



SUBMISSION

Grant Management Improvement Program Taskforce

NSW Ministry of Health

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## 1. Introduction to Women's Health NSW and Women's Health Centres

Women's Health NSW (WHNSW) is the peak body for 21 women's health centres in NSW. The centres are non-government, community based and not for profit. All centres work within the social view of health framework which acknowledges the physical, emotional and mental aspects of health as well as the broader social and economic factors that impact on women's well-being, their ability to access services and their ability to participate in society.

The services Women's Health NSW provides include:

- Phone and electronic information and referral - women seeking services and advice.
- Management and organisational support to Women's Health Centres
- Information Dissemination e system - research, new programs, education, training and professional development opportunities, Government policy, communiques, e news bulletins
- Continuous Quality Improvement tools, guidance and leadership
- Professional Development and Training – a minimum of four professional development forums per year.
- Client, Service and Data Management Systems - design and supply, installation, ongoing support and training, collation and publication of state wide data
- Policy and Resource Development
- Network and partnership development - Government, non-government and private sector partnerships
- Promotion of women's health issues e.g. domestic violence, access to pap smears and reproductive health services
- Input to Government and other public policy and practice e.g. NSW Police Force Domestic Violence Stakeholders Forum, Medicare Locals Community Consultations, NSW Ministry of Health policies.

## 2. NSW Women's Health Centres

In 1974 the first women's health centre was funded, as was NSW Rape Crisis. There are now 21 services across NSW that comprise of

- Four special purpose centres; NSW Rape Crisis Centre, Sydney Women's Counselling Service, Immigrant Women's Health Service and Waminda, South Coast Women's Health and Welfare Aboriginal Corporation, and
- Seventeen Women's Health Centres: Lismore, Coffs Harbour, Hunter (Mayfield), Central Coast (Gosford) , Central West (Bathurst), Blue Mountains (Katoomba), Penrith, Blacktown, Cumberland, Bankstown, Leichhardt, Liverpool, WILMA (Campbelltown), Illawarra, Shoalhaven, Wagga and Albury.

While there is consistency in the approach to service provision (as outlined in the principles of women's health care on page 8 of this submission), and a similarity in the needs of the women across NSW that we provide services to (see WHNSW Database Presenting Issues Reference Table on page 5), the service priorities of each women's health centre reflect the specific needs of the locality

they provide services in; this is demonstrated by the variation in focus and community activity/health promotion.

The sector has a multidisciplinary workforce of approximately 250 workers. The majority work part time with the full time equivalent being approximately 132 workers. In addition to this the centres provide training and work opportunities to volunteers and students.

All women's health and specialist centres have a Board of Management that is accountable to the organisation's members and funding bodies. The Board of Management will also determine the strategic direction of the organisation.

Women's Health NSW has collated data from the NSW Women's Health and Specialist Centres to showcase the work undertaken. This data is presented on data charts (pages 6 & 7) and demonstrates the scope of presenting health issues and the range and diversity of women who seek and receive services from our centres across NSW.

### **Manual of Standards for Women's Health Centres**

In 1989 Women's Health NSW was the first NGO to develop and promote best practice standards specifically designed for Women's Health Centres. The standards were developed in partnership with Community Health Accreditation and Standards Program (CHASP) now known nationally as Quality Improvement Council (QIC).

When Quality Management Services (QMS-NSW Branch of QIC) conduct independent reviews of Women's Health Centres against best practice standards, two documents are used, The Australian Health & Community Services Core Module of Standards and the additional standards in the Module of Standards For Women's Health Centres. All women's health centres are currently engaged in an external quality improvement process for the 2013 – 2014 financial year. Centres will work together to achieve and maintain accreditation.

The Modules of Standards for Women's Health Centres are unique, they outline an expectation that a Women's Health Centre will operate using the full range of principles and ideologies referred to throughout this document.

Women's Health Centres do not see these principles as empty rhetoric and have consistently demonstrated capacity and achievement.

This commitment to work within a framework for, and with women to improve the quality of life and health status of women in Australia over the last 38 years is an achievement in itself.

**Women's Health NSW Database - Presenting Issues Reference Table Categories**

<b>Physical/Medical</b>	<b>Breast</b>	<b>Addiction</b>
98 Acute Pain	93 Breast cancer	29 Alcohol
4 Allergies	139 Breast cancer metastasis	30 Amphetamines
83 Arthritis	140 Breast diagnostic	31 Cannabis
61 Cardiovascular (heart and blood)	11 Breast feeding	32 Cocaine
17 Chronic fatigue syndrome	14 Breast implants	39 Gambling
87 Chronic Pain	12 Breast lumps	33 Hallucinogens and party drugs
62 Dermatological	15 Breast other	34 Opiates
26 Digestion	10 Breast screening/examination	37 Other drug abuse
63 Ears, Nose, Throat	13 Breast surgery	35 Poly drug abuse
132 Endocrine/Hormonal - diabetes	138 Lymphoedema	36 Prescription medication abuse
64 Endocrine/Hormonal - other	<b>Gynaecological / Urogenital</b>	38 Tobacco smoking(nicotine)
42 Faecal incontinence	68 Endometriosis	<b>Legal / Financial</b>
65 Gastrointestinal	94 Cervical Cancer	3 Adoption
80 Haematology	67 Circumcision/female genital mutilation	41 Employment
46 Headache	66 Gynaecological general (eg.fibroids,cysts, polyps)	43 Financial problems
95 Health Other	69 Hormone replacement therapy	50 Homelessness
47 Hepatitis C	70 Hysterectomy	49 Housing
60 Herbal/homeopathic medication	73 Menopause	53 Legal issues - child custody
48 HIV/AIDS	74 Menstruation	54 Legal issues – divorce
81 Immunology	145 Ovarian Cancer	56 Legal issues - family law
51 Injury - acute	99 Pap/Cervical screening	57 Legal issues – other
52 Injury - chronic	75 Polycystic ovarian syndrome	55 Legal issues - victims compensation
86 Injury - repetitive strain/tendonitis	76 Premenstrual syndrome	<b>Emotional / Mental Health</b>
89 Injury physical - other	77 Thrush	5 Anger
59 Medication	121 Urinary (kidney/bladder)other	6 Anxiety/ panic disorders
82 Musculoskeletal other	119 Urinary incontinence	7 Stress
91 Neurological - other	120 Urinary tract infections	25 Depression
97 Nutrition	78 Vulva-vaginal other	45 Grief/ loss
92 Oncology/Cancer - other	<b>Reproductive</b>	96 Mental health
<b>Also see Breast and Cervical Cancer</b>	9 Pregnancy - artificial insemination	16 Body image (not eating disorder)
84 Osteoporosis	71 Pregnancy - infertility	40 Disordered eating
100 Pathology and other tests	72 Pregnancy - IVF	110 Self esteem
88 Pre/Post surgery	134 Pregnancy - miscarriage	112 Suicide
90 Pulmonary (lung)/Respiratory	105 Pregnancy - pregnancy test	8 Trauma – emotional
85 Sciatica	21 Contraception - emergency	111 Self harm
79 Sexually Transmitted Infection	20 Contraception - general	102 Post natal depression
131 Sight/Vision/Eyes	103 Pregnancy - antenatal/ prenatal care	<b>Social / Cultural</b>
118 Sleep issues	107 Pregnancy - ectopic pregnancy	22 Cultural concerns
18 Tiredness/ fatigue	106 Pregnancy - gestational diabetes	28 Discrimination
129 Weight management	108 Pregnancy - other	58 Loneliness/isolation
<b>Relationships</b>	104 Pregnancy - post natal check ups	23 Migration
136 Childhood Issues	141 Pregnancy - options	24 Racism
135 Family Issues	133 Pregnancy - post termination	142 Systemic Racism - indigenous
146 Impacted Addiction	2 Pregnancy - termination	143 Systemic Racism - immigrant/refugee
148 Impacted Health - mental	<b>Violence / Abuse</b>	113 Sexual discrimination
147 Impacted Health - physical	114 Sexual harassment	115 Sexual Identity
149 Impacted Identity	122 Violence - Adult CSA	<b>Other</b>
150 Impacted Other	124 Violence - Adult sexual assault	1 Access and advocacy
101 Parenting	123 Violence - Child CSA	19 Complaint
109 Relationships	128 Violence - Children	27 Disability - management of
117 Safe sex	125 Violence - DV	44 Emergency/crisis
116 Sex & sexuality (not identity)	127 Violence - other	130 Other
	137 Violence - Ritual Abuse	
	144 Violence - Systemic Abuse	
	126 Violence - trauma/torture	

Chart 1 Presenting Health Issues

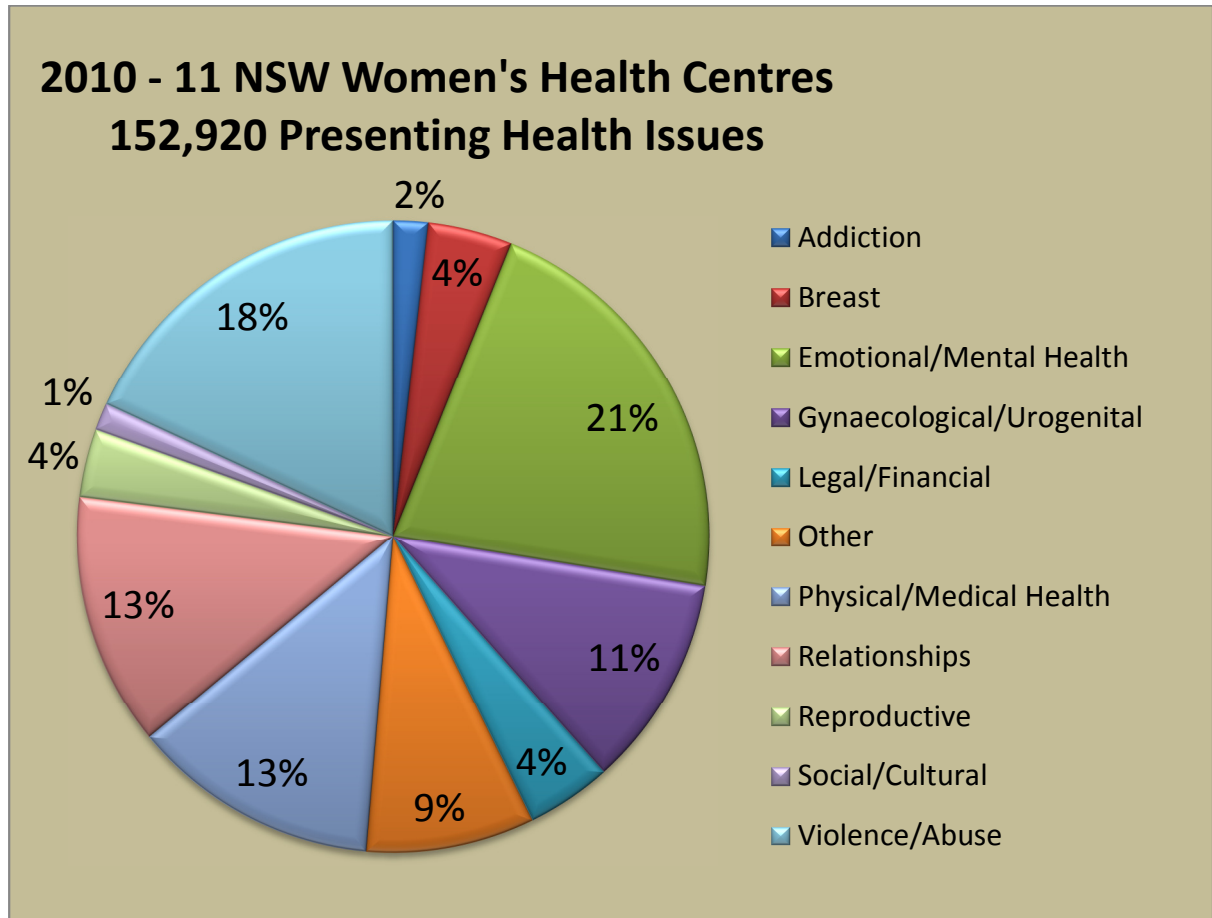
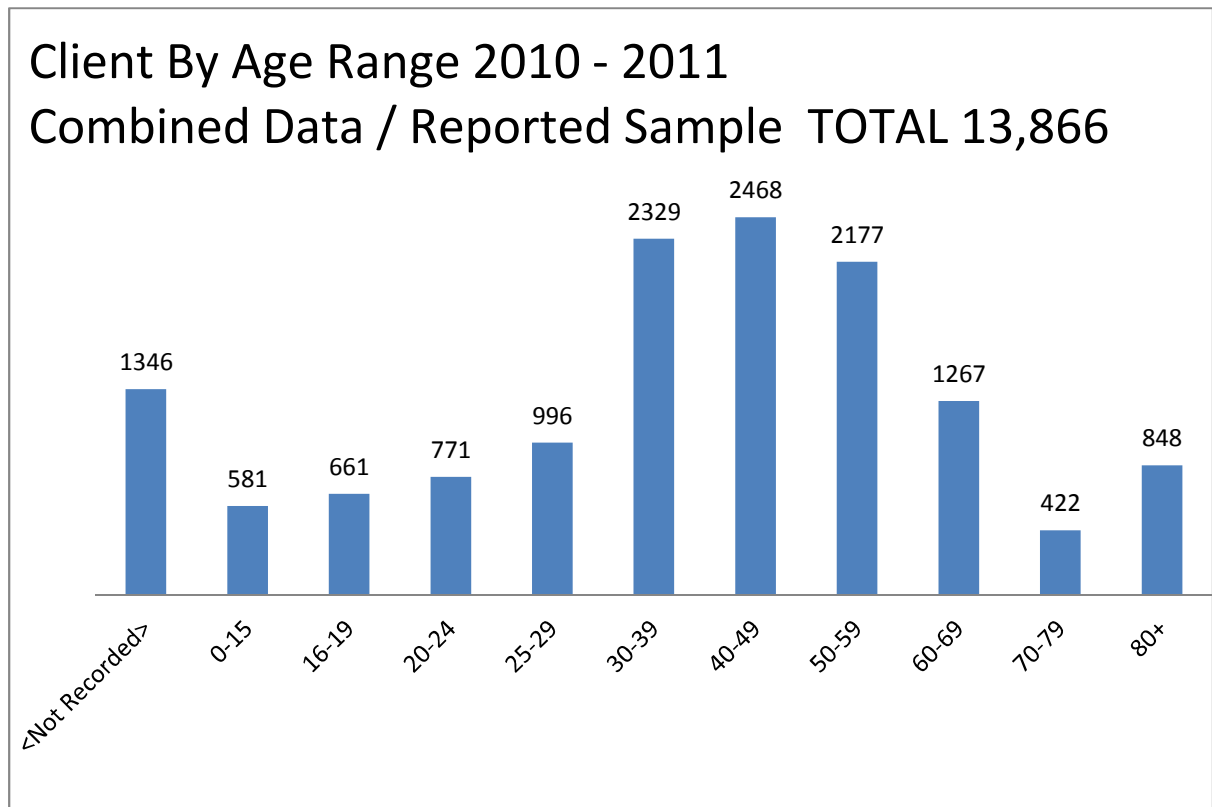
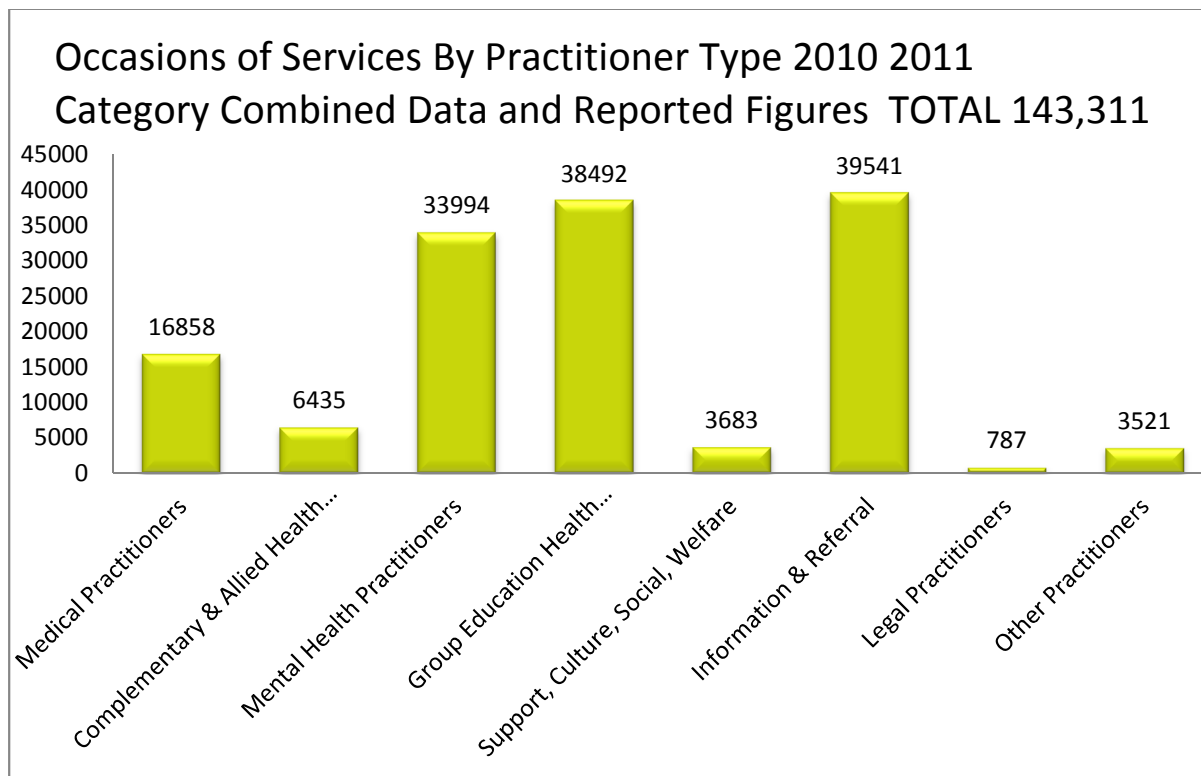


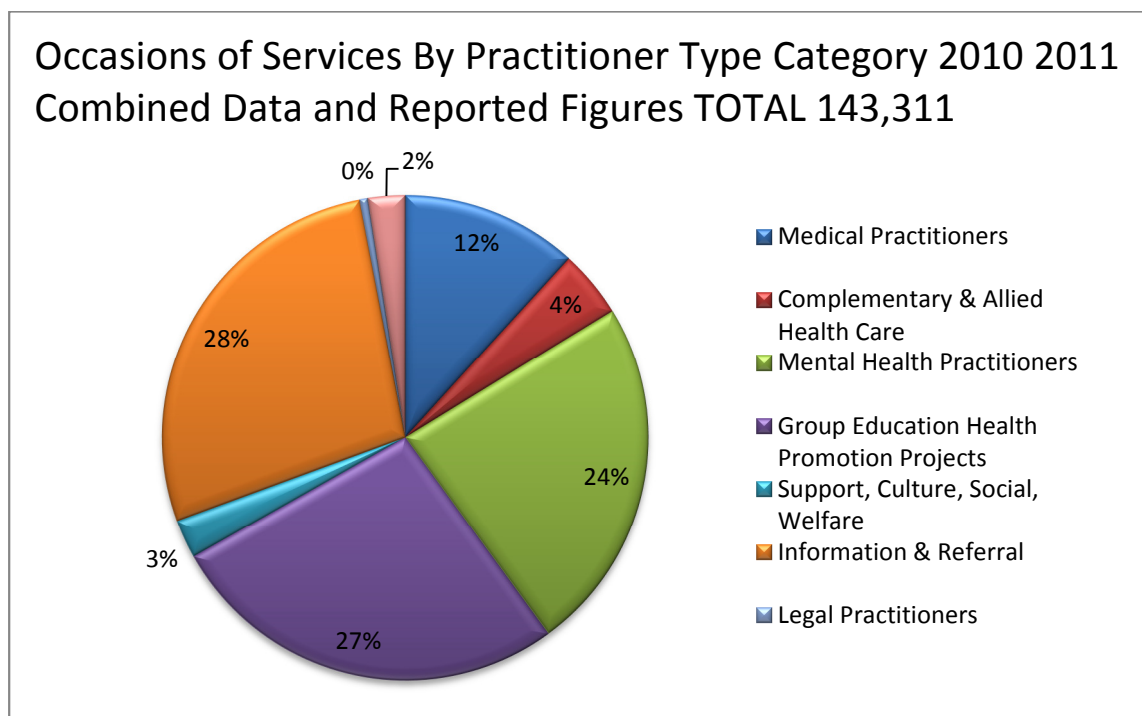
Chart 2 Client by Age Range



**Chart 3 Women’s Health Centres NSW Occasions of Service by Practitioner Type:**



**Chart 4 Occasions of Service by Practitioner Type by Percentage**



### 3. Women's Health NSW Principles of Women's Health Care

To promote a social model of health care based on an understanding of the social determinants of health and empowerment for women the Women's Health Centres developed Principles of Women's Health Care in 1982.

The social model of health approach was endorsed by Governments throughout Australia, originally expressed in the National Women's Health Policy (1989), Advancing Women's Health in Australia and subsequently in various State and Territory policy frameworks.

In NSW Government policy has embraced similar principles in the following NSW Health Policies:

- Strategic Framework to Advance the Health of Women, NSW Health, 2000
- Women's Health Outcomes Framework, 2002
- Gender Equity in Health, NSW Health, 2000
- NSW Women's Health Plan 2009 – 2012, NSW Health, 2010

Not at odds to the Principles of Women's Health Care are the current NSW State Health Plan Core Values and Goals namely, Collaboration, Openness, Respect, Empowerment and Goal 11:

Keep People Healthy and Out of Hospital:

*"Keeping people healthy and out of hospital will improve our quality of life and is the best way to manage rising health costs. Our health system needs reshaping to focus more on wellness and illness prevention in the community. This focus will help reduce rates of smoking, risk drinking and obesity which can lead to strokes, diabetes, kidney failure, asthma, cardiovascular disease and other potentially avoidable diseases, which have a significant impact on individuals and public hospital services. Co-ordinated preventive health strategies will help reduce the burden of chronic disease on our health system, and help our children and future generations to live healthier, happier and more fulfilling lives."*

WHNSW Principles of Women's Health Care assert the requirements of genuine community engagement and enhancement through recognition that:

- health is determined by a broad range of social, environmental, economic and biological factors
- differences in health status and health objectives are linked to gender, age, socio-economic status, ethnicity, disability, location and environment, racism, sex-role stereotyping, gender inequality and discrimination, ageism, sexuality and sexual preferences
- health promotion, disease prevention, equity of access to appropriate and affordable services and strengthening the primary health care system are necessary, along with high quality illness treatment services
- information, consultation, advocacy and community development are important elements of the health process.

In accordance with these principles women's health centres in NSW provide services which:

- encompass all of women's lifespans, and reflects women's various roles in Australian society, not just their reproductive role



- promote the participation of women in debate and decision making about health issues, their own health care, health service policy, planning, delivery and evaluation
- recognise women's rights, as health care consumers, to be treated with dignity, in an environment that provides for privacy, informed consent, confidentiality and safety
- acknowledge that informed decisions about health and health care require accessible information, which is appropriately targeted for different socio-economic, educational and cultural groups
- use existing data, research and policy concerning women's health, as well as incorporating women's views about their own health and the best strategies to address their health needs, in service planning and development
- provide appropriate women's health care to women in local communities, within a state-wide, co-ordinated approach
- ensure equity and accessibility of services without financial, cultural, geographic and or other barriers.
- ensure effective community management and operation of women's health centres by women, for women
- provide a broad range of services and strategies within a preventive and holistic framework.

#### 4. NGO Value and Commitment to Access and Equity

NGOs are recognised for operating in partnership with governments on a local, state, national and international level providing essential services across the complete portfolio of human service needs. Operating in and with community, in a way that is designed to identify community needs while simultaneously enhance and empower community through the provision of knowledge and resources, are key components of a complex holistic needs approach to service provision that defines the women's health NGO approach to improve women's health and wellbeing.

Australian Governments have committed to the United Nations (UN) Beijing Platform for Action (1995), the Convention to Eliminate of All Forms of Discrimination Against Women (CEDAW) and the International Covenant on Economic, Social and Cultural Rights (UNHCR 1966). These commitments affirm women's inalienable rights and fundamental freedoms, including their rights to health, rights to control over their own bodies, and freedom from violence and discrimination. They are intended to guarantee women "the possibility of realizing their full potential in society and shaping their lives in accordance with their own aspirations" (UN 1995, p.1). These UN instruments provide the global context for action on women's health. They are powerful mechanisms for mobilising action on women's health and well-being, but they need to be consistently applied and implemented. <sup>i</sup>

While the medical understanding of women's health can be sometimes confined to Gynaecology, Birthing and Oncology Screening, Women's Health Centres, have always operated from the social model of health approach which requires a more comprehensive engagement with community and individuals to improve health outcomes. It is impossible to understand women's health outcomes without understanding the social context of women's lives.

Community engagement broadens the scope of health needs to encompass access and equity matters, nutrition, smoking, cancer, cardio vascular disease, poverty, violence and sexual

harassment, mental health, housing, parenting, social isolation to name but a few, reflecting the day to day issues of women's lives and the social determinates of health and, the community and the health care system are better for the effort.

The women's health programs have been designed to address health inequity and gender specific service needs, to demonstrate an understanding of the effects of sex role stereotyping on health outcomes, to recognise that women have less wealth and property, experience high rates of violence and sexual harassment, have specific reproductive needs and still shoulder the bulk of family care responsibilities, and that particular groups of women have less access to health care due to their cultural and social circumstances; Aboriginal women, refugee and immigrant women, women with disabilities, and older women for example.

We would argue that the combination of holistic complex service provision coupled with a focus on diversity and disadvantaged women in the community requires an approach and expertise that places the NGO sector in an essential service category that truly supports a whole of government approach to community enhancement and care and, notwithstanding, is value for money.

## 5. Improving Grants Administration and Greater Transparency

Women's Health NSW along with other health peaks has consistently committed to and worked with the NSW Ministry of Health to improve the 'Grants Management Process'. This is demonstrated by our ongoing participation over the last 10 years; during this time we have always been involved in some form of grant improvement or continuous quality improvement process. WHNSW remains committed to improving grants administration.

It is noted in the research document *A Question of Balance; Principles, Contracts and the Government – Not For Profit Relationship*<sup>ii</sup> that *"the not-for-profit sector does not distinguish between 'funding agreements' and 'grants', governments do"* (p.14)

The instrument of agreement is not the question – efficiency, accountability, measurable outcomes, key performance indicators and transparency can be articulated in any written contractual agreement and all grants and contracts should aim to reach such a standard. WHNSW has consistently delivered on and met such standards.

While the NSW Ministry of Health (MOH) has made it clear that they too are committed to a grant improvement program and a vital NGO sector, there is no commitment from the MOH to the provision of NGO services of the women's health program or, published criteria for discussion as to what might constitute an ongoing grant program. Women's Health NSW remains committed to the NSW Ministry of Health Women's Health Plan 2009 – 2012<sup>iii</sup>.

In addition, we remain committed to the Working Together for NSW<sup>iv</sup> which clearly articulated shared goals, values, principles and stronger relations between government and non- government organisations working together to improve the well-being of individuals, families and communities in NSW.

## 6. Opportunities for New Partnership

Having funded and supported the NGO sector for more than 30 years, the NSW Ministry of Health has participated in supporting the formation of a diverse workforce and service infrastructure that could indeed manage a broader range of services required by community either locally or by using a state wide program approach.

WHNSW and the NGO Advisory Committee have indicated we would be more than happy to continue discussions regarding these matters.

## 7. Purchaser- Provider Relationship/ Procurement Processes for Specific Services

The women's health sector remains concerned that the main reason for changing the current funding arrangements for existing services is for the sole purpose of 'funding cuts' as we know that the current grant program funding and performance agreements could be improved to achieve improved transparency and measurable outcomes the MOH and the Grant Review have outlined.

As stated in A Question of Balance (page 12)

*'there was strong agreement that the contracts between governments and NFPOs have a significant impact on the relationship between the contracting parties and on the operation and culture of the not-for-profit party in particular. In effect, the contract's impact extends well beyond the ostensible purpose of articulating the terms and conditions for the purchase of services.'*

*And further, 'The point was made that the contracts need to establish clear objectives so that the focus remains on the (social) outcomes rather than on the process for achieving outcomes or administrative requirements. The argument goes that the better articulated the objectives and the stronger the parties' agreement on these, the less need there will to be prescriptive in how these outcomes are to be delivered.'*

While a good argument for a purchaser-provider contract for new 'specific service' agreements can be put, WHNSW supports the continuation of a core recurrent grant program that supports the principle of NGO service provision specifically designed to address disadvantage and inequity. WHNSW believes the women's health and specialist centre sector meets the criteria for the current grants program to continue as stated in Recommendation 12.1 – 12.3 of the Productivity Commission Research Report: *Contribution of the Not-for-Profit Sector*<sup>v</sup> and welcomes the MOH commitment to incorporate these and the recommendations of the NSW NGO Program Review Recommendation Report<sup>vi</sup> that supports maintaining long term grants when appropriate.

As stated, the existing program contracts could be improved to have better articulated outcomes and key performance indicators. In combining the Grant Program and Provider-Purchaser Procurement Models the MOH would ensure the vitality of Community- NGO relationship while improving the capacity and approach of the health care system.

Principles of procurement criteria need to include

- Demonstrated trust and continuity of relationship with community
- Motivation to address disadvantage
- Understanding of the social determinants of health
- Understanding of complex trauma
- Knowledge of client needs
- Sensitivity to client needs.

## 8. Women's Health Centres - Essential Services

Overall WHNSW asserts that the NGO health services budget is exceptionally small in relation to the total health budget in NSW and women's health services probably still receive less than 0.01% despite providing an extraordinary range of services to women in NSW.

All of the centres provide 'front line' services to specifically targeted women in community. The special purpose services are each one of a kind in all of NSW while the seventeen women's health centres are one of a kind in each of their areas and or region. All centres work in partnership within the health care system.

As a peak body Women's Health NSW aims to provide a supportive coordinated approach for quality improvement, client management and data systems, policy and procedures and professional development.

The core purpose in providing this submission is to introduce you to the essential services of the women's health centres in NSW and to advocate for their continued funding so that the marginalised women in the community are not further disadvantaged through diminishing of service provision.

## References

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<sup>i</sup> Women and Health and Well-being, Australian Women's Health Network Position Paper, 2012

<sup>ii</sup> A Question of Balance: Principles, contracts and the government – not for profit relationship, Public Interest Advocacy Centre, The Whitlam Institute and Social Justice & Social Change Research Centre University of Western Sydney, 2009

<sup>iii</sup> NSW Women's Health Plan 2009 – 2012, NSW Health 2010

<sup>iv</sup> Working Together for NSW, NSW Government, Forum of Non Government Agencies, 2006.

<sup>v</sup> Productivity Commission: *Contribution of the Not for Profit Sector*, February 2012, pp L-LI

<sup>vi</sup> NSW Department of Health: *The NSW Health NGO Program review Recommendations Report*, July 2010 pp 25-26