

Western Australia

WOMEN'S HEALTH CENTRES

**FIVE YEAR PLANNING FRAMEWORK
2004 - 2009**

"This is the trampoline we bounce off"

July 2004



Department of Health
Government of Western Australia

Developed in collaboration with the
Child and Community Health Directorate
Population Health Division

This planning framework was developed collaboratively in 2004-2005 by the Child and Community Health Directorate, Population Health Division of the Department of Health, Western Australia, and representatives of the staff and management committees of all Western Australian women's health centres.

Bunbury	South West Women's Health and Information Centre
Fremantle	Fremantle Women's Health Centre
Geraldton	Women's Health Resource Centre
Kalgoorlie	Goldfields Women's Health Centre
Gosnells	Gosnells Women's Health Service
Joondalup	Women's Healthworks - Joondalup
Port Hedland	Hedland Well Women's Centre
Midland	Midland Women's Health Care Place
Mirrabooka	ISHAR Multicultural Centre for Women's Health
Northbridge	Women's Health Care House <i>and</i> Perth Women's Centre
Rockingham	Rockingham Women's Health and Information Association
Tom Price	Nintirri Neighbourhood Centre

A contact list is provided at page 20.

WOMEN'S HEALTH CENTRES FIVE YEAR PLAN 2004 - 2009

Planning FRAMEWORK July 2004

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PURPOSE/MISSION

Women's health centres actively contribute to sustainable improvements in the status of all Western Australian women, by building women's individual and collective health and wellbeing, promoting their capacity to reach full potential at every stage of life.

VISION

All Western Australian women have access to health services which are innovative leaders and advocates for improving the health status of women through women-centred social models of health.

VALUES

Ethical, professional, woman-centred, respect for difference, wholistic approach, respect for individual choice and empowerment.

PRINCIPLES

Building the capacity of women to maximise their own health and wellbeing through principles of

- Information, knowledge, and education
- Individual clinical services
- Facilitating women's capacity for mutual support
- Prevention
- Advocacy and community development
- Early intervention
- Harm minimisation
- Preventing the transmission of health and social risks to the next generation

Women's Health Centres in Western Australia

Western Australia's thirteen women's health centres (WHCs) were established through a joint State and Commonwealth Government funding program, developed to implement the recommendations of the 1986 National Women's Health Policy. This jointly-funded program was subsequently incorporated into the Public Health Outcomes Funding Agreement (PHOFA), a major five-year State/Commonwealth health funding program.

Purpose and Role

WHCs were established in response to women's dissatisfaction with traditional medical models of health, which were experienced by many women as disempowering. WHCs demonstrate a commitment to informing and empowering women to understand and take responsibility for their own health needs. Many utilise innovative self-help group strategies, by and for women, and pursue a public advocacy role to raise community interest in women's health issues. Most utilise social models of health, including a wholistic approach to individuals, partnerships with other services, and active promotion of local networks. Many provide childcare services to women using their services.

Initially, clinical services within WHCs had a focus on reproductive health services for women. Whilst over time this focus has reduced, all WHCs continue to provide health education to promote breast and cervical screening programs in the community, and reproductive health services remain a priority area for women.

Whilst WHCs have a particular commitment to increasing the capacity of at-risk or marginalised groups of women to achieve sustainable health gains, they also recognise and respond to broader social issues which can affect the health of all women:

systemic barriers of **stereotyping and discrimination**,
damaging effects of **interpersonal violence**,
differential **impact of culture** on women,
impact of **economic disparity** on women's health,
barriers imposed by **geographic isolation**, and
'**double shift**' of family care and paid work.

WHCs' roles includes advocacy at the local level, to ensure local organisations and services are aware of, and respond to, opportunities to improve and protect the health status of women.

Although small in the context of the overall health system, women's health centres have high trust and acceptance in local communities. All consistently report a demand for services well in excess of what can currently be provided and all are active participants – and in some areas, the driver - in local service networks.

Over time, WHCs have been acknowledged as integral to their particular community, as evidenced by their incorporation into local government service planning through provision of land and/or buildings, either purpose-built, and/or in co-location with other community services.

Funding

Organisational funding is provided under contract from the Department of Health's Child and Community Health Directorate (CCHD) and many centres also hold contracts with other health programs, such as Mental Health, Drug and Alcohol, or with the Department for Community Development for family and domestic violence services.

Location

Eight WHCs are based in the metropolitan area around Perth, in Northbridge, Joondalup, Mirrabooka, Fremantle, Gosnells, Midland and Rockingham, and five are located in regional centres – Port Hedland, Tom Price, Kalgoorlie, Geraldton, and Bunbury.

Strategic Management

All Western Australian women's health centres are independently incorporated, non-profit, community based and community-managed organisations, responding to local need for women's health through social models of health. They collaborate with mainstream services in health, community development, local government, and with non-government and voluntary services.

Drivers for the development of a five year plan

1. Renegotiation of the five-year Public Health Outcomes Funding Agreement (PHOFA)

Negotiations between the State and Commonwealth for a new PHOF Agreement for the years 2004/5 – 2008/9 will require re-examination of the contribution and focus of women's health services to ensure services and goals are consistent with national objectives, whether ongoing or new.

2. Role of WHCs in State priority health strategies

State health indicators and priorities need to be reflected in the service provision and workplans of all contracted services. Specific initiatives will be agreed which contribute to the State achieving its population health goals. WHCs, whilst small, have direct considerable influence and credibility within

local populations of women, and have demonstrated over many years, capacity for flexible and innovative responses to local needs.

The Five Year Plan is intended to introduce several specific health priorities for Western Australian women which individual services will address through local, innovative approaches. Current services will be reviewed by each WHC management committee, via its current service planning system, to assess how it can contribute to these statewide priority health issues for women.

Whilst the capacity of WHCs to introduce new programs is limited at this time, and the value of existing programs recognised, it is imperative that all health services are aware of, and are actively planning ways to address over time, priority health issues for women.

WHCs will use their experience, flexibility, and local credibility in planning how they contribute to improving the health status of women, whether through new activities and services, or by conscious linking of existing programs to these goals. This will include wider use of local partnerships, particularly with Area Health Services, other Government and service agencies, and local authorities.

3. WHC sector development and capacity building

As a sector, WHCs would benefit from periodic assessment and review of their role in local communities - in particular, their specific contribution to the population health goals of both the PHOFA and the DoH Population Health Division.

Developing a stronger network of services, connected through common values and goals, and building on service strengths through sharing successful strategies and ideas, whilst not giving up distinct local structures and activities, would increase the strengths and credibility of small, non-mainstream services, and increase community understanding of services available through WHCs..

Benefits of an identified network of WHCs statewide include strengthened capacity to

- share knowledge of innovative service models in local communities,
- attract additional or alternative funding for shared programs,
- enter into local and state-wide partnerships,
- establish collaboration with industry and service organisations,
- identify the means and opportunities to grow the skills and knowledge base of staff, and
- plan on a shared basis of current, accurate demographic and health status data.

In addition, the unique placement of WHCs in the wider social and community development agenda should be recognised and built upon, as a contribution

to community development with other Government and non-Government services.

To fully capitalise on these two vital aspects, the WHCs could best operate as a statewide network. This is not to undervalue the individuality and local focus of each service, but rather to build upon shared objectives, agreed service standards, and a robust knowledge base, all of which support the quality and relevance of local initiatives.

4. Streamlining of contracting processes and reporting requirements

Department of Health (and other Government agencies) contracts with WHCs provide a sound basis for agreed service description, standards, reporting and accountability. Contracts can also underpin initiatives targeting local need, and support innovative approaches to service delivery.

It is important that small services are able to meet contractual requirements easily, particularly reporting requirements, without undue impact on limited service resources. It is also important for the DoH that service data is standardised and collected in formats relevant to overall State health data requirements.

Strategy for Development of the Plan

Informal Review

In addition to analysis of the contractual reporting of service levels, an informal review of service type, range and focus across all WHCs in 2004 identified a number of significant opportunities for development and growth, including the application of the women's health centres' experience and knowledge to priority health issues for Western Australian women.

This informal review was undertaken early in 2004 through visits to and consultation with staff and management committee members at each health centre. This included identifying local women's health issues, joint contracting opportunities, local networks and joint projects.

The review also took into account particular local service target groups, for example, Aboriginal women, young women, older women, post-natal depression programs, including knowledge of, and participation in local community initiatives with specific or implied health benefits.

Strategic Planning

A three-day strategic planning session was held in May 2004, at which every centre was represented by two or more staff and/or committee members.

The specific outcome goal of the planning session was agreement of a strategic framework for the next five years, which would serve a number of functions:

1. Agree strategic service principles and types for all centres, based on State and National women's health priorities.
2. Develop a common women's health centres policy and service framework, which would also form the basis of a service delivery and reporting schedule for future contracts.
3. Provide an agreed, clear and relevant shared planning framework for use by the management committees of individual centres as the basis their local planning for the next five years.
4. Agree the inclusion of additional, specific State priority women's health issues.
5. Identify areas of development for the WHC sector as a whole, which could be undertaken either via sector networks, and/or in collaboration with the CCPHCD Gender Health Policy team.

Women's Health Centres Service Framework

This service framework provides

- 1. a template for use by all centres to plan, describe and quantify services**
- 2. a common schedule for all women's health centres contracts with the Department of Health**

Whilst each WHC has different staffing structures and range of services, the overall range of services provided in implementing the National Women's Health Policy and in conformity PHOFA reporting requirements, is covered under the following schedule. The schedule also provides for community or centre-specific initiatives or projects which are developed for targeted local need:

SERVICES TO INDIVIDUALS:

COUNSELLING

CLINICAL SERVICES

INFORMATION/REFERRAL/ADVOCACY

SERVICES via GROUPS:

HEALTH EDUCATION

HEALTH PROMOTION

CAPACITY-BUILDING/SELF HELP FACILITATION

COMMUNITY DEVELOPMENT SERVICES:

LOCAL PARTNERSHIPS and COLLABORATION in

COMMUNITY INITIATIVES

JOINT PROJECTS with other SERVICES

ADVOCACY for WOMEN'S HEALTH

INNOVATION:

CENTRE-SPECIFIC PROJECTS or SERVICES in response to REGIONAL OR LOCAL NEED

Three specific health issues of high importance to Western Australia's long-term population health goals have been introduced into WHCs planning agendas over the next five years:

- **The health and wellbeing of women in motherhood**
- **Women's participation in beneficial physical activity**
- **Maintaining women's health and wellbeing as they age**

Each of these issues is of growing critical significance to the health and wellbeing of the Western Australian population and women in particular. Each has particular specific relevance for women's health, and evidence suggests that, when addressed on a population basis within a lifecourse framework, addressing these issues through social models of health, can delivery real and lasting population health benefits.

WHCs are to include these issues in all future planning, and to identify and develop strategies relevant to their own community and target groups, to promote the health of women in these priority areas.

These three health issues reflect State priorities; whilst they are issues which are addressed in aspects of many WHCs' current programs; increased understanding of the evidence and state health goals will enhance WHCs' capacity to achieve and measure real health benefits for local women.

Five-Year Strategic Contribution to State Priority Issues for Women's Health

1. INITIATIVES/SERVICES ENHANCING THE WELLBEING OF WOMEN IN MOTHERHOOD

Purpose:

Prevention, reduction of risks to women's wellbeing in motherhood, to maximise the achievement of women's own and their children's development and health status at all stages of life.

Prevent or reduce the transmission of health or social risk factors to the next generation.

Background:

Policy resources:

"New Vision: Community Health Services for the Future"

Parenting Information Project: Volume 2: Parts A & B. www.facs.gov.au

The Child and Community Health Directorate provides policy and program advice to address the health needs of infants and children through population health approaches, based on research evidence. This includes a strong focus on the early years, healthy child development, positive parenting, and family cohesion.

Increasingly, research on infant and child development highlights the impact of the quality of life in infancy and the early years on health and good functional capacity throughout life. Investment in appropriate health and social services for parents and carers includes reducing known risks to healthy infant and child development, .¹

"... the effects of early life last a lifetime and that there is substantial evidence that factors operating in early life, including pregnancy and early childhood, have long-standing influences on the risk of disease and the quality of middle and later life."²

Women's health centres are uniquely placed in many communities to contribute aspects of support, learning, and health skills development for women with infants and small children, who invariably seek to do the best they can in ensuring the healthy development of their children, and are thus open to positive, timely support and education.

¹ National Public Health Partnership: *Healthy Children – Strengthening Promotion and Prevention Across Australia: Developing a National Public Health Action Plan for Children 2005-2008 – Consultation Paper.* NPHP Melbourne 2004.

² Marshall J and Craft K (2000). *New Vision for Community Health for the Future* report: Overview. Health Department of Western Australia

Women's health centres, through an wholistic approach, contribute not just to improving women's health, but to influencing the wider social context in which health is achieved and maintained. This includes a strong preventative focus.

Evidence identifying how specific risks to healthy development in the early years of life can be linked to later behavioural and developmental problems, including violence and self-harm, supports the importance of taking preventative action to ensure strong and enduring secure attachment between parents and infants and children.

"All primates subjected to early abuse and deprivation are vulnerable to engage in violent relationships with peers as adults. Males tend to be hyperaggressive, and females fail to protect themselves and their offspring against danger".³

WHCs promote women's health, knowledge, and capacity for positive parenting by directly supporting individuals and by building women's support networks across the community. Increasingly, evidence points to long-term benefits for women and for society as a whole, through reduced likelihood of violent and self-destructive behaviours in childhood and adult life. What is good for women, is good for the community.

Whilst it is accepted wisdom that stable, loving care is essential to the healthy development of children, research data is now able to demonstrate how and when specific health benefits in later life actually manifest – and conversely, the negative outcomes associated with risks to development in the early years:

"Children with poor starts in their early years are disadvantaged in their later lives as the cumulative effect of such lack of skills and knowledge becomes increasingly constraining and difficult to overcome. (Fleer 2000, citing Yelland 2000).

Family and Domestic Violence

Policy Resource:

Western Australian Family and Domestic Violence State Strategic Plan 2004-2008

Family and domestic violence is now recognised as a serious public health issue, and a leading cause of poor health outcomes for women and children⁴.

Whilst it is acknowledged that children witnessing family and domestic violence are negatively affected by the experience, recent research indicates that children living in households where FDV is common, are also more likely to be actual victims of abuse themselves.

All women's health centres, to a greater or lesser extent, respond to family and domestic violence and its effects on women. They will therefore have

³ van der Kolk B A (1989) *The Compulsion to Repeat the Trauma Re-enactment, Revictimisation and Masochism*. *Psychiatric Clinics of North America*, 12(2), 389-411.

⁴ World Health Organisation: *World Report on Violence and Health*. 2004:

significant opportunities, through direct services and through community networks, to contribute to breaking intergenerational cycles of violence.

Accurately targeted preventative strategies in the early years of life are increasingly demonstrated to reduce behaviours, including violence and anti-social activities, which perpetuate cycles of violence across generations:

“Secure attachments with caregivers play a critical role in helping children develop a capacity to modulate physiological arousal. Loss of ability to regulate the intensity of feelings and impulses is possibly the most far-reaching effect of trauma and neglect...The inability to modulate emotions gives rise to a range of behaviours that are best understood as attempts at self-regulation. These include aggression against others, self-destructive behaviour, eating disorders, and substance abuse.”⁵

By ensuring that knowledge of the destructive effects of FDV is understood and applied to improving services to women, and by utilising knowledge of how the effects of violence are transmitted to the next generation, WHCs will contribute to a whole of community approach to reducing and preventing harm from violence.

Goals:

Actively value and support women in motherhood, through health information and positive support, in collaboration with child and community health, mental health, and DCD programs targeting children in early years.

Increase opportunities for women nurturing babies and young children to maintain their own health and wellbeing, their health knowledge, positive interpersonal relationships, and supportive networks.

Reduction in the transmission of health and social risk factors to the next generation.

Strategies:

WHCs facilitate access to information and opportunities for good quality ante-natal, post-natal and pregnancy and reproductive health care, to maximise women’s health status before, during, and following pregnancy.

WHCs facilitate women’s access to information and opportunities for positive parenting skills development.

WHCs to maintain good knowledge of current research on the social and interpersonal protective factors which increase women’s capacity and skills in nurturing their children.

⁵ van der Kolk B and Fisler R: *Childhood abuse and neglect and loss of self-regulation*. Bulletin of the Menninger Clinic, 58(2), 145-168

WHCs to have good understanding of the benefits to women, and the wider social and community benefits, of supporting women's capacity to nurture the development of children in the early years.

WHCs to act as advocates for improvements in community attitudes, structures and resources which support women nurturing babies and young children.

Five-Year Strategic Contribution to State Priority Issues for Women's Health

2. INITIATIVES/SERVICES PROMOTING WOMEN'S PARTICIPATION IN BENEFICIAL LEVELS OF PHYSICAL ACTIVITY

Purpose:

Reduce or prevent the development or effects of chronic disease or the loss of functional capacity in women at all stages of life, through consistent, sustainable physical activity at beneficial levels.

Promote and support positive opportunities for women at any stage of life to participate in beneficial physical activities.

Background:

Policy Resources:

Getting Western Australians More Active: *Strategic Direction Report from the Premier's Physical Activity Taskforce.* www.patf.dpc.wa.gov.au

Physical Activity Levels of Western Australian Adults 2002. www.patf.dpc.wa.gov.au.

In June 2001 the Premier of Western Australia launched the Physical Activity Taskforce to oversee the development and implementation of a whole of community physical activity strategy for Western Australia.

The PAT was a response to the growing evidence of the health benefits of physical activity, and to the need for increased participation in physical activity by the WA population, if these health benefits were to be realised.

"The initial findings of the Taskforce indicate a compelling need for the urgent implementation of long term strategies that will enable the Premier's target of increasing physical activity in the community by 5% over 10 years, to be achieved.

*It is not a question of 'should we?', but "how soon can we?" put in place a practicable and cost-effective program that will result in Western Australian becoming more physically active."*⁶

⁶ Getting Western Australians More Active: Strategic Directions Report from the Premier's Physical Activity Taskforce Western Australia 2002

A target was set of increasing the proportion of the population who undertake sufficient physical activity for a health benefit by 5% (from 58% to 63%) over ten years.

One of four target groups is Western Australian women.

*“Physical inactivity is the second leading contributor to the overall burden of disease in Australia **and the leading contributor to the burden of disease in women.***

“Based on national figures, the costs attributable to the six major diseases (heart disease, stroke, non-insulin diabetes, colon cancer, breast cancer and depression disorders) due to physical inactivity is \$36 million a year in Western Australia. Lack of physical activity is also a major cause leading to an epidemic of overweight and obesity, with more than half of Australians now considered overweight or obese.”⁷
Hyperlink reference not valid.⁷

Whilst WHCs are not a primary source of physical activity programs for women, it is essential that all WHC staff and service providers are aware of the importance and potential benefits to women’s health of appropriate and adequate physical activity, and actively promote beneficial physical activity to women.

Goals:

- All staff of WHCs have accurate and sufficient knowledge of the benefits of physical activity to be able to promote them to women.
- WHCs maintain a pro-active approach to the promotion of beneficial physical activity for women.
- WHCs establish links and collaboration with services and organisations providing physical activity opportunities.
- WHCs maintain effective information resources on local physical activity opportunities, and promote them to women as part of health promotion and health education initiatives.

Strategies:

- Women’s health centres will plan ways to increase information, skills development, group activities, and partnerships or collaborations within their local communities and target groups, to raise the levels of women participating in beneficial physical activity.
- Review current programs to identify how beneficial physical activity could be included, linked, or add benefits to participants.
- Work with Area Health Services to identify sources of health promotion for provision to women and women’s groups.

⁷ Getting Western Australians More Active: Strategic Directions Report from the Premier’s Physical Activity Taskforce Western Australia 2002.

- Identify relevant local authorities' physical activity programs, services, events, and promote these to women using WHCs.
- Advocate with local authorities to increase opportunities for women to participate in beneficial physical activities.
- Identify local sports and other activity organisations to increase knowledge of opportunities for women to participate. Advocate with such organisations on behalf of women, to increase responsiveness to women's needs.

Five-Year Strategic Contribution to State Priority Issues for Women's Health

3. SERVICES/INITIATIVES ENHANCING THE HEALTH AND FUNCTIONAL CAPACITY OF WOMEN AS THEY AGE

"A healthy older person is not a problem; they are part of the solution."⁸

Purpose:

Promote and support positive opportunities for women to maintain maximum functional capacity, including participation in physical, mental, cultural, social, spiritual, interpersonal, community and citizenship activities as they age.

Identify and challenge negative assumptions and stereotypes about women's health and wellbeing as they age, and promote positive attitudes and actions to maintain optimum health in older women.

Background:

Policy Resources:

Active Ageing Taskforce Report 2003 and Generations Together: A Guide to the Western Australian Active Ageing Strategy March 2004.

Within twenty years, almost 25% of the Western Australian population will be over 60 years of age, compared to around 15% currently. This unprecedented demographic shift, part of worldwide population ageing, will increase the proportion of older women in the population.

⁸Dr Alex Kalache, Head of the Ageing and Lifecourse Unit, World Health Organisation. Keynote Address, International Conference on Ageing, Perth, 2002.

Good health is fundamental to positive and active ageing, and the foundations of good health must be laid long before retirement, in fact, across the lifecourse.

“...rather than simply treating the consequences of decline in old age, promoting health from the beginning of life should improve health and welling being at midlife and in later years, whilst at the same time reducing the cost of treating degenerative diseases.”⁹

Initiatives to enhance the functional capacity of women as they age include the promotion of physical activity, and building the capacity of women to protect and maintain their own good health. In addition, opportunities to promote women’s continued participation in positive social, community, intergenerational, and interpersonal networks, and/or in paid or voluntary work, contribute significantly to the maintenance of good physical and mental health.

Whilst the inclusion and support of older women is essential, initiatives intended to ensure the good health of women in middle and younger years, are equally important.

Goals:

Increased numbers of women maintain their active participation in social, community and other beneficial activities which maintain good health and support good functional capacity.

Negative attitudes to ageing are challenged, and older women recognised and included.

Preventable injury, illness, or loss of functional capacity, are reduced in women as they age.

Strategies:

WHCs are well informed on local resources and initiatives which will attract and include older women.

WHCs have good knowledge and understanding of active ageing principles and goals, and advocate on behalf of women to promote them.

WHCs promote to women the benefits of healthy activities at all stages of life, to lay strong physical and mental foundations for healthy and active ageing.

WHCs seek innovative ways to promote beneficial intergenerational networks among women.

⁹ Halfon,N and Hochstein, M.: Lifecourse Health Development: An Integrated Framework for Developing Health, Policy and Research. The Millbank Quarterly Journal of Public Health and Health Care Policy. No. 3 2002.

INFRASTRUCTURE AND SERVICE DEVELOPMENT

Women's Health Centres joint development program

As part of strengthening the network of women's health centres, some common development issues have been identified. These will be addressed over time, with the support of the Gender Policy Portfolio of Child and Community Health Directorate, and through a collaborative approach between centres, either as a statewide network, or in smaller groups.

Priorities from the following development issues will be agreed on an ongoing basis between services and the CCHD.

1. Premises and/or Co-location Partnerships:

Monitor and promote opportunities for integration of WHCs into local service networks via purpose-built premises, or co-location with other services.

2. Information Technology Project

IT needs analysis and IT training needs analysis

Women's Health Portal project –

- Links to every WHC website

- Comprehensive on-line health information resource for WA women by health subject

- Capacity for on-line chat rooms for

 - WHCs and/or other service providers

 - Women to participate in self-help and other support and information groups

 - Online health policy resource database for service providers

 - Current events, news and training opportunities

3. Service Data Project

Develop on-line service data reporting with the Health Information Centre, Department of Health.

4. Regional Demographic Data

Ensure regular relevant demographic data is provided to WHCs, for planning purposes, including regional health statistics – facilitated by Gender Health Portfolio team.

5. Service Development: Contracts

Consultation with all centres to –

- Develop a common schedule for reporting

- Develop reporting on innovation and local initiatives

- Develop joint contracting schedules and protocols with other contractors, e.g. DCD, Mental Health

- Pursue establishment of three-year contracts

- Link to online-data reporting

6. Service Development: Funding

Identify opportunities for joint-regional initiatives in women's health utilising various funding sources:

- Mental Health
- FDV
- Drug and Alcohol
- Aboriginal Health
- Physical Activity
- Lotteries programs
- Family and Children's Services
- Regional Development and Local Government

7. Service Development: Training

- Professional development
- Skills development (IT, health promotion, first aid, physical activity)
- Centre-specific/client group specific (shared knowledge)
- Joint initiatives (e.g. first aid, IT)

8. Service Development: Volunteers

- Opportunities for volunteer participation in WHCs
- Skills development in volunteers

9. Planning, Consultation, Review

- With Gender Health Portfolio
 - Scheduled teleconferences
 - Scheduled two-yearly planning and review meetings
 - Mechanism for feedback/advocacy to other programs, e.g. breast and cervical screening

SERVICES TO INDIVIDUALS:

1. COUNSELLING
Individual counselling sessions
2. CLINICAL SERVICES
Individual services from a
Medical practitioner
Nurse Practitioner
Physiotherapist
3. INFORMATION/REFERRAL/ADVOCACY
Telephone or in-person individual health information, including
referral, advocacy, skills development.

SERVICES via GROUPS:

4. HEALTH EDUCATION
Information provided to groups about health issues
5. HEALTH PROMOTION
Information and skills development/ teaching provided to groups
6. CAPACITY-BUILDING/SELF HELP FACILITATION
Self-help, issues-based groups providing mutual support and personal
development outcomes.

COMMUNITY DEVELOPMENT SERVICES:

LOCAL PARTNERSHIPS and COLLABORATION in

7. COMMUNITY INITIATIVES
8. JOINT PROJECTS with other SERVICES
9. ADVOCACY for WOMEN'S HEALTH

INNOVATION:

10. INDIVIDUAL CENTRE PROJECTS or SERVICES in response
to SPECIFIC GROUPS OF WOMEN

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Geraldton	Women's Health Resource Centre	(08) 9964 2742
Goldfields	Goldfields Women's Health Centre	(08) 90218266
Gosnells	Gosnells Women's Health Service	(08) 9490 2258
Hedland	Hedland Well Women's Centre	(08) 9140 1124
Joondalup	Women's Healthworks - Joondalup	(08) 9300 1566
Midland	Midland Women's Health Care Place	(08) 9250 2221
Mirrabooka	ISHAR Multicultural Centre for Women's Health	(08) 9345 5335
Northbridge	Women's Health Care House <i>and</i> Perth Women's Centre	(08) 9227 8122
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