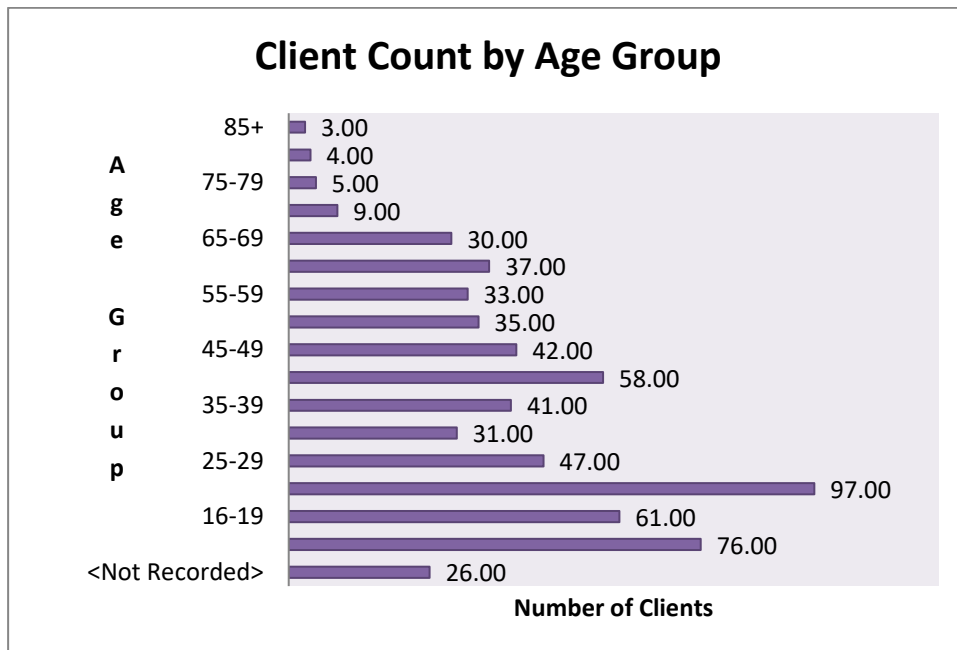
Funding Source	Amount
NSW Health (WLHD)	\$210,300.00
NSW Family & Community Services	\$91,145.00
Other Income	23,193.00
TOTAL	324,638.00

Service Demographics

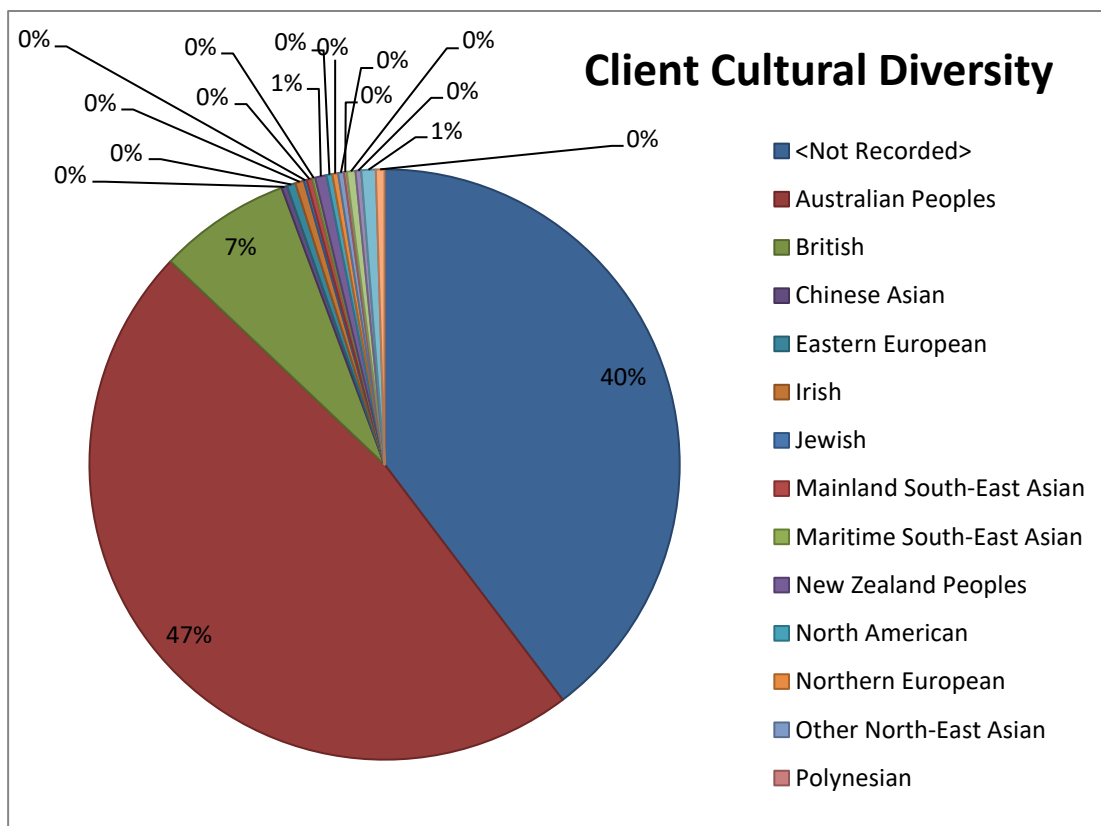


Physical/medical health concerns (this includes weight management, sexually transmitted infections, pathology & other tests) were the highest presenting issues for our clients, followed by emotional/mental health concerns (this includes self esteem, stress, anxiety disorders) and relationship issues (this includes sex/sexuality – not sexual identity, family issues, safe sex).

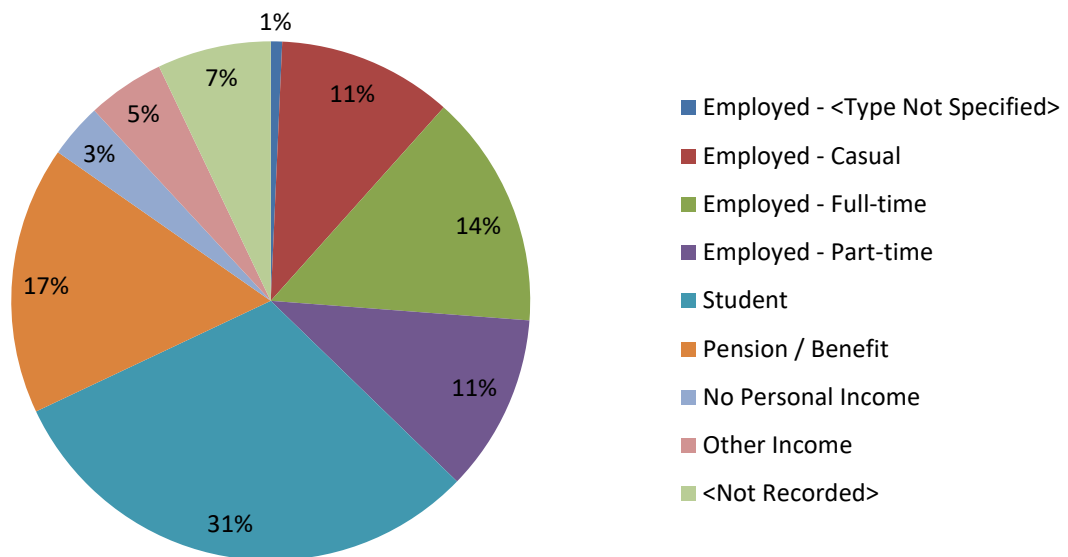
Client Demographics



The age group most accessing our service is 20-24, followed by 0-15 and then 16-19.



Client Employment & Financial Status



Students make up the greatest number of clients accessing our service, followed by clients on a pension.

Health Funding Key Performance Indicators

1. Provision of clinical data including counselling sessions

Practitioner	Funding Source	Direct Client Contacts*	Health Promotion**
Generalist Counsellor	Health	216	100
Health Promotion	Health	N/A	20
Nurse	Health	424	1350
Administrator	Health/Com Svcs	259	N/A
Child Sexual Assault Counsellor	Community Services	301	343
Yoga Instructor	Health/Fees	732	N/A
Massage Therapist	Fees	128	N/A
Physiotherapist	Fees	23	N/A
Total Client Contacts		2083	1813

* Face to face

** Client contacts face to face

2. Provide data on number or type of groups run, including education sessions

Group/Workshop/Education Session	Sessions	Total Hours	Client Contacts
Bloomfield Hospital, Turon Ward –safe sex, STI's, paps, breasts	3	4.5	64
Community Education & Stall			
Bunning's 'Girls Night In'	1	3	52
Curves Gym Girls Night	1	2	47
Essential Energy Manager's Pap & Breast Screen Presentation	1	1	28
Ilumba Gardens presentation	1	1	31
Invisible Sentence Presentation, NALAG Conference & Seminar	2	14	100
Love Bites – DV/Healthy relationships program	3	21	131
Protective Behaviours – children at risk	6	13.5	212
Puberty Matters (Mothers & Daughter) Groups	12	24	192
Puberty & Sex Education – Schools			
Bathurst Tutorial Centre	2	4	14
Blayney High School	1	4	121
Eglington Public School	1	4	50
Kelso Primary School	1	2	50
Oberon High School	1	4	42
St Joseph's High School, Oberon	1	3	17
South Bathurst Primary School	1	1.5	60
Sexual Health & Women's Health Promotion Charles Sturt University	1	4	63
Seymour Centre	2	3.50	37
Shine for Kids – Partners of Prisoners	2	4	20
Walking Group	33	66	330
Yoga	116	146	732
Total	192	270	2393

3. Provide data on partnership meetings and joint activities

Meeting/Activity	Whom
Bathurst Child & Family Network Meetings	CSA Counsellor Manager WH Nurse
Bathurst Community Interagency Group Meetings	Admin Gen Counsellor Manager
Bathurst Family Support Service Committee Meetings	CSA Counsellor
Bathurst Family Violence Awareness Group Meetings	Gen Counsellor Health Promo Manager
Bathurst Joint Investigation Response Team Local Management Group Meetings	Manager CSA Counsellor
Bathurst Mental Health Month Committee	Gen Counsellor
Bathurst Mental Health Professionals Network Meetings	Gen Counsellor
Bathurst Migrant Women's Support Interagency Meetings	WH Nurse
Bathurst Youth Network Meetings	CSA Counsellor

Meeting/Activity	Whom
CASAC Statewide Conference	CSA Counsellor
CASAC Statewide Meetings	CSA Counsellor
Central West Family Law Pathways Network Meetings	Gen Counsellor Manager
Cooperative Legal Service Delivery Meetings	Manager
NGO Women's Health Nurse Meetings	WH Nurse
Western Local Health District Women's Health Nurse Meetings	WH Nurse
Western Region Australian Psychological Society Meetings	Gen Counsellor
Aboriginal Land's Council Sorry Day	Gen Counsellor
Aftercare Presentation	Gen Counsellor
Australian Human Rights Commission National Anti-Racism Strategy	Gen Counsellor
Bathurst Regional Council's International Women's Day & '101 Eyes' Project	WH Nurse
Disability Services & Advocacy Forum	Gen Counsellor
Distribution of Invisible Sentence Bags & Centre Brochures	Gen Counsellor
Dr Sandra Cabot's Oberon Community Talk	WH Nurse
International Women's Day Celebration & 16 Days of Activism Against Domestic Violence	Gen Counsellor WH Nurse
NAIDOC Day Celebration – Stall	WH Nurse
Western Advocate Publication – farewell & thank you to previous Manager, Susan Clarke-Lindfield, after 20 years of service to the Bathurst Community and the Centre	Gen Counsellor
White Ribbon/Balloon Day – Stall	CSA Counsellor Gen Counsellor
Women's Housing Wellness Group – Health Promotion	Gen Counsellor

4. Report on progress of strategic plan and governance

Work is on-going in line with the Strategic Plan 2011-13. The three key result areas are:

1. Governance, systems management, human resource management.
2. Access, services and program design, service implementation.
3. Community development, networks, funding partnerships and contracts.

Each of the above key result areas are currently impacted by our Community Services funding which ends in December 2012. Our Health funding is committed until June 2013 however from January 2013 Health will be introducing a new Grants Management Improvement Program for the NGO sector which will likely change our key result areas.

5. Report on quality improvement initiatives

Previously a report from Quality Management Services making recommendations for improvement was received. CWWHC drafted an action plan for the period 2011-13 with a view to implementing the recommendations by 2013.

Annual Report Women's Health Nurse – Lee Hagan

Hi, my name is Lee Hagan and I normally work three days a week at the Centre. However, due to the vacancy of the health promotion worker position for 2011-2012, I worked four days a week this financial year, doing more clinical and health promotion activity than normal.

Women's health nursing in a community setting is a specialised area of advanced nursing practice that provides a unique, holistic, woman-centred approach to primary health care provision. In practice, women's health nurses (WHN's) blend a range of clinical services with counselling, health promotion, education, consumer advocacy, appropriate referrals, working in partnerships with other professionals to achieve optimum outcomes using the latest women's health research.

The history of the Women's Health Movement in Australia, and the role of women's health nurses in its provision, is recent, stemming from the 'second wave' of Australian feminism from the 1970's onwards. Federal funding for women's health initially came from the Gough Whitlam/Australian Labour Party, commencing in 1978. This was a result of the passionate and strong lobbying of women from all walks of life, from all over Australia, for a more respectful and empowering health service for women than mainstream services of the time were providing.

Women wanted more choice on who they see for well women's health checks, such as cervical and breast screening, and other women's health issues across a woman's lifespan, (and not solely concerning reproductive issues), but rather a type of healthcare that embraced their physical, mental, emotional, *and* social health.

WHN's in NSW work in a variety of settings, including privately owned medical centres, publicly funded community health centres, and non-government health services. A service run for women by women.

Central West Women's Health Centre in Bathurst is among 22 other NSW non-government Women's Health Centres who strive to deliver that kind of care, according to a Manual of Standards for women's health, measured against NSW Quality Maintenance Standards, and incorporating various National and NSW Women's Health policies.

Last year, 2011, saw the 25th year of the Central West Women's Health Centre's existence – testimony to the federal and state government's continued (if not sometimes wavering) support for this kind of service. This year marks its 26th year, when we celebrate these milestones of achievement acknowledging women of all walks of life, age, and nationality.

The key principles of a Women's Health Nurse Practice are to:

- encompass a gendered approach to health (be 'women-specific')
- apply a 'social model' of health which recognises the social determinants of health (the non-physical social barriers preventing women from seeking and attaining health)
- enable women and girls to make independent health choices
- encompass a 'holistic' health care practice (look at more than the physical)
- emphasise clinical, advocacy, education, and lobbying skills
- provide education to clients and co-workers, both in clinics and for community groups, and in our everyday practice as healthcare practitioners

- utilise a collaborative approach (work closely and co-operatively with other agencies) to optimise outcomes for women and girls
- provide accessible, affordable and equitable health care to all women
- identify and apply appropriate and sensitive work strategies and linkages with key groups of marginalised, disadvantaged and under-serviced women and girls

Women's Health Nurse Service statistics 'snapshots'

Over 200 women had a pap smear with 182 of the women from 'low screening' categories (Aboriginal, migrant, disabled, under 25's, remote rural, or women with a mental illness).

Over 140 women had STI screening with discussion about 'safer sex' and use of protection. Fourteen women had already contracted Chlamydia, which is the fastest spreading sexually transmitted infection in the developed world (HIV is now on the decline).

49 women were either tested for or sought advice on their pregnancies, or after birth check-ups. This includes doing pregnancy tests and 'options counselling' (discussing termination, continuing the pregnancy, or adoption). Women wanting to continue the pregnancy are referred on to a doctor for antenatal care.

26 women sought menopause information and support, were given education sessions and reading materials and/or referred on for further medical or alternative healthcare support (which included massage, herbs, naturopathy, pelvic floor physiotherapy, counselling, and lifestyle coaching).

142 women were referred to a GP, or a counsellor, or other healthcare provider.

92 women were seen in outreach clinics or during talks (eg. Bloomfield Hospital and Essential Energy). Although the Charles Sturt University clinic is no longer operating (due to lack of numbers), these young women now find us on the internet, posters on campus, and through word of mouth.

I saw 15 Aboriginal women, 45 women with disabilities, and 31 women from cultures other than English ('CALD').

87 women clients of the service were between 20-24 years of age. 101 women clients were over 50 years of age.

Training Completed

- Respond to Risk of Harm
- Mandatory Reporting
- Annual Women's Health Updates
- Black Dog Institute REACH Support Group Facilitator Training

I look forward to another busy and interesting year at the Centre, working alongside, and with, some wonderful and inspiring women, both staff and clients.

Annual Report Child & Adolescent Sexual Assault Service – Sandy Keech

After a complete year in the Child Sexual Assault Counsellor position I have found it to be a very challenging and rewarding position. The service has rebuilt to almost capacity and is beginning to look at a waiting list for the 2012- 2013 year.

The service has continued to provide support and counselling to children (male and female) under the age of eighteen who have experienced sexual assault, are suspected or at risk of being sexually assaulted, and children who have been affected by domestic violence. Support and counselling is also provided to non offending family members of the children.

This has been achieved through one to one counselling sessions, telephone support or counselling, and outreach services, mostly to Lithgow. The in-house Protective Behaviours programs have been very limited this year due to the number of children referred through child protection services who were assessed as requiring individual protective behaviours, rather than being involved in a group program.

I delivered a condensed Protective Behaviours program to each class at St Philomena's school and a more extended version to selected children at Coerwull Public School at Lithgow, in August 2011.

I trained in the Love Bites program this year and was involved in providing this program to Denison College - Kelso High Campus. Collaboration between Bathurst Women's & Children's Refuge, Centrelink, Bathurst Police and Community Health (to name some of the other services assisting in the program) enabled us to run the program each Monday for three weeks in order to ensure successful delivery to all of the year ten students at the campus.

In September we were again part of White Balloon Day which actively promotes awareness of child sexual assault in the community. This year we set up a stall in Stockland Shopping Centre providing information and balloons to shoppers.

I attended the Child & Adolescent Sexual Assault Counsellors (CASAC) Statewide meeting in September. I arranged for NSW Health Education Centre Against Violence (ECAV) to deliver training, working therapeutically with children & young people who have experienced sexual assault, in Bathurst in October. In February I was invited by Relationships Australia to sit on a panel for a domestic violence information session for new workers in the region. In March I attended the CASAC Conference and Love Bites training, and May saw me attend the on-call sexual assault training with NSW Health.

Objective 1

To support children, young people, individuals and families so that they can enhance their independence, safety, self esteem, and/or quality of life within the community

The 2011/2012 year has seen just over 60 clients attend 301 sessions of face to face counselling provided by the Child & Adolescent Sexual Assault Counsellor.

Referrals were received throughout the year from services such as Joint Investigation Response Team, On-Call Sexual Assault Service, Family Support Services, Child & Adolescent Mental Health Service, Bathurst Women's & Children's Refuge, Benevolent Society and Family & Community Services.

The majority of children accessing the service received counselling or education for child sexual assault and/or protective behaviours education. There were also a high number of referrals for children affected by domestic violence.

In addition to child sexual assault and domestic violence, the most notable issues children presented to the service with were anxiety/panic disorders, self esteem, stress, family issues and anger.

Objective 2

To build strong communities and social capital undertaking community development, so that communities are well informed, resourced and connected, and equity and diversity are embraced

Once again White Balloon Day presented an opportunity for community education specifically about child sexual assault. This was provided in a more covert way than in the previous year with a shopping centre stall which was well received and supported by the community.

Working with schools and other service providers I was able to be part of the delivery of education in relation to protective behaviours and healthy relationships to 343 children. Many of these children would not have one to one access to the Child & Adolescent Sexual Assault Service in other circumstances.

Attendance at the CASAC Conference and various other training opportunities allowed me to network with other Child & Adolescent Sexual Assault Counsellors. EVAC's willingness to return to Bathurst, at my request, to present training specifically in relation to child sexual assault provided a fantastic opportunity to educate service providers.

As you can see it has been quite a busy year between service provision and training opportunities. Sadly, we are currently at risk of losing funding to the Child & Adolescent Sexual Assault Service due to funding changes within Family & Community Services. Hopefully the service will be here to provide a report for the 2012 - 2013 financial year.

Annual Report Generalist Counsellor – Linda Leard

What a wonderful opportunity, privilege and responsibility it has been to provide counselling, support and advocacy to women of the Central West from a feminist framework. It has been particularly rewarding to be a part of the consciousness raising process for clients and community around the affects of sex role stereotyping to women's health and, in doing so empower clients to develop greater autonomy and self confidence.

Myths around domestic violence and sexual assault that diminish the responsibility of perpetrators and attempt to attribute blame to victims persist, ultimately contribute to a false sense of safety within the wider community. As such counselling includes psycho-education, a preventative focus and advocacy to support women across the lifespan.

Outreach and telephone counselling continue to improve access for women isolated by distance and ill-health. Telephone counselling was also an effective way of creating a supportive environment for those wait listed or struggling to attend due to chaotic lifestyles or competing demands like escaping domestic violence, work and childcare responsibilities.

Advocacy and support for women affected by domestic violence and adult or child sexual abuse was a strong focus of the service as was associated emotional and psychological difficulties like depression and anxiety. Variations in the employment structure of local agencies such as, the absence of a Sexual Assault Counsellor within the local area health service, continued to affect the flow of clientele to this position and referrals were received from many sectors of the community.

The flexibility of the service to provide short, medium and long-term counselling increases our capacity to provide a client focused, needs driven service and, potentially differentiates this service from other counselling services. In doing so we remain accessible to a portion of the community, often trauma affected with long term, complex health and lifestyle problems, who might otherwise find continued care difficult due to their erratic patterns of accessing support.

Service provision

Over the year there were 302 contacts with the Generalist Counselling Service. The majority of these contacts were individual face to face counselling sessions (216), with the other contacts including telephone support/counselling or outreach.

The range and pattern of issues women were dealing with seemed similar to past years. It seems women often present in crisis with a varying number of interrelated problems. Due to the complexity and often long term existence of these difficulties, counselling can be intense, complex and include referral to complimentary services and social supports.

As co-occurring problems are the norm rather than the exception, the number of issues addressed is far greater than the number of clients seen. A breakdown of the major issues addressed and their frequency of occurrence is presented in the table below.

Issues		Issue	
ADDICTION	17	RELATIONSHIPS	548
EMOTIONAL / MENTAL HEALTH	584	REPRODUCTIVE	17
GYNACOLOGICAL / UROGENITAL	20	SOCIAL / CULTURAL	86
LEGAL / FINANCIAL	249	VIOLENCE / ABUSE	197
PHYSICAL/MEDICAL HEALTH	94	EMERGENCY / CRISIS / OTHER	19
ACCESS & ADVOCACY	63	DISABILITY-MANAGEMENT OF	50

Issues for consideration

Problems that seem to make accessing counselling difficult for women are:

- A lack of affordable occasional childcare and the inability of the centre to safely provide childcare.
- Affordability of Telephone Interpreter Service not included in current budget.

It is likely the availability of psychologists and social workers through Medicare's Better access program may impact service demand however the uniqueness of providing services from a feminist perspective and social model of health, continues to differentiate our Centre from other health providers as is often reflected in comments made by counselling clients.

Referral & Liaison

Liaison and referral took place with: Probation and Parole, Shine for Kids, Family & Community Services, Women's Domestic Violence Court Advocacy Service, Bathurst Neighbourhood & Information Centre, Women's Housing, Kelso Community Centre, Bathurst Women's Refuge, National Association for Loss and Grief, Rahamim Centre, Elizabeth Evatt Community Legal Centre, Women's Resource Centre, Bathurst Police, Domestic Violence Liaison Officer, Drug and Alcohol Services, Community Health, 'CareWest, Evans Community Options, Family Support, TAFE, Central West Community College, Centacare, Relationships Australia, Aftercare (Personal Helpers & Mentors Program), Sexual Assault Service, Canteen, Veritas House, Glenray, Community Health Genetic Counsellor, Headspace, Charles Sturt University, Dudley Hospital, Welfare Officer at Bathurst High School, Aboriginal Housing Cooperative, R.S.L., Psychologists, Doctors, self help websites, Cannabis Clinic, Legal services, Nurse, Child Sexual Assault Worker.

Training and Supervision

Maria Woods a former employee of The Centre continued to provide valuable and superior supervision to myself in the Generalist Counselling position and her resignation is a great loss for the position and myself.

Training completed:

- Black Dog Institute REACH Support Group Facilitator Training
- On-Call Sexual Assault Counsellor Training
- Mental Health First Aid
- SMART: Self Management and Recovery Facilitator Training

Financial Reports