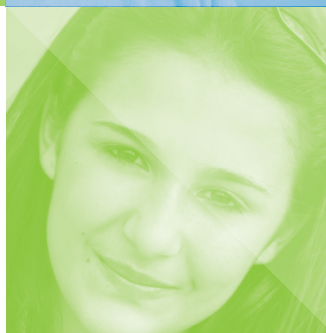


Services
Health & Wellbeing

Women



**FREMANTLE WOMEN'S
HEALTH CENTRE**



**ANNUAL
REPORT
2015/16**



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Health & Wellbeing
Women

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Resources

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WELCOME TO FREMANTLE WOMEN'S HEALTH CENTRE

Welcome to the Annual Report for 2015-16. 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 2016 annual report, it continues to be a pleasure and a privilege to report on the achievements of Fremantle Women's Health Centre (FWHC).

This year our expertise and quality service provision were recognised when we were successful in securing the Department of Health funding contract following a competitive tendering process.

Once again the staff have managed to extend the reach and diversity of programs and events, supporting women in our region to have access to information and services that provide positive health outcomes. We have continued to focus our support to Aboriginal women and women experiencing domestic violence, and have also focused our support to LGBTI women and African migrant women.

We continue to foster exiting partnerships and form new ones to extend our reach and influence, and to provide new services.

Client survey results continue to indicate that women feel supported. A rating of very good or good was received from 100% of the respondents to the survey with 99.3% of them saying they would use the service again. These results alone are a measure of the professional support and welcoming attitude of the staff and a credit to them.

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.

My thanks also go to the Board members who continue to make a significant contribution at meetings and working on subcommittees to support the strategic and operational development of our organisation. We continue to focus on developing good governance practices and delivering on our strategic and operation plans. The Board farewelled one member this year, Gillian Ling, we thank her for her contribution, and we welcomed three new members, Melissa Edwards, Jennie Gray and Marina Korica.

I have been involved with the FWHC Board since 2008 and after much consideration have decided to step down from the board. It has been an absolute privilege to be involved with an organisation with such a strong history and dedicated, talented staff and board members who make a difference to the health and wellbeing of women every day. Thank you.

Diedre Timms

EXECUTIVE DIRECTOR'S REPORT

In 2015-16, Fremantle Women's Health Centre continued to provide high quality health services that resulted in positive health outcomes for women in our region. This has been possible because of the dedicated effort, expertise, and compassion of our team of health professionals, management and support staff, and the commitment and strategic guidance of the Board.

Achievements for 2015-16 include:

- Extension of the level of service provision with new services and activities in all three areas - health promotion, preventive and treatment;
- Engagement with a range of targeted groups of women at risk of poor health outcomes, with a particular focus this year on indigenous women; women experiencing domestic violence; lesbian, bisexual and transgender women; and African women with issues relating to female genital mutilation;
- Leadership in women's health sector practice with the development of unique services and sharing of expertise;
- Excellent service provision enabled by well recruited, trained and supported staff;
- Engagement with other organisations in the region and the women's health sector to address women's health issues and to promote FWHC services;
- Utilisation of partnerships and collaborations to more adequately meet the health needs of women in our region;
- Securing of a Department of Health funding contract after an open competitive tender process, and project funding from WA Cervical Cancer Prevention Program;
- Good governance provided by committed, experienced and trained Board members;
- Sound financial management with good structures and processes resulting in a budget surplus;
- Good service outcomes in terms of improved health and wellbeing, evidenced in client evaluations;
- High quality health services evidenced by a high level of satisfaction expressed in the annual client survey, evaluation forms and feedback from referring agencies.

Thank you to all our Board members who volunteer their time and do such a great job, and in particular, thank you to 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

Providing health services for **31** YEARS

2707 clients

5156 appointments

Self-referrals: **75.7%**



Clients born overseas
43.6%

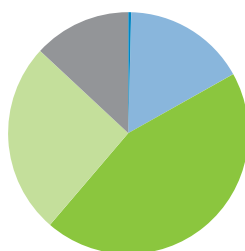
Indigenous Clients: 2.7%

Clients Residences:

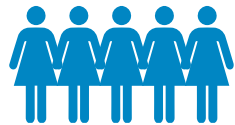
Cockburn	29.1%
Fremantle	26.2%
Melville	21.6%
Other	23.1%



Clients Ages:



<16	0.4%
16-24	16.5%
25-44	44.4%
45-60	25.6%
>60	13.1%

1622 
women accessed medical services

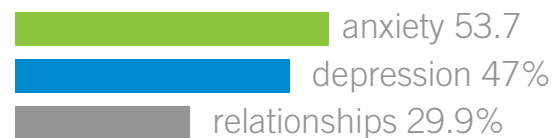
1025 **+++**
women accessed nursing services

Most common medical & nursing issues:
pap smears & contraception

1491 women
accessed information services

228 women
accessed counselling services

most common counselling issues:



17.1% of counselling clients had domestic violence issues

Group and events sessions

- **135** health education & health promotion
- **47** therapeutic
- **132** self-help

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 2015-16, these included medical, nursing, counselling, health education and group activities, with a crèche facility for some groups and appointments.

FWHC has successfully maintained and extended the level of service provision with an increase in client and appointment/session numbers - 2707 clients for 5196 appointments/sessions. Medical practitioners provided services to 1622 women attending 2973 appointments. Clinical nurses saw 1025 women for 1148 appointments. Counsellors provided services to 228 women with a total of 1075 counselling sessions (face-to-face and phone).

Nurses provided health information and gave test results to 1491 women by phone and to walk-ins. There were 135 health education group and health promotion event sessions, 47 therapeutic group sessions and 132 self-help group sessions.

Health Promotion

The program of health promotion events, presentations and health education groups has expanded, with many new initiatives. 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, as well as hosting self-help groups and workshops run by women in the community. During 2015-16 these included:

- **Events organised by FWHC** – International Gynae Awareness Day at FWHC, Fremantle Women's Health & Wellbeing Day at Hilton, International Women's Day at FWHC, Youth Place event at FWHC, Aboriginal Women's Open Day at FWHC;
- **Presentations given** - at City of Fremantle's One Stop Shop Program for over 55s, Zonta House Refuge Positive Pathways Program, Cockburn Partners in Recovery Healthy Body Healthy Mind Program;



Fremantle Women's Health & Wellbeing Day
October 2015

- **Stalls provided** - at Mental Health week event at Alma St Hospital, Orientation Day Fiesta at Notre Dame University, Festival Day at Murdoch University, Cockburn Hello Baby Fair, Music to Open Your Minds, Cockburn Community Health and Harmony Fair, and Over 55 Healthy Lifestyles Expo;
- **Groups /workshops organised by FWHC** – Portuguese and Wise Women’s groups at FWHC, Preparation for Childbirth group and Active Birthing workshops at FWHC (delivered by The Bump), Transitional Boomers group at Atwell & Success.
- **FWHC-hosted self-help groups /workshops** - two ongoing Overeaters Anonymous groups, short-term groups including two massage courses, a series of infant massage classes, three yoga courses, Aroma Touch workshops and information sessions and a Raw Treats workshop.

FWHC’s Facebook page was well utilised to provide health information. Our Youth ambassador continued to source health information relevant for young women. Posts included health information on the LiveLighter campaign, domestic violence, healthy relationships, perinatal anxiety and depression, cervical cancer awareness & screening, and child sexual assault.

*“The most safe,
wonderful place on
earth”*

Prevention

Prevention remains core business. As well as appointments available with doctors for cervical cancer, breast and STI screening, FWHC continued to run a weekly nurse’s Pap smear clinic and a nurses’ walk-in STI screening service. Nurses also provided extra Pap smear clinics when doctors were on leave and consequently nurses statistics increased in cervical cancer screening compared with last year. There were increases in the appointments dealing with breast and STI screening for both doctors and nurses. Cervical cancer screening remains the most predominant presenting issue for the medical and nursing services.

At-risk client groups were targeted with special services and campaigns. This year with the assistance of a grant from WACCPP, FWHC provided a weekly nurses’ Pap smear clinic specifically for Aboriginal women from March to June 2016. In February FWHC conducted an STI campaign targeted at young women, with information on our website and stalls at Notre Dame and Murdoch University orientation days in February/ March 2016.

FWHC nurses provide 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 taking 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

Treatment

FWHC provides high quality, professional and compassionate medical, nursing and counselling services.

Women’s health services provided by FWHC’s doctors include 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. There was a continuing increase in clients presenting for contraception as well as for treatment of STIs and menstrual issues.

“Your service is impeccable”

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, family and domestic violence, sexual assault, trauma, self-esteem, bereavement and loss, and parenting concerns. In the perinatal counselling, as would be expected, clients present with anxiety and depression

but counsellors also dealt with other issues. Compared to last year, there was a small increase in the percentage of clients with anxiety, and substantial increases in clients with family and domestic violence, bereavement and loss, parenting concerns and self-esteem issues. In the general counselling, the majority of clients presented with high prevalence mental health issues (depression and anxiety) and relationship issues. Compared to last year there was a substantial increase in the percentage of clients presenting with anxiety.

A weekly therapeutic support group for those women with postnatal depression and anxiety was offered as an alternative to individual counselling and for those who could benefit from the support of other group participants. FWHC has a crèche facility that provided child minding for the postnatal support group and on Thursday mornings for appointments.

Other treatment services provided at FWHC include:

- 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

The demand for long-acting contraception has increased and so has our service provision in this area. Two of our three doctors have done the training to enable them to provide insertion of Mirena and copper intrauterine devices (IUDs) and Implanon.

A locum VR general practitioner, who could also provide these services, was engaged for relief when one of our doctors went on extended leave. Our nurses, including the relief clinical nurse, were utilised to provide extra Pap smear clinics when doctors were on leave throughout the year. Providing adequate relief cover plus continuous improvement of medical and nursing bookings and processes ensures demand is met and that there is minimum waiting time for medical and nursing appointments.

The increased counselling capacity from last year was maintained and a new Senior Counsellor was recruited promptly following a resignation in November 2015. Orientation and training was provided to ensure an adequate response to the demands for counselling in the area of perinatal mental health and family and domestic violence.

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.

An online Youth Survey was developed by our Youth Ambassador in consultation with the Executive Director with the aim of identifying the women's health needs of women aged 16 to 24 and how FWHC can best provide youth-appropriate services. For the young women who did the survey, the health issues that they wanted to receive information or service provision for were contraception, menstrual problems, cervical cancer screening, anxiety, STIs, breast cancer screening, depression and self-esteem (in order of importance). What they would value most from a specialist women's health service is caring and empathic staff, knowledgeable and experienced staff, up-to-date women's health information, and a welcoming, youth-friendly environment (order of importance). They were more interested in accessing medical and counselling services than health information, health promotion and group activities.

Capacity has been built by providing training for staff in a number of key areas where there has been changing demand.

All FWHC doctors have completed the online training in order to be able to prescribe for medical terminations of pregnancy (MTO).

Counsellors were provided with training in the area of family and domestic violence (FDV) and all counselling and clinical staff received regular online information on the latest research on FDV – ANROWS fortnightly Notepad.

To meet the needs of African women presenting with issues relating to female genital mutilation (FGM), medical and nursing staff accessed online training provided by the Department of Health, and other staff benefited from information provided by the Women's Wellness Coordinator.

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, experiencing FDV, culturally and linguistically diverse (CaLD), with mental health issues, young, with young children, older, with a disability, and carers. A decision was made to focus on four at risk groups of women in particular for 2015-16. These were Aboriginal women; women experiencing family and domestic violence; lesbian, bi-sexual and transgender women; and African women with FGM issues.

FWHC provided a weekly nurse's Pap smear clinic for Aboriginal women at FWHC between March and June 2016. 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. Connections with Aboriginal services and workers in the region were strengthened. FWHC organised an Aboriginal Women's Open Day to encourage more Aboriginal women to access our Pap clinics and other women's health services.

During the year, there was an increase in counselling services provided to women in the perinatal period experiencing family and domestic violence - 16.1% of these clients raised FDV issues in counselling. With general counselling, 17.6% of women raised FDV issues. FWHC continued liaison with FDV services in the region including the Fremantle FDV Response Team, the Safe at Home Program, Lucy Saw, Warawee, Wyn Carr and Zonta refuges to facilitate FDV referrals to FWHC and for a more coordinated response.

New resources for lesbian, bisexual and transgender women were sourced and made available for FWHC clients. Greater staff awareness of issues for the LGBTI community was achieved with the circulation of information and discussion in staff meetings.

MTOP services commenced at FWHC in May after a period of investigation into client demand and the availability of affordable services in the region, training of FWHC doctors and development of policies and procedures.

Our Youth Ambassador continued to source health information and health links relevant to young women for our Facebook page. The nurse's walk-in STI screening service, although for all women, was seen as something that would facilitate young women's access and this service was advertised at Murdoch and Notre Dame Universities orientation events in February/ March.

New health promotion initiatives this year included the International Gynae Awareness Day, Cockburn Hello Bay Fair, Music to Open Your Mind, Cockburn Community Health and Harmony Fair, Youth Place Day, presentation to Partners in Recovery Cockburn.

New to the group program were the Preparation for Childbirth classes September - October and the monthly Active Birthing workshops since October, run by educators from The Bump WA.; three yoga courses run by graduates from The Yoga Space; Infant massage classes - private facilitator; Aroma touch massage workshops and information sessions – private facilitator.

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

In terms of the provision of unique services, FWHC continues to provide leadership in the area of MTOP in terms of the provision of low cost services and the dissemination of information and support to GP practices and other women's health services interested in implementing these services.

FWHC nurses continue to respond to requests from other organisations to share their expertise by giving presentations on sexual and reproductive health, screening services, menopause, and osteoporosis. This year they provided presentations to participants and clients of

- Transitioning Boomers group – joint project of FWHC and Cockburn Family Support Services
- City of Fremantle's Positive Ageing One Stop Shop
- Zonta Positive Pathways program
- Cockburn Partners in Recovery
- St Patrick's Youth Place – presentation at FWHC together with health checks and medical service



*“I feel very much
taken care of
& safe”*

For the young women clients of Youth Place, FWHC nurses developed a unique new health delivery package that combined health promotion, health prevention and health provision into a morning event of fun activities, with a crèche facility for their children. A group of 9 young women were presented with information on contraception, cervical cancer and STI screening, then on an individual basis they were provided with well-women checks, and then given on-the-spot appointments with a FWHC doctor for screening and/or contraception if required. This is a model that could easily be adapted for other groups of women in the future.

1.6 Recruit and retain high quality staff

FWHC continues to have good staff retention and high staff morale. FWHC recruits according to best practice HR principles, 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 were provided by well qualified, experienced, caring, female health professionals, management and support staff, including an Executive Director, Manager Clinical Services and thirteen other staff for a total of 6.5 FTE. During the year there was one resignation – a counsellor who had been at FWHC for eight years – and a new counsellor was recruited. One of the receptionists went on maternity leave and a relief receptionist was recruited. A locum doctor was recruited for the month of January when other doctors were on leave. The same contractors as in previous years were engaged for the accounting and bookkeeping functions and for the clinical supervision of the counsellors.

Good HR structures and processes support staff to perform well in their roles. Staff have access to intranet resources, including an up-to-date and comprehensive induction manual, comprehensive policies and procedures, and workplace mental health resources. They are supported by quick responses to OSH issues, adequate relief during absences, and effective utilisation of volunteers.

*“Lovely staff, kind
& caring, very
good at making you
feel at ease”*

Our Team 2016



Diane
Executive Director



Diane
Medical Practitioner



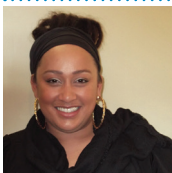
Alida
Medical Practitioner



Sandie
Relief Clinical Nurse



Karoline
*Senior Counsellor
(resigned Nov)*



Ali
Receptionist



Jessie
Relief Receptionist



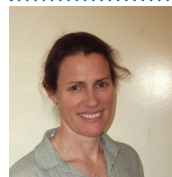
Linda
*Coordinator Resources
& Crèche*



Ronald
*Accountant
(contractor)*



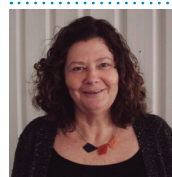
Dawn
*Manager Clinical
Services*



Jane
Medical Practitioner



Selena
Clinical Nurse



Lisbeth
Senior Counsellor



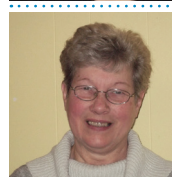
Sian
*Senior Counsellor
(commenced Nov)*



Mandie
Receptionist



Rebecca
*Administration
Assistant*



Doreen
*Bookkeeper
(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). 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 Executive Officer has written many submissions on behalf of the sector and represented the sector at meetings with Department of Health and other stakeholders about women's health sector reform. She was also successful in obtaining significant funding from DSS for a Building Safe Communities for Women Project which will provide training for health professionals working with women with disabilities experiencing domestic violence.

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 ways to address particular women's health issues:

- the Fremantle FDV Response Team and women's refuges to address the counselling needs of women with domestic violence issues
- the Community Mental Health Working Group and South Metro Perinatal and Infant Mental Health Network regarding the mental health needs of women
- Freo St Doctor to ensure the health needs of women who are homeless or at risk of homelessness are being catered for within that service
- St Patrick's Oral Health Service as a stakeholder organisation to support the implementation of this new service which will benefit women unable to access other dental services

Representation at regional events and meetings

The Executive Director and Manager Clinical Services continue to be involved in a various monthly, bi-monthly and quarterly regional networking meetings – the Family Support Services

Network, the CaLD Services Network, South Metro Perinatal and Infant Mental Health Network and the Fremantle Community Mental Health Working Group. Regular updates on FWHC services are given to the various network meetings.

FWHC was represented at a Mental Health Advisory Council Forum by the Executive Director and Deputy Chairperson.

Profile raising activities

Profile raising activities include networking, collaborating, participating in regional events, giving presentations to community groups, advertising, and using our website and Facebook page. Board members have also been involved in raising the profile of the organisation.

FWHC is well known to women in the region as evidenced by the high number of self-referrals - 76% over all services, with an increasing percentage of women finding out about our services via the internet (8.4%).

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 2015-16, our website had 10,409 visits (7,740 users) compared to 8,630 visits (6489 users) last year and 72.6% were new visitors. Our Facebook page is being well utilised with 381 likes and a reach on posts of between 58 and 759.

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 clients are new to the service we ask how they found out about FWHC and when taking RSVPs for groups and events we ask where they 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 was active in partnering and collaborating with other organisations in order to extend the range and volume of services on offer from our premises and in the community and to develop unique responses to the health and wellbeing needs of women in the region.



*“All staff are kind,
attentive & non-
judgemental”*

FWHC had ongoing formal partnerships (written agreements) with other service providers during this period:

- Carers WA Counselling Service
- Silver Chain's Continence Management and Advice Service (CMAS)

They provided services on FWHC premises with reception, administrative and information technology support provided by FWHC (see page 8 for details of services provided)

Partnerships to run outreach groups and groups at FWHC:

- City of Cockburn Family Services - co-facilitation of a monthly Transitioning Boomers group in Success for women 45 years and older, which presents information on a range of health, personal and lifestyle topics.
- The Bump – Active Birthing Workshops, Preparation for Childbirth classes
- The Yoga Space – free yoga classes

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 in order to support Aboriginal women's attendance at FWHC's Aboriginal Pap smear clinic, other general services, and the Aboriginal Women's Open day. These included Aboriginal liaison workers at Cities of Melville, Cockburn and Fremantle, South Lake Ottey Centre, South Metro Public Health Unit, Black Swan Health, Walyalup Aboriginal Cultural Centre, Djinda services, Hilton PCYC, Hilton Community Health Centre, Kulbaradi Aboriginal Centre, Warrawee, Nardine and Kambarang Place women's refuges, Kwobarup Social Group, Fremantle Street Doctor, Hilton Primary School and St Patricks Fremantle.
- BreastScreen WA to organise the annual regional Fremantle Women's Health & Wellbeing Day at Hilton Community Centre. Sixteen other organisations were invited to have stalls - these included WA Cervical Cancer Prevention Program, Diabetes WA, Continence Advisory Service, Black Swan Health, Sexual & Reproductive Health, Hepatitis WA, The Bump, SJOG Murdoch Community Mental Health Services, SJOG Raphael Services, Relationships Australia, City of Cockburn Healthy Lifestyles Programs, City of Fremantle's The Meeting Place and Over 55s Program, Wellness Medicine (a local Naturopath), Zonta House and Wyn Carr House refuges.
- City of Fremantle Positive Ageing One Stop Shop, St Pats Youth Place, Zonta Positive Pathways, and Cockburn Partners in Recovery - presentations given at their request

- 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, and local governments of Fremantle, Cockburn and Melville for the Over 55 Healthy Lifestyles Expo, City of Cockburn for the Hello Baby Fair and Cockburn Health and Harmony Fair, and SuMMAt for Open Your Mind event.

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 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 and Raphael Services, Child Protection and Family Services, Fremantle Family Support Network and various GP practices in the region.

The Executive Director was 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 which has representatives from State government mental health services, community mental health services, and Department for Child Protection and Family Services.

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.

FWHC is a consortium member working with Black Swan Health 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.

*“Welcoming,
warm, respectful,
knowledgeable
medical staff”*

FWHC was a member of a Stakeholder group for St Patricks new Oral Health Service that was launched in August 2016.

Funding and grant opportunities

FWHC was successful in obtaining continuing funding from the WA Department of Health following an open competitive tender process. Our contract has been renewed for a three

year period with two twelve month roll-over options. The new contract commenced Jan 2016. This funding is to provide clinical nursing, general counselling, health education and health promotion services.

A WA Cervical Cancer Prevention Program grant was awarded to provide a weekly nurse's Pap smear clinic for Aboriginal women between March and June 2016.

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

Research needs and research institutions

The aim was to gather information with a view to establishing formal partnerships with tertiary institutions and/ or consultant to undertake research. John Curtin Centre for Public Policy at Curtin University was identified as a possible partner, but no particular project was identified and this was not prioritised by the Board for the 2015-16 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, contracted accountant, contracted bookkeeper and Executive Director. A budget surplus for 2015-16 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 review governance processes, the risk management plan was reviewed and further developed and a business continuity plan was developed.

Following resignations, 3 new board members were recruited according to the particular skill set required, which is the recruitment principle that the board subscribes to.

“Very friendly environment with excellent services”

The strategic plan for 2014-17 and the operational plan for 2015-16 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 25 years senior 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 works for the Silver Chain Group as Head of Metro Home and Community Care. Diedre 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, stakeholder and 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, not for profit organisations, authors and artists to market themselves more effectively. Pippa has a Bachelor of Commerce in Marketing and Management.

Pippa joined the Board as a way to further her contribution to the local Fremantle community, particularly in the 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.

Emma McCormack



Treasurer, Joined the Board May 2013

Emma is a UWA medical student and former Senior Consultant with Ernst and Young. She is a student representative, student advisor to the McCusker Centre for Citizenship, and member of the UWA Guild Governance Committee. 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 was previously on the boards of Useful Inc. and disability service provider Nightlife 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.

Nicola Jansen



Member, joined the Board in April 2012

Nicola is a qualified lawyer who practises exclusively in Family Law and is a Senior Associate of the largest family law firm in Western Australia. 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.

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.

Melissa Edwards



Member, Joined the Board July 2015

Melissa completed a Social Work Degree after completing a Bachelor of Arts and a Post Graduate Diploma in Aboriginal and Intercultural Studies. Melissa is currently the Professional Lead for Social Work at Fiona Stanley Hospital and has worked in the hospital setting for the past 10 years, primarily in the areas of Women's and Children's Health.

Melissa joined the board to contribute to a service that promotes the health and wellbeing of women in all their diversity. Melissa is also grateful for the opportunity to learn from other women.

Jennie Gray



Member, Joined the Board October 2015

Jennie is the Regional Manager, South Metro, Anglicare WA, where she has responsibility for services delivered in a number of sites. Previously she was Anglicare WA's Regional Manager, North West, based in Broome. She has also worked in a range of other policy development, and service coordination and provision roles, including various positions in the women's health sector in Perth. In addition to a Bachelor of Social Work, Jennie has a Doctorate of Philosophy, Living with a label: An action oriented feminist inquiry into women's mental health.

Jennie joined the Board because she believes strongly in local, community driven services and is particularly passionate about making sure that the needs of women and children are met. Jennie combines her work with the needs of her family.

Marina Korica



Member, Joined the Board March 2016

Marina works as Manager of Mental Health Access Service for Migrants and Refugees at the Fremantle Multicultural Centre and has extensive experience in community and health sectors. She holds a Bachelor of Social Science and a Postgraduate Certificate in Women's Health.

Marina is passionate about mental health, social justice, human rights and supporting the most marginalised people in the community. She is proud to be part of Fremantle Women's Health Centre and is keen to contribute to the great work of the organisation.

OUTCOMES, IMPACT AND 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 reports 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 and have 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, Sexual Health Services Clinical Guidelines, Contraception Clinical Practice Guidelines.

FWHC is guided by the Women and Newborn Health Service Clinical Guidelines which are applicable to medical and counselling services.

Counsellors are guided by their particular professional practice standards and guidelines – the Psychotherapy and Counselling Federation of Australia Policies and Guidelines 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.

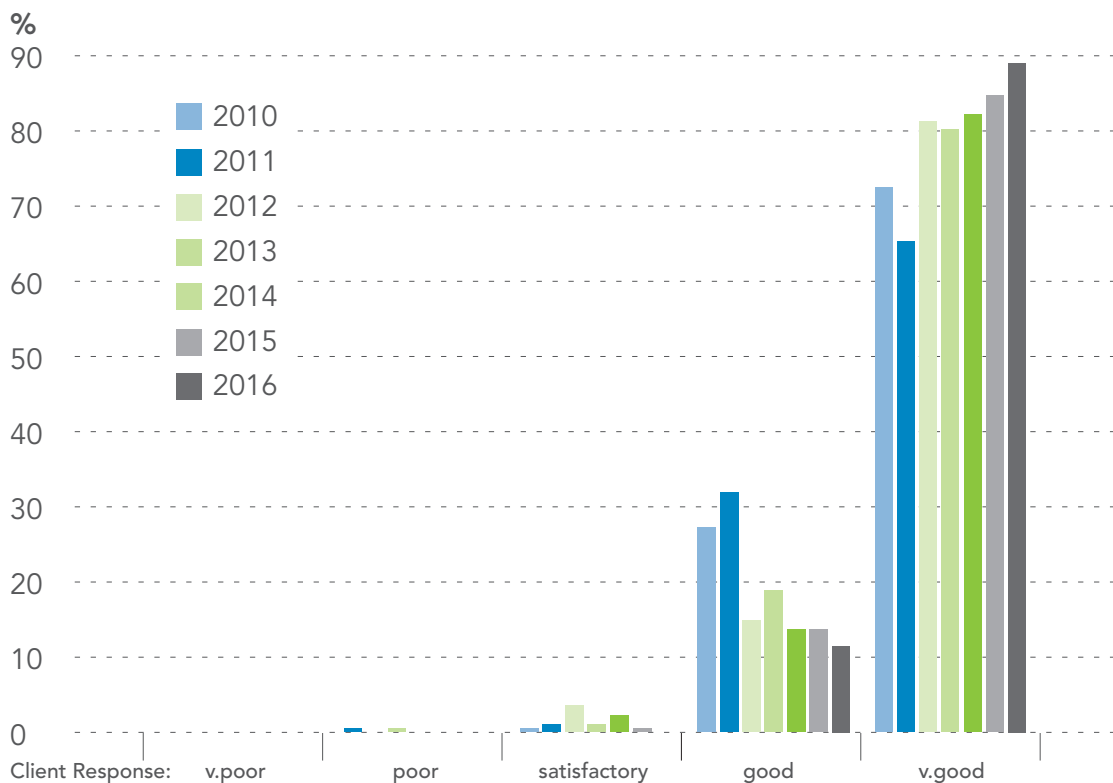
Outcome statements have been developed by the Mental Health Commission and form part of its Quality Management Framework. These are applicable to the perinatal counselling service and guide the work of FWHC counsellors in the development of clients' personal care plans and counsellors' work with clients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

Our goal in all service areas is to improve women's health and wellbeing. For both the general and perinatal counselling services, this includes improved emotional wellbeing and being better prepared to manage their mental health issues. For the nursing services it includes improved knowledge of health issues and increased motivation to seek assistance for health issues and to make healthier lifestyle choices.

Measurement tools

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

Client Satisfaction Survey Results 2010 - 2016
Overall rating on the quality of services received at FWHC



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.

This year in May 2016, 152 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 100% of respondents giving an overall rating of the services in the two top categories on a five point rating scale - very good (88.5%) and good (11.5%).

Ratings for individual services were also very high with combined very good and good ratings of 97.9% for receptionists, 99.1% for nurses, 100% for counsellors, 100% 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?

In terms of effectiveness of services, 98.4% of respondents said they had been helped with their health issues and 99.3% 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 numerous clients made each of these comments.

Comments about staff

- Friendly, welcoming, approachable
- Listened, took time, not rushed
- Warm, kind, caring and sympathetic
- Understanding and helpful
- Good communication skills - clear communication, careful explanations
- Respectful, non-judgemental, non-discriminatory
- Professional and thorough
- Knowledgeable, informative, resourceful
- Good advice and service
- Staff described as excellent, fabulous, fantastic, wonderful, lovely

Comments about the overall service

- Safe, calm, positive atmosphere
- Comfortable and relaxed environment
- Expert information available – staff and resources
- Prompt, efficient and flexible services
- Appointments easy to make with good explanations and reminders
- Affordable services
- ‘The most safe, wonderful place on earth’
- ‘Absolutely the best practice I have been to’
- ‘Impeccable service’

In response to the question about what we could have done better, most respondents thought the services were excellent and had no criticisms. For those who responded, the comments were primarily about the waiting time for appointments, the wait time in reception for doctors’ appointments, and parking availability. One client wanted us to get more funding to provide more services and one wanted after-hours services.


Evaluation forms

Evaluation forms have been developed and implemented for individual and group counselling and for nursing consultations and presentations.

For counselling services, clients are given an evaluation form at their last individual or group counselling session to complete at FWHC (box in reception provided) or at home and returned by post (stamped, addressed envelope provided).

For nursing services, because consultations are mostly one-off, two months per year (February and August) have been nominated for getting clients to fill in evaluation forms.

After the initial evaluation survey which is aimed at measuring the immediate (short term) effect of service delivery, a survey is now sent to counselling and nursing clients six months later to ascertain if improvements have been maintained or if there have been further changes in health and wellbeing in the medium term. This procedure has just been implemented and there are no results to report as yet.



*“Doctors & nurses
are extremely
thorough”*

Feedback forms are also used for nurse presentations and health promotion events where FWHC has been involved in the organisation and planning of them.

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.

“Counselling & groups are very helpful and welcoming”

Perinatal counselling outcomes

Of the clients who did their final psychometric testing, 80% had improved EPDS scores, and 89% had some improved scores in the DASS (55.6% had improvement in all 3 scores, 33.3% had improvement on some scores but not others and 11.1% had no improved scores).

Of the clients who completed an evaluation form, 83.4% reported that their emotional wellbeing was either much improved (66.7%) or improved (16.7%), and 66.7% reported that they were much better prepared to manage their issues. 100% reported that they were either very satisfied (66.7%) or satisfied (33.3%) with the counselling they received, and 83.3% said they would return to FWHC for counselling.

Clients described what the counsellors did that was helpful as being kind, caring, supportive, good listeners, knowledgeable, understanding, providing validation of their feelings, providing assistance with managing stress, dealing with their issues, recognising their emotional states and knowing how to prevent things getting too bad.

In addition the group participants appreciated 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 84% had some improved scores in the DASS (52% had improvement in all 3 scores and 32% had improvement on some scores but not others).

Of the clients who completed the evaluation form, 92.9% reported that their emotional wellbeing was either improved (53.6%) or much improved (39.3%), and 92.9% reported that

they were either better prepared to manage their issues (25%) or much better prepared (67.9%). 92.9% reported that they were either satisfied (21.4%) or very satisfied (71.4%) with the counselling they received, and 96.4% said they would return to FWHC for counselling with the remainder unsure.

Clients described what the counsellors did that was helpful as them being good listeners, clear communicators, warm, caring, compassionate, empathic, sincere, calm, understanding, acknowledging feelings, providing emotional and mental support, giving good explanations, advice, feedback, reflection and strategies, putting things into perspective, problem-solving, putting clients at ease and a sense of humour.

Nursing outcomes

For women having well-women's checks, 100% reported that the health information received was either helpful (13.8%) or very helpful (86.3%), 97.5% were either motivated to seek assistance with health issues (17.5%) or very motivated (80%), and 95.9% were either motivated to make healthier life choices (30.1%) or very motivated (65.8%).

With Pap and STI screening, 100% reported that the health information received was either helpful (20%) or very helpful (80%), 100% were either motivated to change sexual behaviour (14.3%) or very motivated (35.7%), and 100% were either motivated to get regular Pap smears (7.1%) or very motivated (85.7%). 100% said they would return to FWHC for STI or Pap screening.

“Counsellor was absolutely amazing - I feel as though I wouldn't be here without her”

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.