

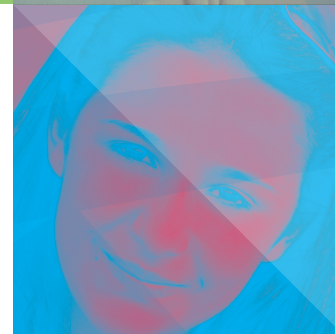
Services

Health & Wellbeing

Women



FREMANTLE WOMEN'S
HEALTH CENTRE



ANNUAL
REPORT
2014/15



114 South Street, Fremantle
PO box 8014, Hilton 6163
p 9431 0500
f 9430 7862
enquiries@fwhc.org.au
www.fwhc.org.au

Health & Wellbeing

Women

Services
Resources

Table of Contents

Welcome to FWHC	4
Our Vision	
Our Purpose	
Our Goals	
Our Values	
Chairperson's Report	5
Executive Director's Report	6
Womens Health & Wellbeing Services	7
Our Staff	13
Sustainability	14
Our Board	20
Outcomes, Impacts & Improvement	23



Welcome to FWHC

Welcome to the Annual Report for 2014-15. This report summarises service provision, service developments and our achievements within the context of Fremantle Women's Health Centre's Strategic Plan 2014-17.

Our Vision

Communities in which women are valued and are accessing the health care and health education that they need

Our Purpose

To improve women's health and wellbeing in the south west metropolitan region, prioritising the needs of women with the highest risk of poor health outcomes, through provision of services based on a social model of health

Our Goals

- To be a leader in the provision of high quality, specialist health and wellbeing services, including health promotion, prevention and treatment, for women by women
- To provide a comfortable, friendly and professional setting, in which staff give time to listen and understand
- To deliver services with integrity, transparency, accountability and sustainability.
- To be responsive to community needs

Our Values

- Act **HONESTLY**, to encourage an environment of integrity and mutual trust
- Be **ACCESSIBLE**, by providing affordable services and facilitating equal access to services for women regardless of age, ability, religion, culture, sexuality or socio-economic circumstances
- Be **WOMEN-CENTRED**, by acknowledging women's individuality, their family and group affiliations and encouraging women to become equal and active partners in their health care
- Show **COMPASSION** by caring, offering empathy and providing adequate time in our interactions with women



Chairperson's Report

Welcome to the 2015 annual report, it continues to be a pleasure and a privilege to report on the achievements of Fremantle Women's Health Centre (FWHC).

I have been involved with the FWHC Board since 2008 and each year I am impressed with the centre's ability to provide new programs and extend existing ones. Our focus this year has been to support Aboriginal women, women experiencing domestic violence and young women.

This year we have seen an increase in the capacity of the medical and counselling services allowing the centre to provide more support to more women. We also welcomed the engagement of a youth ambassador, provided greater support to those women experiencing domestic violence and held an outstanding International Women's Day event, celebrating women.

Client survey results continue to indicate that women feel supported and again the continuing request is for more services. A result of 99.2% of women saying they would use the service again is a measure of the professional and welcoming attitude of the staff and a credit to the staff.

The Board have farewelled three members this year, our treasurer Tracey Ford, long-standing member Jane de Lacy, and Veronica Taylor. I thank them all for their significant contributions. We continue to focus on developing good governance practices and delivering on our strategic and operation plans.

Thank you to the many agencies and partners, funding bodies and community members who have supported FWHC this year and we look forward to continuing these relationships.

On behalf of the Board, I thank the Executive Director Diane for her professionalism and dedication to advocating for better health outcomes for women. It continues to be a pleasure working with Diane. For the first time we were required to tender for a significant part of our ongoing funding this year and I thank Diane and Board members for their significant contributions to this work. We await the results of that process. The process did give cause for considerable reflection on our strong history and the excellent work of the centre and highlighted the high regard with which our services are held within the community.

And finally, my thanks to all the Board members who have made significant contributions at meetings and working on subcommittees to support the strategic and operational development of our organisation.

Diedre Timms



Executive Director's Report

2014-15 has been another year of significant achievements for Fremantle Women's Health Centre and I take pleasure in highlighting them here:

- New services and activities in all three areas of service provision - health promotion, preventive and treatment
- Maintenance of an expanded health promotion program
- Increased capacity in medical and counselling services with increased employee hours of service
- Good governance and sound financial management with a budget surplus and the auditor's governance and management letters confirming appropriate and effective governance and financial processes in place
- Further substantial increases in staff wages made possible by the receipt of Component II Sustainability funding increases from the Department of Health
- Good service outcomes in terms of improved health and wellbeing, evidenced in client evaluations and psychometric testing
- High quality health services evidenced by a high level of satisfaction expressed in the annual client survey, evaluation forms and feedback from referring agencies
- A continuing focus on partnerships and collaborations with a range of other health and local services to meet the health needs of women in our region - formal service partnerships, project partnerships and close working relationships
- Profile raising through public relations, networking, website, Facebook page, and youth ambassador to augment a well-established word-of-mouth reputation
- Engagement with a range of targeted groups of women at risk of poor health outcomes, with a particular focus this year on indigenous women, young women, and women experiencing domestic violence
- Maintenance of strategic partnerships in the women's health sector to further the interests of women's health

These achievements have been possible because of the dedicated effort, expertise, and compassion of our team of health professionals, management and support staff who continue to provide high quality health services that result in positive health outcomes for women in the region. I also want to acknowledge our Board members who volunteer their time to provide good governance and strategic direction to the organisation. In particular, I want to thank Diedre Timms, Chairperson, and Pippa Worthington, Deputy Chairperson, for their generous support and input.

I would like to gratefully acknowledge the ongoing funding support from the WA Department of Health (Women and Newborn Health Service) and the Mental Health Commission, and a project grant from the WA Cervical Cancer Prevention Program.

Diane Snooks

Women's Health & Wellbeing Services

Strategic Objective 1: To provide health promotion, prevention and treatment services that improve women's physical and mental health and wellbeing

1.1 Maintain the current level of service provision

Fremantle Women's Health Centre (FWHC) continues to provide a range of health promotion, preventive and treatment services and resources in the area of women's health. For 2014-15, these included medical, nursing, counselling, physiotherapy, health education and group activities, with a crèche facility for some groups and appointments.

The previous level of service provision was maintained and extended. Demand for services continues to be high and FWHC is well utilised. There was a substantial increase in client numbers compared to last year – a 13.5% increase to 2408 women seen by appointment. Medical practitioners provided services to 1643 women attending 2459 appointments. Clinical nurses saw 729 women for 840 appointments. Counsellors provided services to 264 women with a total of 1110 counselling sessions (face-to-face and phone).

Nurses provided health information and gave test results to 1427 women by phone and to walk-ins and there were 122 health education group and health promotion event sessions. There were 43 therapeutic group sessions and 120 self-help group sessions.

Health Promotion

This year has seen the maintenance of a previously expanded program of health promotion. FWHC staff organised health promotion groups and events at FWHC and in the region, provided presentations to community organisations, and stalls at regional and organisational events. During the reporting period these included:



Fremantle Women's Health and Wellbeing Day at Hilton Community Centre

- **Events** and groups organised by FWHC - Fremantle Women's Health & Wellbeing Day (annual regional event organised in collaboration with BreastScreen WA), Pamper Day for Postnatal Depression Awareness week at FWHC, International Women's Day at FWHC, Transitional Boomers Group at Atwell & Success;
- **Presentations given** at Zonta House Refuge Positive Pathways Program (4 presentations), Soroptimist International Fremantle, Wellbeing Day at The Meeting Place;
- **Stalls provided** at the Aboriginal Family Day in the Hilton Community Centre, Mental Health week event at Alma St Hospital, Orientation Day Fiesta at Notre Dame University (STI campaign), Festival Day at Murdoch University (STI campaign), Yorga's Health Day event



at Cockburn Youth Centre, Over 55 Healthy Lifestyles Expo at Melville LeisureFit, and Fremantle Aboriginal Health Day in King's Square, Fremantle.

Prevention

Prevention remains a strong focus for our services, with at risk client groups such as Aboriginal and young women targeted with special services and campaigns. FWHC maintained ongoing provision of cervical cancer screening (Pap smears); breast cancer screening; sexually transmitted infection (STI) screening; and well women's checks and preventative plans. The purpose of the annual well women's check is for the nurses to assess, give information and make recommendations to ensure clients have optimum health outcomes in respect to chronic disease and women's health issues. It involves discussion of the following issues:

- cervical and breast cancer screening – the importance, checking if they are up-to-date
- sexual health - asking if they wish to review contraception options or require sexually transmitted infection (STI) screening
- chronic disease prevention – asking about smoking, alcohol and other drug behaviour, assessing body mass index (BMI) and taking waist measurement for overweight and obesity problems, urinalysis for detecting kidney disease, taking blood pressure, and discussing physical activity
- continence – assessing bowel and bladder habits
- pregnancy – in addition, if appropriate, nurses provide preconception health information and pregnant women are given a pregnancy information pack

As well as appointments available with doctors for cervical cancer, breast and STI screening, FWHC continued to run a weekly nurse's Pap smear, STI screening and diaphragm fitting clinic and a nurses' walk-in STI screening service. Cervical cancer screening remains the most predominant presenting issue for the medical and nursing services.

Treatment

Professional, personalised, empathic medical, nursing and counselling services are central to what we provide, and we also have a program of group activities that supports women's wellbeing.

Women's health services provided by FWHC's doctors and nurses include not only preventive screening services but treatment and referral services for chronic medical problems; contraception; mental health issues; breast issues; STIs; menstrual, menopausal, vaginal, urinary tract, vulval, pelvic, cervical and ovarian problems; relationship/sexual issues and pregnancy. Compared to last year there was a substantial increase in contraception issues.



FWHC counsellors provide short term counselling (up to 10 sessions) for both general issues and perinatal mental health issues. Perinatal issues include stress, anxiety and depression during the antenatal and postnatal periods. General counselling issues include depression, stress and anxiety, relationship problems, domestic violence, trauma, self-esteem, bereavement and loss, and parenting concerns. The majority of clients presented with high prevalence mental health issues (depression and anxiety) and relationship issues. There was a substantial increase in clients presenting with domestic violence issues and trauma.

The program of group activities included several weekly ongoing groups - a postnatal therapeutic support group (for those with postnatal depression and anxiety as an alternative to individual counselling), a Portuguese Women's group, a Wise Women (over 50s) exercise group, and two Overeaters Anonymous groups. Short-term groups included four massage courses, a series of free massage sessions and a Raising Healthy Kids workshop, which focussed on providing health food for children.

FWHC has a crèche facility that provided child minding for the weekly postnatal support group and on Thursday mornings for appointments.

Other services provided at FWHC:

- The Fremantle Hospital continence and women's health physiotherapist continued to work from FWHC one day per week as part of the hospital's outreach services until the end of September. This service has now been discontinued due to the opening of Fiona Stanley Hospital, a restructuring of the Physiotherapy Department and a change in their priorities.
- A private psychologist, Rachael O'Byrne, continued to operate from FWHC on Fridays taking referrals from our doctors and other GPs in the region until the end of August. She has now established a group clinical psychology practice in Fremantle and our doctors still refer to her.
- Carers WA Counselling Service continued to operate from FWHC on Tuesdays on a fortnightly basis providing counselling to carers in our region.
- Silver Chain's Continence Management and Advice Service continued to operate from FWHC on Mondays on a weekly basis providing the services of a continence nurse to senior women and women with disabilities. Eligibility is for women on pensions and health care cards who have had symptoms for more than six months.

1.2 Build capacity to meet increasing demand

A vocationally registered (VR) general practitioner was recruited a month before the start of the financial year with an extra 1 to 1.5 days of medical clinics maintained throughout the year. This reduced the wait time for appointments making it possible for women to get an appointment within the week most of the time.



The employment of another VR doctor and an improved ratio of VR to non-VR doctors has improved the financial situation in the medical area and has enabled the introduction of procedures not previously available, like insertion of intrauterine devices (IUDs), and the provision of more Implanon insertions for long acting contraception.

The counselling capacity was increased by 1 day per week which enabled a reduction in wait times for appointments (for most of the year) and an ability to respond to the increase in referrals for general counselling, including a substantial increase in referrals of women experiencing domestic violence - 39.6% of general counselling clients had domestic violence issues.

1.3 Identify changing demand and build capacity to meet it

FWHC identifies clients' needs, community needs and priority health issues through a variety of strategies including analysing our own statistical trends; getting feedback and input from clients; communicating with other local services; accessing health issues research and statistics, regional population and demographic information, and regional health information. This information informs and drives service planning and delivery.

Mental health issues have remained prominent not only for counselling services but also in the medical services. Mental health is the fourth most prevalent issue dealt with by our doctors after cervical cancer screening, medical problems and contraception, but before breast examinations, STIs, menstrual problems and menopause. Our doctors refer to our counsellors and also write mental health plans for referral to other counselling services and private psychologists. So FWHC ensures that our doctors have the necessary skills and knowledge for this work. Counsellors have ongoing access to relevant mental health training.

Due to greater community awareness about domestic violence (DV) issues, there is an increasing need for services in this area. FWHC has responded by making women experiencing DV a priority group for 2014-15, by making changes to the database to ensure that data on DV is collected in all service areas to more accurately gauge the extent of the demand, introducing use of the DV common screening tool by counsellors with all clients, increasing the awareness of doctors and nurses about signs of DV, strengthening our relationships with domestic violence services in the region to facilitate referrals and for a more coordinated response, posting information about DV and DV services on our Facebook page, providing access to training for counsellors, and investigating possible sources of funding to expand our DV counselling service.



1.4 Develop new services to meet the needs of identified groups - most at risk of poor health outcomes

FWHC provides services for many groups of women at risk of poor health outcomes - indigenous, young, with young children, culturally and linguistically diverse (CaLD), with mental health issues, older, with a disability, and carers. A decision was made to focus on three at risk groups of women in particular for 2014-15. These were Aboriginal women, women experiencing domestic violence and young women.

FWHC provided a fortnightly outreach nurse's Pap smear clinic for Aboriginal women at Hilton Community Health Centre which began last year and ran for six months till September 2015. This was supported by a project grant from WA Cervical Cancer Prevention Program. No appointments were required and transport to the clinic was provided by our Aboriginal staff member.

During the year, counselling services for women experiencing domestic violence were expanded as a result of increased numbers of referrals following FWHC's efforts at strengthening connections with family and domestic violence services in the region, particularly the Fremantle Family and Domestic Violence Response Team and Safe at Home Program both managed by Lucy Saw Refuge, and with the other refuges in the region - Warrawee, Wyn Carr House, and Zonta House.

In September a new Youth Ambassador, a nursing student at Notre Dame University, was engaged to promote FWHC services to young women under 25 years of age. She has sourced health information and health links relevant to young women for our Facebook page and has developed an online survey that will be used to ascertain young women's needs in relation to health issues and service provision. She also assisted with our STI campaign in February aimed at young women which involved us having stalls at orientation events at Murdoch and Notre Dame Universities. Expansion of the nurse's walk-in STI screening service, although for all women, was seen as something that would facilitate young women's access.

New health promotion initiatives this year included presentations to Soroptimist International and the Meeting Place and stalls at the Aboriginal Family Day, and Yorga's Health Day.

In terms of the group program, the free massage sessions and Raising Healthy Kids workshop were new initiatives.



1.5 Be innovative and provide leadership in women's health sector practice

This year has seen an expansion of sexual and reproductive services with the introduction of IUD insertions, and the expansion of Implanon insertions by our doctors for long lasting contraception. These forms of contraception have become more popular and demand has increased substantially.

FWHC has provided leadership by adopting an educative role in relation to medical terminations of pregnancy (MTOPT) to ensure that women in the region have greater access to this option. Many general practitioners in the region were not aware that in August 2012 the medications used for MTOPTs had been included on the Australian Register of Therapeutic Goods and were not just available through the TGA Authorised Prescriber Scheme. Marie Stopes International Australia applied for its registration, is the sponsor of the medicine, and provides training for medical practitioners who wish to prescribe for terminations. Our Manager Clinical Services has done a great job with disseminating this information to GP practices in the area and ensuring the training is advertised through Fremantle Medicare Local.

FWHC nurses continue to respond to requests from other organisations to give presentations on sexual and reproductive health, screening services, menopause, and osteoporosis. There has been an expansion of the nurses' STI screening service which is provided as a walk-in service not requiring an appointment.

1.6 Recruit and retain high quality staff

Over many years FWHC has had good staff retention and high staff morale. Many factors have contributed to this. Component I and II Sustainability Funding from Department of Health and Mental Health Commission has made possible staff wage increases which are of great assistance in the recruitment and retention of high quality professional and support staff. FWHC recruits according to best practice HR practices, provides appropriate support in terms of induction and on-going supervision, provides access to relevant training, has a system of annual performance appraisals in place, and provides ample opportunity for staff engagement in regular operational meetings and in service planning.

FWHC services are provided by well qualified, experienced, caring, female health professionals, management and support staff, including an Executive Director, Manager Clinical Services and eleven other staff for a total of 6.5 FTE. During the year there were two resignations, but no new staff members were recruited as existing staff took up the vacated days. The same contractors as in previous years were engaged for the accounting and bookkeeping functions and for the clinical supervision of the counsellors.





FREMANTLE WOMEN'S HEALTH CENTRE

OUR TEAM 2015



Diane
Executive Director



Dawn
Manager, Clinical Services



Selena
Clinical Nurse



Diane
Medical Practitioner



Marie, Medical Practitioner
(resigned November)



Jane
Medical Practitioner



Alida
Medical Practitioner



Sandra
Relief Clinical Nurse



Lisbeth
Senior Counsellor



Karoline
Senior Counsellor



Gally, Senior Counsellor
(resigned December)



Linda
Co-ordinator Resources



Ali
Receptionist



Amanda
Receptionist



Rebecca
Administrative Assistant



Doreen
Bookkeeper (Contractor)



Ronald
Accountant (Contractor)

Sustainability

Strategic Objective 2:

To engage with the dynamic women's health environment in order to develop and grow sustainably

2.1 Proactively advocate and articulate the importance of women's health issues and the social determinants of health

Contribution to the WA Women's Community Health Network

The Executive Director has continued to support and contribute to the women's health sector as a member of the Steering Committee for the Women's Community Health Network WA (WCHNWA) established with a Lotterywest grant. The Network is a peak body for the non-government women's health sector and aims to represent, support, inform, advocate, research and collect information and data for the sector. This year WACHNWA's achievements include

- Establishing and launching its website www.wchnwa.org.au
- Organising a workshop for a wide range of service providers to discuss developing an integrated women's health promotion plan – the aim of the plan is to promote action to support women and their children to lead safe and healthy lives, and to change the conditions that cause and maintain poor health outcomes, gender inequity and violence against women
- Organising the first in a series of forums entitled Women's Health Services Connect. This forum's subtitle was 'Working together to achieve services that will enable women to be safe, well and economically secure into the future'. It considered an advocacy and social determinants approach to delivering better outcomes for women experiencing domestic and family violence and addressed conditions of effective engagement with Aboriginal women.

Engagement in women's health issues in the region

FWHC engages with other services and networks in the region to share information and to discuss possible strategies for addressing particular women's health issues.

This year FWHC instigated discussions with Lucy Saw Refuge about the counselling needs for women with domestic violence issues. As a result FWHC received an increase in referrals from two of the services that Lucy Saw manages – the Fremantle FDV Response Team and the Safe at Home Program - and there have been discussions about possible funding support to expand our services to address the shortage of counselling services in this region.



FWHC participates in the Fremantle Community Mental Health Collaborative Practice Working Group and South Metro Perinatal and Infant Mental Health Network regarding the mental health needs of women in the region and the possibilities for collaborative responses.

Representation at regional events and meetings

The Executive Director and Manager Clinical Services continue to be involved in a numerous monthly, bi-monthly and quarterly regional networking meetings – the Family Support Services Network, the CaLD Services Network, South Metro Mental Health Advisory Group (SuMMAt), South Metro Perinatal and Infant Mental Health Network. The Executive Director gave a presentation in May to the South Metro Perinatal and Infant Mental Health Network on FWHC’s perinatal counselling services and regular updates on FWHC services are given to the other network meetings.

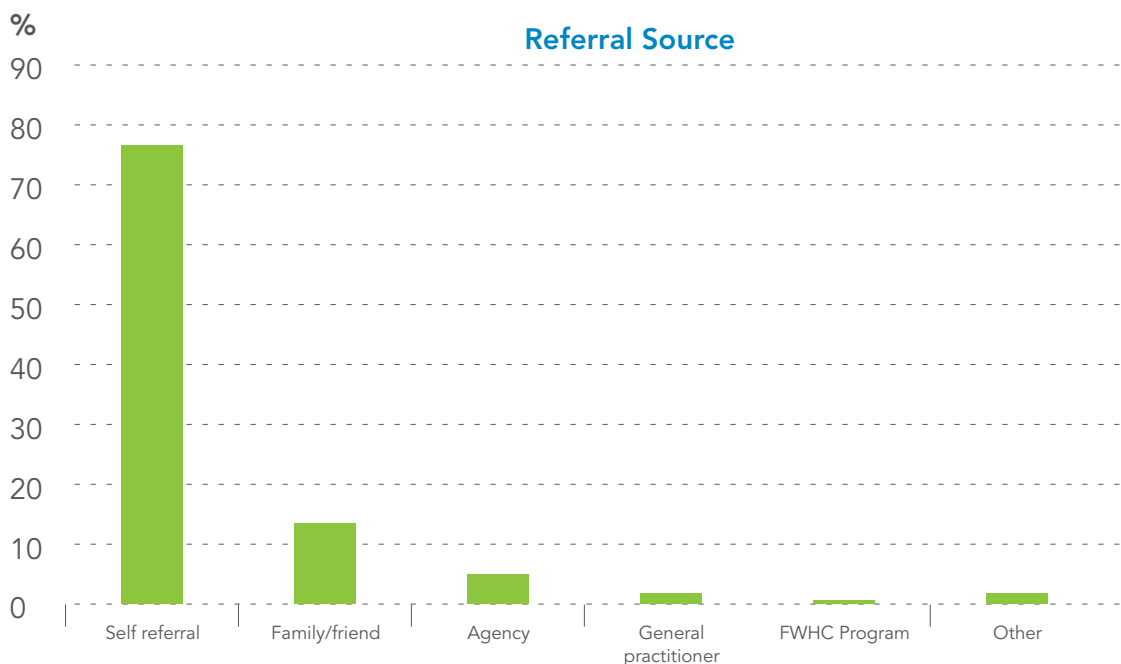
FWHC was represented at two Mental Health Advisory Council Forums by the Executive Director and Deputy Chairperson, and the Chairperson respectively.

Profile raising activities

Considerable effort has been directed to raising our profile through activities such as networking, collaborating, participating in regional events, giving presentations to community groups, advertising, and using our website and Facebook page.

This year the board members have also taken more responsibility for raising the profile of the organisation and developed a plan with profile raising suggestions for board members. Profile raising activities that were undertaken were reported to the board meeting to be included in the progress made against actions in the Operational Plan.

FWHC is well known to women in the region as evidenced by the high number of self-referrals - 77% over all services with an increasing percentage of women finding out about our services via the internet (6.18% compared to 4.9% last year).



Marketing activities

FWHC has made good use of its website and Facebook page to promote services, groups and events, as well as posting information and links on a variety of physical and mental health issues and resources. Website visits, Facebook likes and Facebook item reach are monitored in order to ascertain the effectiveness of these marketing activities. During 2014-15, our website had 8,630 visits (6489 users) compared to 6,132 visits (4,522 users) last year and 73% were new visitors. Our Facebook page is being well utilised with 200 likes and a reach on posts of between 40 and 880.

Our flyers, posters and newsletters are emailed and posted to our client group. They are also sent to organisations and libraries in the region as well as being strategically placed on public community notice boards. When taking RSVPs for groups and events we ask where women found out about the group or event so that we can evaluate the effectiveness of these marketing strategies.

2.2 Develop opportunity pathways

Sustain and grow partnerships

FWHC has done particularly well at establishing formal service partnerships, short-term project partnerships and close working relationships in order to extend the range and volume of services on offer from our premises and in the community in the area of women's health.

In terms of service provision and health promotion FWHC has partnered and collaborated with a range of other health and local services to meet the health needs of women in our region.

FWHC had several formal partnerships with other service providers during this period:

- Fremantle Hospital physiotherapy department
- Rachael O'Byrne, a private psychologist
- Carers WA Counselling Service
- Silver Chain's Continence Management and Advice Service (CMAS)

They all provided services on FWHC premises with reception, administrative and information technology support provided by FWHC (see page 9 for details of services provided).



Short-term partnerships were established with Hilton Community Health Centre, Cockburn Family Support Services and Yangebup Family Centre for particular projects.

- Hilton Community Health Centre - to provide a nurse's Pap smear clinic for Aboriginal women, with Hilton Community Health Centre providing the space free of charge and referring many of the women from their Aboriginal child health program. This was a 6 month project with funding from WA Cervical Cancer Prevention Program that finished in September.
- City of Cockburn Family Services - continuing co-facilitation of a monthly Transitioning Boomers group in Atwell for women 45 years and older, which presents information on a range of health, personal and lifestyle topics.
- City of Cockburn and Yangebup Family Centre – planning for an outreach postnatal support group – this has been postponed till the next financial year.

In terms of health promotion, FWHC collaborated with many different organisations – local and state-wide, physical and mental health organisations, and local government:

- Aboriginal workers / groups and agencies working with Aboriginal women in the region to support Aboriginal women's attendance at the nurse's Pap smear clinic at Hilton Community Health Centre as well as services at our Fremantle premises.
- BreastScreen WA to organise the annual regional Fremantle Women's Health & Wellbeing Day at Hilton Community Centre. Twelve other organisations were invited to have stalls - these included WA Cervical Cancer Prevention Program, Heart Foundation, Continence Advisory Service, Fremantle Medicare Local, Sexual & Reproductive Health, The Bump (Community Midwifery WA), St John of God Murdoch Mental Health Services, Fremantle Multicultural Centre, City of Cockburn Healthy Lifestyles Programs, City of Fremantle's The Meeting Place and Over 55s Program, Wellness Medicine (a local Naturopath), and Rejoov Massage.
- Zonta House Refuge to provide four presentations at its Positive Pathways program, and the Meeting Place to provide a presentation for its Wellbeing Day.
- Soroptimist International Fremantle to provide a presentation with the aim of identifying possible projects for future collaboration.
- South Metro Public Health Unit and Walyup Kworpadding Koort for the Aboriginal Family Day in Hilton and the Fremantle Aboriginal Health Day, Fremantle Adult Mental Health Service for the Mental Health Week event, Notre Dame University for the Orientation Day Fiesta, Murdoch University for the Festival Day, Women in Partnership for the Yorga's Health Day, and local governments of Fremantle, Cockburn and Melville for the Over 55 Healthy Lifestyles Expo.

FWHC has close working relationships with health professionals from organisations in the region who refer clients and take our referrals, and with whom FWHC staff work to ensure appropriate care-coordination. These include professionals from Kaleeya Maternity Hospital and now Fiona Stanley Hospital, Lucy



Saw Refuge (Fremantle DV Response Team and Lucy Saw Safe at Home Program), Warrawee Refuge, Wyn Carr House Refuge, Zonta House Refuge, Cockburn Family Services, Fremantle Adult Mental Health Services, Ruah Inreach, Child Health Nurses, SJOG Ferns House Counselling Service, Fremantle Clinical Psychology and Counselling, Child Protection and Family Services and various GP practices in the region.

The Executive Director is a member of the Community Planning Reference Group for The Meeting Place (TMP) which is a facility provided by the City of Fremantle. TMP is a community centre which provides a program of courses, workshops, events and talks. It helps people share and develop their skills and supports lifelong learning.

FWHC is a member and the Fremantle Community Mental Health Collaborative Practice Working Group (FCMHCPWG) which has representatives from State government mental health services, community mental health services, and Department for Child Protection and Family Services. This year the Executive Director participated in the organising of training sessions for professionals in the region on the Recovery Approach in Context, Person-centred Practice and Coordinated Care.

FWHC is a member of the South West Metropolitan Partnership Forum (SWMPF). SWMPF brings together individuals, groups and organisations who are concerned about social disadvantage in the local government areas of Cockburn, Fremantle and Melville and who work to address this disadvantage. The Executive Director participated in SWMPF's recent annual review and planning day.

FWHC is a consortium member working with Fremantle Medicare Local and other health and local organisations to ensure ongoing operation of Freo Street Doctor, a mobile GP and nursing service for homeless and disadvantaged people, with a high number of Aboriginal people accessing the service. The Executive Director works to ensure that homeless, disadvantaged and Aboriginal women's health needs are being met within this service.

Funding and grant opportunities

A WA Cervical Cancer Prevention Program grant received in the previous period was utilised for a fortnightly nurse's Pap smear clinic for Aboriginal women in Hilton. This had commenced in April 2014 and continued between July and September 2014.

FWHC received a sustainability increase (component II) in our recurrent funding from Department of Health which allowed increases in wages for staff.



The Executive Director has been investigating possible sources of funding to expand the counselling service to enable a more optimal response to women experiencing domestic violence. Our counsellors have the training and experience for this work but our current counselling capacity means we are unable to meet the demand with an immediate response – our wait list this year fluctuated between 2 and 12 weeks. Investigating possible sources has included an approach to Department for Child Protection and Family services, investigation of criminal property confiscation grants, and discussions with Lucy Saw Refuge. There is a possibility of funding through Lucy Saw Refuge for one day per week of domestic violence counselling next financial year.

2.3 Build an evidence base for services (Research and Development)

Preliminary investigations regarding research needs and research institutions

An approach has been made to a researcher at the John Curtin Centre for Public Policy at Curtin University who is open to receiving proposals. This will be followed up on next year.

2.4 Maintain governance best practice

Financial management best practices

Effective financial management was achieved with a skilled financial team and Board oversight – Treasurer (CPA qualified accountant), contracted accountant (CPA qualified), contracted bookkeeper and Director, all of whom have many years' experience working in the not-for-profit sector. A budget surplus for 2014-15 was achieved and the Auditor's governance and management letters confirmed appropriate and effective governance and financial processes are in place.

Continual improvement of governance practices

Supporting its commitment to excellence in governance, FWHC continued to budget for and provide access to appropriate training for Board members. During this period the Board continued to implement processes identified as important by the governance evaluation undertaken in the previous period. The evaluation summary was included in the last annual report and on FWHC's website, a risk management policy was developed, and the risk management plan reviewed and further developed.

Following a resignation, a new board member was recruited according to the particular skill set required, which is the recruitment principle that the board subscribes to. Following the resignation of the Treasurer and according to the board's succession planning, one of the other board members took on the role. She had been recruited the previous year with this plan in place.

The new strategic plan for 2014-17 and the operational plan for 2014-15 have provided direction for FWHC. The Executive Director reports to the Board on a monthly basis on progress made on the actions outlined in the operational plan.



Our Board

The following Board members provided valuable service to the organisation during the year:



Diedre Timms

Chairperson, joined the Board in October 2008

Diedre has over 20 years management and community development experience in the not for profit sector in rural and metropolitan environments. She has managed programs and organisations in the areas of disability, women's health, aboriginal health, aged care and community care. Diedre is a passionate advocate for social justice. She has a Bachelor of Education and is a graduate of the Australian Institute of Company Directors.

Diedre joined the Board to support services to women by contributing to best possible governance for FWHC and supporting women in the workforce in the not for profit sector.



Pippa Worthington

Deputy Chairperson, joined the Board in November 2010

Pippa's professional experience is in marketing, community engagement, communications and strategic planning in the education, public service and community sectors. She has worked both here in Western Australia and in Ireland, and is currently running her own consultancy assisting small businesses and Not for Profit organisations to market themselves more effectively. Pippa has a Bachelor of Commerce in Marketing and Management.

Pippa joined the Board as a way to contribute to the local Fremantle community particularly in her interest areas of women's interests and mental health.



Trish Cowcher

Secretary, joined the Board in April 2011

Trish has worked for many years in the community sector as a campaigner and political activist on local, national and international campaigns and advocacy. She has also been a board member of Oxfam Australia. Trish has a Bachelor of Arts in Politics and Women's Studies.

Trish joined the Board to work with women in the community sector to provide safe affordable health services for women, particularly those most marginalised or not able to access the current health system.



**Tracey Ford**

Treasurer, joined the Board in February 2010, resigned April 2015

Tracey works for Perth South Coastal Medicare Local as the Chief Financial Officer and has over 10 years' experience in accounting for the not-for-profit sector. Tracey is a CPA qualified accountant, a graduate of the Australian Institute of Company Directors and has a Bachelor of Commerce and a Graduate Diploma in Accounting.

Tracey joined the Board in order to use her skills to contribute to the community and ensure the organisation is the best it can be.

**Emma McCormack**

Treasurer since April 2015, Joined the Board May 2013

Emma is a consultant with Ernst and Young's Advisory Services and works predominately with government, health and human services clients. She has a Bachelor of Science (Actuarial Science) (Honours). She is very active in the community having been a Girl Guide Leader for several years, a John Curtin Undergraduate scholar and John Curtin Leadership Academy alumna, Secretary of the Young UN Women Australia Perth committee and participant in the inaugural Young Leaders in Aged Care program. She is also on the board of Useful Inc.

Emma is passionate about the empowerment of women and recognising that women's needs may differ from men's particularly in the area of health.

**Jane de Lacy**

Member, joined the Board in 2005, resigned March 2015

Jane has over 20 years' experience working in mental health services in both inpatient and community settings. She is a Clinical Social Worker with a special interest in the social determinants of women's health. Jane has had extensive experience providing clinical support to women with both severe and high prevalence mental disorders such as depression, anxiety and complex post-traumatic stress disorders often associated with family and domestic violence or a history of abuse. Jane is currently employed by Fremantle Adult Mental Health Service as a Senior Social Worker and Community Liaison Officer for Women at Risk. Jane has a Bachelor of Arts and a Bachelor of Social Work.

After a long professional association with Fremantle Women's Health Centre Jane joined the Board to contribute further to the development of women's health services in the local community.



**Nicola Smith**

Member, joined the Board in April 2012

Nicola is a qualified lawyer who specialises in Family Law with additional experience appearing in the Supreme Court of WA on Inheritance Act Matters. Nicola also volunteers at the Fremantle Community Legal Centre to ensure that legal advice is available to everyone, not just those who can afford to pay for it.

Nicola joined the Board to do her part to ensure that quality services are accessible to all people, especially women.

**Gillian Ling**

Member, Joined the Board in October 2013

Gill is a Professional Counsellor, Educator and Manager with over 20 years of national and international experience in the management of women and children's issues. Gill's key expertise is in the areas of domestic and family violence, suicide and crisis situations resulting in homelessness. She has additional experience in Aboriginal affairs, immigration, trauma and first response counselling, and drug and alcohol abuse. She is also an accredited LGBTI trainer.

Gill joined the Board in order to further her interest in advocating for women's issues, health and wellbeing, as well as to provide specific knowledge in her specialist area.

**Veronica Taylor**

Member, joined the Board October 2012, resigned October 2014

Veronica is a Registered Nurse and Midwife. She has been practising as a midwife for the last 25 years. Veronica works locally in East Fremantle. She currently coordinates the antenatal care (job-sharing) of 1300 women a year.

Veronica has had a long standing interest in women's health especially that of women from a non-English speaking background.

**Louisa Doyle**

Member, Joined the Board December 2014

Graduating in 2012 from Notre Dame with a bachelor in nursing, Louisa has since been working as a registered nurse in oncology. Currently studying psychology, and with experience in drug and alcohol counselling, she has a strong interest in both physical and mental health.

Joining the board at the end of 2014, Louisa is passionate about women's health, with a particular focus on accessibility for those women who are marginalised in the community.



OUTCOMES, IMPACT & IMPROVEMENT

Strategic Objective 3: To deliver positive outcomes for women's health and wellbeing

3.1 Establish systems that enable evaluation of outcomes and impact of services provided

Quality Standards

FWHC operates to recognised standards as an organisation and continues to focus on best practice in medical, nursing and counselling service provision.

FWHC is guided by the Women's Health Standards. We report against the National Mental Health Standards to the Mental Health Commission (MHC) which involves an annual agency self-assessment and improvement plan. The mental health quality standards are applicable to the whole of our organisation and implementation of these standards has been applied to the whole organisation not just to the perinatal counselling service funded by MHC.

As a health service provider, FWHC is informed about clinical governance processes and systems by the Clinical Governance Standards for Western Australian Health Services and the Western Australian Clinical Governance Guidelines developed by the Office of Safety and Quality in Health Care, WA Department of Health.

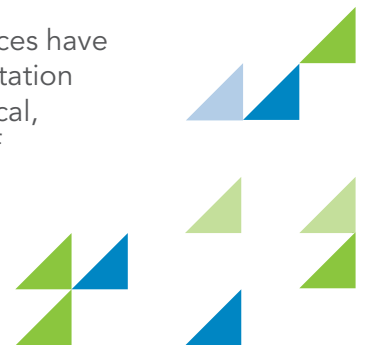
Medical and nursing services adhere to various clinical standards and guidelines: RACGP Standards for General Practice, RACGP Guidelines for Preventive Activities in General Practice, FPWA Sexual Health Services Clinical Guidelines, Sexual Health and Planning Australia Contraception Clinical Practice Guidelines.

Counsellors are guided by their particular professional practice standards and guidelines – the Australian Association of Social Workers Practice Standards and the Psychology Board of Australia Registration Standards and a range of Practice Guidelines.

Doctors, nurses and counsellors are bound by their professional codes of ethics and codes of conduct. All FWHC staff members also sign off on a FWHC Staff Code of Conduct.

Outcome statements

Service outcomes and performance indicators for women's health services have been developed by the Women and Newborn Health Service in consultation with the women's health services. These are applicable to FWHC's clinical, general counselling, information and group services and formed part of the request for tender documents in the recent competitive tender process for Department of Health funding.



Outcome statements have been developed by the Mental Health Commission and form part of its Quality Management Framework. These are applicable to the perinatal counselling service and guide the work of FWHC counsellors in the development of clients' personal care plans and counsellors' work with clients in the achievement of their personal goals.

Our goal in all service areas is to improve clients' health and wellbeing. For both the general and perinatal counselling services, this includes improved mood and improved ability to manage their mental health issues. For the nursing services it includes improved knowledge of health issues and healthier lifestyle choices.

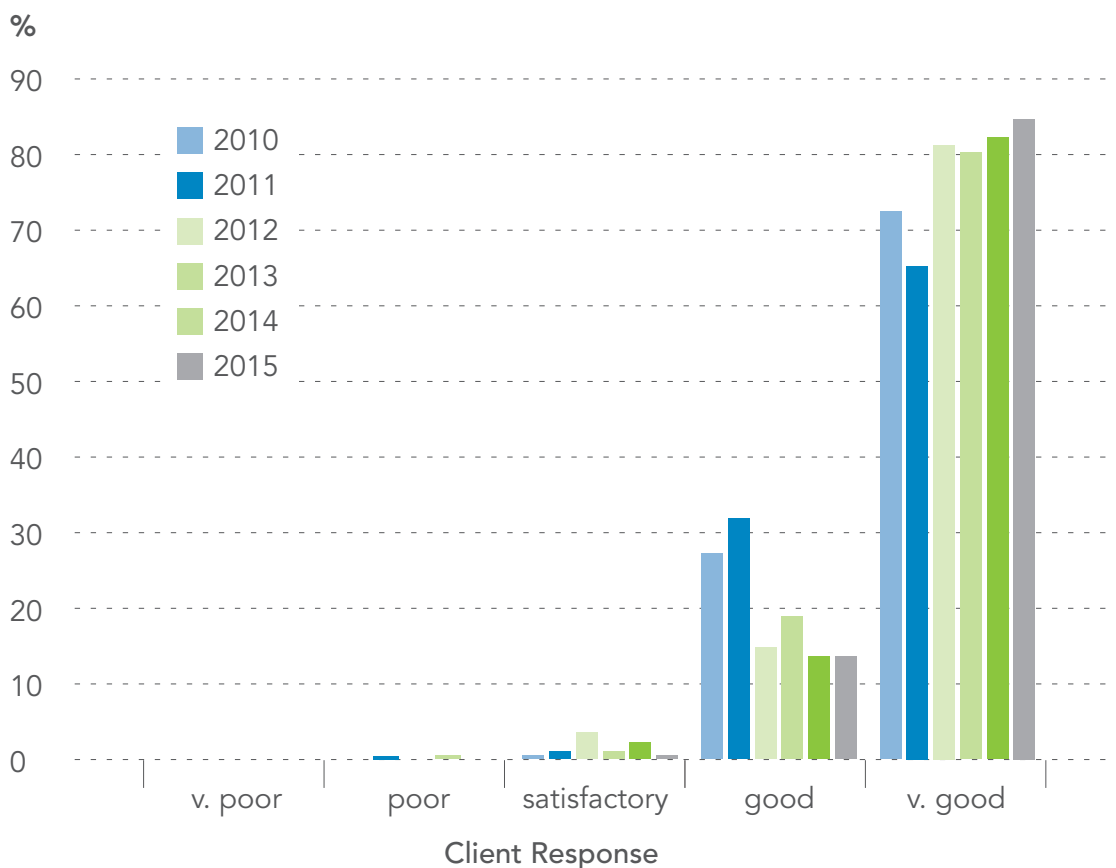
Measurement tools

Feedback and input is sought from clients on a regular basis through surveys, evaluation forms and psychometric testing (counselling).

Annual client survey

An annual client survey is conducted that gives clients an opportunity to rate the quality of services and staff, and to give valuable information about their health needs, how effective our services have been and how we can improve services.

Client Survey Results 2010 - 2015
Overall rating on the quality of services received at FWHC



This year (March 2015), 130 clients filled out the survey. This was a representative sample of FWHC clients, in line with client demographics and services utilised. The results indicate a continuing very high level of satisfaction with the quality of services provided by FWHC, with 99.2% of respondents giving overall ratings of the services in the two top categories on a five point rating scale - very good (84.6%) and good (14.6%).

Ratings for individual services were also very high with combined very good and good ratings of 98.4% for receptionists, 100% for nurses, 100% for counsellors, 99.2% for doctors and 100% for crèche workers.

We also asked:

- Did we help with your health issues?
- What did we do well?
- What could we have done better?
- What other services should we provide?
- What are the things we should no longer be doing?

In terms of effectiveness of services, 100% of respondents said they had been helped with their health issues and 99.2% said they would use our services again.

In response to the question about what we did well, the following comments were made. Similar comments have been grouped and many clients made each of these comments.

Comments about staff

- Listened, took time, not rushed
- Friendly, welcoming, very approachable
- Open, honest
- Kind, considerate, polite
- Supportive, reassuring
- Helpful and understanding
- Good communication skills
- Good rapport and acknowledgement
- Caring, compassionate, empathic,
- Sympathetic to women's health issues
- Inclusive, non-judgemental, respectful
- Professional, skilled, expertise
- Informative, knowledgeable, careful explanations
- Appropriate advice and service



Comments about the overall service

- Excellent service and place for women in the community
- Availability of women health professionals
- Holistic approach, comprehensive care
- Informal and relaxed, felt comfortable
- Didn't have to wait for appointment, prompt service, punctual
- Information and referral, lots of information /literature to take home
- Affordable
- Efficient

In response to the question about what we could have done better, most respondents thought the services were excellent and had no comments. For those who responded, the comments were primarily about wanting more of our current services, with awareness that this would require access to a bigger budget. They wanted more counsellors to reduce the wait time for appointments and so that more than ten sessions of counselling could be offered, longer medical appointments to reduce the wait time in reception for doctors' appointments, more group activities, and more parking availability.

Evaluation forms

Evaluation forms have been developed and implemented for all individual and group counselling. Clients are given an evaluation form at their last individual or group counselling session to complete and return by post. Feedback forms are used for health promotion events where FWHC has been involved in the organisation and planning of them.

The plan for 2015-16 is for surveys to be conducted for follow-up of counselling clients after 6 months of completion of counselling to ascertain if improvements have been maintained in the medium term and for annual follow-up surveys for nursing clients.

Psychometric testing

Counsellors also use psychometric testing, the Edinburgh Postnatal Depression Scale (EPDS) and the Depression Anxiety and Stress Scale (DASS), to measure changes in symptoms of stress anxiety and depression. These scales are administered as part of the initial assessment and then again at the last individual counselling or group session.

Some clients leave counselling prior to the agreed time for completion and notify by phone that they are not needing or able to continue and so do not do their final EPDS and DASS, and not all clients return their evaluation forms.

Perinatal counselling outcomes

Of the clients who did their final psychometric testing 76.9% had improved EPDS scores, and 100% had some improved scores in



the DASS (63.6% had improvement in all 3 scores and 36.3% had improvement on some scores but not others).

Of the clients who completed the evaluation form, 90% reported that their mood was either improved (60%) or much improved (30%), and 90% reported that they were either better prepared to manage their issues (30%) or much better prepared (60%). 100% reported that they were either satisfied (30%) or very satisfied (70%) with the counselling they received and 100% said they would return to FWHC for counselling.

Clients described what the counsellors did that was helpful as being caring, good listeners, being very skilful, providing coping strategies, providing a space to reflect and talk through issues, assisting with understanding how to process and manage issues, helping to re-evaluate goals and core values, and providing reassurance and reinforcement of strengths. In addition the group participants appreciated the safe environment created in which they could express themselves and make positive changes, the opportunity to share experiences and gain support from other women in similar circumstances.

General counselling outcomes

Of the clients who did their final psychometric testing 100% had some improved scores in the DASS (65% had improvement in all 3 scores and 35% had improvement on some scores but not others).

Of the clients who completed the evaluation form, 80.7% reported that their mood was either improved (42%) or much improved (38.7%), and 90.3% reported that they were either better prepared to manage their issues (35.5%) or much better prepared (54.8%). 90.3% reported that they were either satisfied (32.2%) or very satisfied (58.1%) with the counselling they received, and 93.6% said they would return to FWHC for counselling with the remainder unsure.

Clients described what the counsellors did that was helpful as them being warm, caring, compassionate, friendly, kind, calm, supportive, good listeners, easy to talk to, open-minded, understanding, very knowledgeable, skilled, providing tools, techniques and coping strategies, giving good advice, providing a different perspective, assistance in changing mind-sets and being more positive, help to understand and clarify issues, help to reflect on and process issues, help to be more self-aware, providing information and resources, providing reassurance, help to build self-confidence and assistance with setting goals.

3.2 Use evaluation data to achieve improvement and future planning

Continuous improvement

Evaluation data is discussed at monthly Operational Team meetings where strategies to improve service effectiveness are discussed on an ongoing basis. It also informs service planning at the three yearly strategic planning and the yearly operational planning levels.

