Palmerston North

Women’s Health Collective Inc.

Herstory/Annual Record 2017/2018

*Me Aro ki te Hā o Hine-ahu-one.*

*Pay heed to the mana of women.*



**PALMERSTON NORTH**

**WOMEN'S HEALTH COLLECTIVE INC.**

**HERSTORY/ANNUAL RECORD 2017/2018**

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Questionnaire Feedback – Client Voices 2017

‘Fantastic. Everyone is always so caring. No one judges. You feel you can be open and safe here’– **client**

‘Excellent, warm & friendly’– **client**

‘I’m always happy, safe and comfy here’– **client**

*‘Excellent, kind’–* ***client***

*‘It’s good to have a free and confidential service. Thanks ☺’–* ***client***

*‘Very good, always lovely and welcoming here’–* ***client***

*‘Great very encouraging wahine’–* ***client***

‘Its perfect especially for shy people’– **client**

‘Comfortable friendly, love the privacy, good advice’– **client**

‘I was absolutely delighted to find a free service for a smear. I had put off smear due to cost’– **client**

‘Safe place for women to get help. Much needed service’– **client**

‘This place is awesome’– **client** ‘Love the knitting’– **client**

‘Great job guys. Keep it up ☺’– **client**

‘This was my last smear test because of age but will certainly encourage other women to come here, so much more relaxed and stress free. Thanks for the cuppa!!’– **client**

‘Very helpful good resources’– **client**

‘What a lovely, warm, supportive environment’– **client**

‘Great service, great people – lucky to have it’ – **client**

‘I love the service & have even sent a text to enquire about things and got a text back’– **client**

‘Always my first stop’– **client**

*‘I love your customer service. Always friendly’ –* ***client***

**Reflecting on Our Year**

The 2017-2018 year has been a positive year with significant bicultural development work occurring. We recorded a total of 5,950 client contacts for the year. This was a slight increase on the previous year (which had 5,916 contacts). We maintained our high quality service throughout the year and received our usual positive client feedback.

The Collective had 10 active members and 13 advisor members, making a total current membership of 23 members at the end of the 2017-2018 year*.* Deanne left the governance group this year but agreed to become an advisor member. Lynne Clough returned to being an advisor member now that she is living in Taranaki. The Collective had 3 new members join. BSW III student on placement, Georgia Crawford, assisted with the governance role while on placement with us in 2017 (but resigned in October to return to the Hutt Valley). Two new members joined in 2018: Brooke Collins-Roberts a BSW II Massey University social work student who began a 50 hour voluntary work role and Te Atārangi Whenua Waka.

Key strategic work towards a Te Reo Māori name for the PNWHC, and consultation on this, occurred this year. We received great support from Todd Taiepa, the Māori Advisor for PNCC, who worked with PNCC translation advisors He Kupenga Hao i te Reo (Ian Christensen and others) to assist us. They suggested a beautiful name taken from our Whakatauki: *Me Aro ki te Hā o te Hine-Ahu-One. Pay heed to the mana of women.* The name ‘Te Hā o Hine-ahu-one Palmerston North Women’s Health Collective’ was gifted to us as a suggestion and we are very appreciative and also humbled to receive this taonga. The Collective has now formerly approved this Te Reo Māori name alongside our existing name. At the beginning of 2018 we began the next steps needed to towards our renaming/rebranding to become Te Hā o Hine-ahu-one Palmerston North Women’s Health Collective. A major review of our Moemoeā Vision, Kaupapa Mātāmua Mission Statement, Ngā Mātāpono Principles and Values, Kaupapa Whakaaro Philosophy was completed. We received great support from Todd Taiepa, the Māori Advisor for PNCC in this process and also began our linkage with mana whenua through Roly Fitzgerald for a consultation and training partnership. Community artist Pania Molloy agreed to work with us to create a new logo for our rebranding which will is part of our strategic planning day mahi in April. Further work is ongoing towards launching our new name and will involve a plan to rebrand and market ourselves at the same time.

Our Strategic Planning Day was held early in May. We worked with Gail Munro to review the strategic plan. We reflected on what is working well and how we want to develop. This was important to charting the way forward to a Te Reo Māori name for the Collective and the further bicultural development needed important to this. We held a successful AGM at the beginning of September including Bhutanese former refugee guest speakers Ruby Rai and Krishna Sapkota. This provided good insights into the challenges faced by former refugees and assisted us to begin to develop linkages with the women of this community.

Georgia’s placement was a great help this year with a number of projects including reviewing and updating information leaflets and booklets, and our practitioner information files; promoting our cervical screening service to Pasifika women’s communities; assisting with funding applications and the Māori Wards Option submission; revamping work for our new look library; Māori language week activities; as well as the day to day work in the office.

A total of 250 client questionnaires were given out between August and the beginning of November 2017 to women who visited to use the services of the Palmerston North Women’s Health Collective (WHC). Women were asked to fill out the questionnaire while at the WHC and then return the questionnaire anonymously via the post boxes provided. 245 questionnaires were returned (5 were missing, unknown reason), and 14 women verbally declined the invitation to participate making a total of 19 women not responding. This gave a response rate of 92.4%.

An analysis of the age of the respondents showed that well over a third (40.4%) of the respondents were aged under 25, and over ¾ (79.2%) were aged 35 and under. Collating the ethnicity responses showed that 54.8% were Pākehā /European, 37.3% were Māori, 5.4% Pasifika women and 2.9% were Asian. Figures add to slightly more than 100% due to 1 woman being counted in the Māori and Pasifika categories.

Analysis of women’s incomes showed that 59.2% of the respondents stated that they had access to an individual or family income of $400 or under, with 22.0% of these women identifying as being on an income of under $200. Another 27.8 % stated they were on a family income of $401-600 and just 13.1% of the women said they were on family incomes of over $600 a week. A number of women with children appear to be on lower incomes than expected. This is likely to be due to women on benefits not having control over large portions of their income that go direct to pay rent, power etc. 58% of the women were single and 42% were sharing finances with partners/husbands. 141 had a child or children (58%) and 102 (42%) didn’t. Of the women with children 55% were in single parent households and 45% were in a two-parent household. There were 80 single parents, comprising 33% of the total respondents who answered all the questions necessary to collate this.

Pregnancy testing was by far the most frequent reason for visits (72% of respondents), for a cervical/vault smear (10%), information/advice (6%), for condoms/lube (5%), to see a complementary health practitioner (4%) (8 for the osteopath and 3 for massage), for counselling (4%).

**Development of Services/Service Activities**

Our full array of services were continued. The demand for counselling services increased. The Women’s Health Collective provides client subsidies (and clients can be fully subsidised if necessary). This assists low income women to access counselling. Mary White finished as our visiting independent counsellor at the beginning of the year due to other workload and Bernice Tyree replaced her. Bernice Tyree (MNZAC) is a qualified counsellor who also has a social work background and qualifications which is useful for our clients. Mary continued to finish off with a few WHC subsidised clients up to July on an off-site basis.

We have supported the #smearyourmea promotion via Facebook and provided health promotion and off site cervical smears to members of Te Tū Mataora Kapa Haka group that meets at the Highbury Whanau Centre. We have continued to work on developing our free menstrual care supplies for women. We have continued to provide the Days for Girls washable pads packs and have some disposable supplies in our toilets. We received donations of menstrual cups from MyCup which is now giving ongoing support. These are provided free to low income clients. We also provide free disposable pads which are available in the toilets and on request.

A full update of the GP files occurred and also the dentists file. We have continued our regular updating of GP practices for current doctors practicing, including those taking on new patients and also information that can be handed out for LMCs. We have continued to work on improving the environment of our rooms. We completed further work on our Website this year with staff doing the basic maintenance/updating with technical support available when required.

We collaborated with CBS, assisting their clients to see the lactation consultant from our practitioner room, and other rooms in the Centre. This led to CBS being an approved user of the Centre with a key to use the Centre after hours. Clients and other visitors have been enjoying a new activity - helping us knit peggy squares for Kind Hearts, while visiting and waiting for appointments etc. Our colouring-in options are also popular for clients and children.

We purchased a custom made storage cabinet with doors to replace open shelving, reupholstered our couch and chairs for the main office/client contact area, and installed custom made library shelving which provides much more space for the library resources. We removed 2 filing cabinets with health information resources that are hardly used now. These have been stored offsite so we have protected historical and other information that we may want to refer to. The office and client area now feels more spacious and attractive. We have had good feedback on our reupholstered couch and 2 chairs. Further improvements to our environment occurred with Te Whare o ngā Wāhine/Palmerston North Women’s Centre receiving funding to buy new furniture and installing a water filter with separate tap. There is also now more space in the Women’s Centre as it was decided to forward donated items to Te Whare Koha and clear the Koha room (which was difficult to keep tidy) so that it could be used as another meeting area for groups.

**Workforce Development and Training**

Staff Training/Professional Development:

* Jean continues to be a registered social worker with an APC. She attended a strengths-based training day for managers facilitated by Chris Thomas and Karen Shepherd, and a Manager’s Retreat Facilitation and Training Day with Mike Clark ThinkRight; the Social Workers Day CPD day held by Massey University Social Work Dept; the Massey University social work field educators and students session; a half day ANZASW Training for competence to work with Māori with Tracey Robinson and George Davis.
* Morgan attended the Manline de-escalation training; the Mental Health 101 session, and Mental Health 3 Perspectives training; and an IRD updating seminar.
* Bec attended a 1 day strengths-based training for frontline workers; the 2 day HQSC Let’s Talk Community and Whānau Health/Consumer health conference in Wellington; a Whānau Ora Mokopuna Ora healthy birth healthy future Māori Health Symposium; a webinar session on Te Tiriti o Waitangi and a short session on cyber-bullying and harassment.
* All permanent staff are current for First Aid Certification (from Red Cross).

Governance Group members attended a number of training opportunities including:

* Community development training, Exult training for funding, conflict management in workplaces; training on mental health – MH101; and psychiatric diagnosis and personality disorders.

Community Involvement/Networking and Stakeholder Linkages

We have continued to work alongside Te Whare o ngā Wāhine/Palmerston North Women’s Centre and its other member groups (NCW, MALGRA Lesbian Group, Camelia House and Brazen Hussies community choir reps) and other WC governance group members this year.

We have continued to attend PN Community Services Council (CSC) meetings, and Jean continues on the PNCSC Collective (the governance group) in which she also provides a small additional support role in policy and as complaints officer, and has also been involved in recruitment and restructuring and HR work for PNCSC. Jean attends the CSC Manager’s forums and has maintained our involvement with the Manawatu Sexual Health Network and supports this by taking the minutes for the meetings. Bec and Morgan also attend these valuable quarterly meetings as sexual health is such a large part of our client work. Jean and other staff are continuing our linkages with the Federation of Women’s Health Councils network. Jean has remained involved with the Manawatu-Wanganui branch of ANZASW and continues to be the secretary of this. Morgan continues to be the Collective representative at the monthly meetings of the Manawatu Abuse Intervention Network (MAIN). Morgan is the Collective representative at National Council of Women meetings and continues on the executive for NCW Manawatu Branch. Our governance member Krys is treasurer for NCW and also Vice President of MALGRA. Bec attends the Child Health Forums and other events on child and maternal health. Bec is a member of the MDHB Consumer Council and her work within the PNWHC helps to inform this independent role. Bec is also about to start in a Maternity Liaison role at MDHB 16 hrs a week which will work in well with her community health worker role at the Women’s Health Collective.

Community networking and meetings this year also included:

* We collaborated with Diabetes Manawatu and the Women’s Centre to host a Women and Diabetes Event for World Diabetes Day.
* Events and visits at Te Aroha Noa including the Ngakau Matua Open Day; the rebranding launch of Strive Rehabilitation Manawatu (previously the Stewart Centre); PNCSC transport issues meeting; and Pink Shirt Day activities May 26th (anti-bullying).
* Jean was involved with assisting PNCSC at a meeting with PNCC staff about community linkages being developed with mana whenua, Rangitāne alongside developments occurring for PNCC; and meetings in support of the Māori Wards option for PNCC.
* We had significant involvement with Community Birth Services this year as they restructured their lactation support service and are using the Centre for full day clinics and training. We have assisted their ongoing use of the Centre, including advocating to the Centre for keys to allow for afterhours use on Saturdays.
* Jean attended: the Managers’ forums organised by PNCSC for community not for profit managers; the COGS public meeting for feedback on priorities; the Massey University event to network with, and thank, agencies who had social work students on placement; and the cross agency workshop for the Government Inquiry into Mental Health and Addictions.
* Our agency was a participant for a research project by Dr Tracy Morison from the School of Psychology Massey University on Long Acting Reversible Contraception (LARC).
* Visits from Carol and Turoa from the new PN Women’s Refuge emergency house for women and children (not domestic violence related); Deb Broughton from Parent to Parent visited to learn about our services; workers at Options for Community Living; and Julie Robb O’Connell, midwife working from Te Puna Hauora on smoking cessation and Mokopuna Ora midwife.

We have networked with a number of other health professionals and community groups and agencies through various community meetings and events. Community involvement and networking this quarter has included contact with MidCentral Health’s Sexual Health Service, Pregnancy Counselling Service, Cervical Screening Programme, Public Health, Mental Health Services, and the Funding Division; Central Primary Health Organisation (Cervical Screening); Te Tihi; PN City Council (PNCC) including some City Councillors and Community liaison staff, Te Manawa and Community Development workers; Internal Affairs; Family Planning Education Services; Camelia House; Community Birth Services; PN Maternity Resource Centre; Best Care Whakapai Hauora; Te Runanga o Raukawa; Te Wakahuia; He Puna Hauora; DSAC; NZPC (Prostitutes Collective); Environment Manawatu; Days for Girls; Citizens Advice Bureau; Palmerston North Women’s Refuge; Te Roopu Whakaruruhau o ngā Wāhine Māori; ARCS Manawatu; Manline; MASH; Manawatu SF; Mana o te Tangata; Endometriosis NZ; ACROSS; Methodist Social Services; Presbyterian Support Central Family Works; Access Radio; Kia Ora FM; our local MPs electorate office; Te Aroha Noa; Manawatu Multicultural Centre; the Refugee Service; the Housing Advice Centre; Tenants Union; Youth One Stop Shop; Supergrans; Age Concern; Manawatu Volunteer Centre; Adult Literacy; PARS; Manline; The Easy Living Centre, UCOL Student Health Services; Te Wānanga o Aotearoa; Massey University’s School of Health and Social Services; MUSA Advocacy Service; Access Radio; Kia Ora FM; our local MPs electorate office.

Health Promotion Activities/Public Speaking/Publicity

##### Public Speaking

* CAB volunteers at their training
* 2 Corrections Women’s Rehabilitation Groups running this quarter about the services at the Collective.
* Roslyn School refugee and new migrant mothers ESOL group
* 2 English Language Partners Literacy Class groups of Bhutanese, Burmese and Afghani women, and to 2 of these groups came to visit the Centre (and were given a tour of the Centre).
* Via a microphone to those attending the Te Mana o te Tangata Mental Health Week event
* PNCSC/PNCC social sector networking event about the services we provide
* A MAIN meeting presentation about the services we provide
* Presentation at Rainbow Network at Massey University which included information about the Women’s Health Collective.

##### Newspaper Articles/Articles

* We were mentioned in a Manawatū Standard article in support of the Māori Wards Option.

**Radio**

* Jean had a Kia Ora FM Radio interview about our services
* Community notices with Access Radio and Kia Ora FM
* Spoke to MUSA Radio Control 99.4FM as part of the Nether region event

**Displays**

* Te Wananga o Aotearoa Health Expo which combined display with provision of numerous personal health resources including pregnancy tests, condoms and lube and menstrual hygiene supplies (not counted under client contacts)
* The Big Latch On event
* Te Mana o te Tangata Mental Health Week event
* At the MUSA Nether Regions event

**Advertisements**

The Collective advertises weekly in the community notices of the Guardian and from time to time in the Tribune, our local free papers. We have also advertised in FLAX, the newsletter of the PN Community Services Council. We are continuing to advertise our services through community notices and in particular our cervical screening clinic on Access Radio, a community radio station and on Kia Ora FM.

# Website and Facebook

We have our own website [www.pnwomenshealth.org.nz](http://www.pnwomenshealth.org.nz/) which was reworked into a new WordPress website this year. Our Facebook page has regular postings several times a week. We have a page on the PN Community Services Council website and have client contacts by e-mail via this site. Our information is also included on the CAB website and the Central PHO website.

# Telephone Directory

We have a good visibility in the phone book in the White Pages and the Yellow Pages including our e-mail and website. We are listed in the Yellow Pages under ‘community services’, ‘counselling services’, and ‘health consultants & services’. We are also listed at the front of the phonebook under – ‘personal help services - health’.

# Directories

We are listed in a number of local directories including the Hook Me Up (guide to free and low cost sexual and reproductive health services) – the updated directory became available this quarter. We are included in the Manawatu Mental Health Directory, the MAIN directory (services for violence prevention and safety) and the Youth Directory. We also feature in pamphlets other than our own, for example the ECP pharmacist client information pamphlet.

Submissions and Significant Correspondence

This included:

* Written and oral submission to PNCC Draft Annual Budget
* HDC submission (online submission) re Health & Disability research involving adult participants who are unable to provide informed consent.
* Written and oral submission to PNCC supporting the Māori Wards Option as an important community development issue. We were told our submissions to PNCC were influential in the decision to go ahead with the Māori Wards Option.
* Submission for background information on issues in preparation for the PNCC/PNCSC social wellbeing forum for 2017 and 2018.
* Workshop attendance and consumer feedback provided to CPHO for inclusion in joint submission to the Mental Health and Addictions Inquiry.

We were also kept busy with MDHB reporting and numerous funding applications and accountability reports.

Cervical Screening

**Overview**

222 women had their cervical smears at the WHC this year (compared to 183 last year). 223 women were seen by our nurse for health checks, but one only needed swabs. We held 33 smear clinics. There was an increase to the total number of clinics held (seven more than the 26 last year).

Lynley Walker continued as our nurse smear taker this year. The clinics alternated between morning and afternoon clinics.

We continued to make use of discretionary funding from MDHB to provide free smears for non-priority women on low incomes/in financial hardship who also faced significant barriers regarding accessing other providers. Women who were not eligible for a free smear, due to not meeting criteria for a smear covered by priority or discretionary funding, had the option of attending the clinic and giving a donation of $30 towards the cost of a smear. 47 women (21% of the total number of women receiving smears) chose this option. This was a bit lower than the 29% last year. These women had a variety of personal reasons that meant they did not want to go elsewhere and would have a high potential to become under-screened if we were unable to keep providing this option. 80 of the women also had swabs and 5 had HPV tests.

Number of Smear clinics held 33

###### Number of Cervical Smears 222

Recalls 154 (69.3%)

New service users 63 (28.4%)

Returning service users 5 (2.3%)

Number of smears in each funding stream

Priority smears 85 (38.3%)

Discretionary smears 90 (40.5%)

Smears by-donation 47 (21.2%)

###### Priority Group Figures

(Funded by the MDHB/Cervical Screening Programme per woman seen)

|  |  |  |  |
| --- | --- | --- | --- |
| Target Group\* | Number of Smears | Percentage of Total | Percentage change from last year |
| Māori | 58 | 32.6% | + 7.3% |
| Pasifika | 8 | 4.5% | - 0.9 % |
| Asian | 15 | 8.4% | - 9.3 % |
| Under-screened (over 30 years) | 7 | 3.9% | - 4.6 % |
| Un-screened (over 30 years) | 0 | 0% | 0 % |
| Discretionary | 90 | 50.6% | + 3.7 % |

\*Note: 3 women (1.7%) fitted into more than one target group for ethnicity and are include in both ethnicity figures. In addition, nine Maori women and one Asian woman met the criteria for under-screened (5 years since last smear and over age 30) and one Maori woman met the criteria for un-screened; this is not shown on the table.

# Total Funded Smears 178

Overdue smears (all categories) 43 (19.4%)

###### We classify women as overdue if either they are on 1-year recall and overdue by at least 4 months, or they are on 3-year recall and overdue by at least 9 months.

26 of the women (11.7%) were very overdue (i.e. by at least two years), with 11 women (5%) at least five years overdue. Of these 26 women, five were more than two years overdue but did not meet criteria for a priority smear (they were neither in one of the priority groups based on ethnicity, nor were they 30+ and 5+ years since the date of their last smear). One of the women was not over thirty, and the other four were under low grade management (i.e. a low grade abnormality had recently been detected on their smear) which means they were meant to have a smear a year later but were at least two years overdue. Three of the women on low grade management had not had a follow up smear a year later due to financial barriers; two were three and a half years overdue (four and a half years since last smear), and the other was two and a quarter years overdue. We were able to provide them with a free smear using our discretionary funding, but this situation is concerning as the women had already had a low grade abnormality but without the WHC providing access to a free smear they would otherwise have had to wait for the same duration as women with a normal history (five years since their last smear) before they were eligible for a free priority smear.

A high proportion of new service users were overdue (37 which is 58.7%), including 16 women who were at least two years overdue (42.3%). Returning clients were usually overdue. Only three women recalled by the WHC were overdue.

These figures demonstrate that we were successful in attracting women who have barriers to accessing a smear elsewhere, and have therefore become significantly overdue. This is very important as regular screening has been proven to be an extremely effective way to decrease both the number of women developing cervical cancer and the number of women who die from it.

**Cervical Smear Results**

During the 2017/2018 year fifteen women (6.8% percent) had abnormal smear test results. Three of the women required urgent referral to colposcopy, two for high grade results and one for atypical endometrial cells. Seven women were referred for low grade changes. The other five women with abnormal smears did not require referral: three of these women’s smears showed low grade changes but they were under thirty; the other two women’s smears showed low grade changes but were negative for HPV infection. For both of these groups of women there is a high probability that the minor abnormalities will resolve without medical intervention, hence annual screening provides sound management while avoiding unnecessary intervention. These five women will be recalled for a follow-up smear in 1 year as per the Guidelines for Cervical Screening.

###### Referrals

# Referred to Colposcopy for abnormal results 10 (4.5%)

Referred to Women’s Health Unit 4 (1.8%)

Referred to Sexual Health Service 13 (5.9%)

Referred to GP 17 (7.7%)

# Reasons for Colposcopy Referral:

ASCUS (2nd low grade smear) 1

ASCUS HPV+ (age over 30) 2

LSIL; CINI/HPV (2nd low grade smear) 2

LSIL; CINI/HPV (with High Grade history) 2

ASC-H 1

HSIL; CINII/CINIII 1

Atypical Endocervical Cells 1

Of the ten referrals to colposcopy for abnormal smear results four were for existing clients and six were for new clients. Nine of the women had free smears funded through the MDHB discretionary funding; the other woman was a priority woman (NZ Māori). None of the women referred to colposcopy for abnormal results were overdue for their smear tests including the women who needed urgent referrals.

HPV test results

HPV testing allows better identification of women who are at risk of persistent or recurrent cervical abnormalities and enables many women with a high grade history to return to the normal screening interval. This year 3 women who had been on annual screening had a negative result on their second consecutive HPV test with normal smear result and was able to return to three yearly screening. Two further women had a normal smear result and were negative for HPV so will return to normal screening if they have the same result next year.

###### Referrals to Other Services

Three women were referred to the Women’s Health Service for management of prolapses, and one for follow up of post-menopausal bleeding. Two women who were referred had significant issues related to prolapse: both had significant urinary leakage, and one also had fecal incontinence. These women had not been comfortable disclosing the extent of their difficulties to their male GP.

Thirteen women were referred to the Sexual Health Service. This included women requiring treatment for symptomatic Bacterial Vaginosis (8), chlamydia (1), haemolytic streptococci (1) and persistent/recurrent candida (1). Two women were referred for vaginismus/pain with intercourse.

Seventeen women were referred to their GP including women requiring treatment of BV with symptoms (3), chlamydia (1), chlamydia and BV (1), trichomonas and BV (1) and candida that had not responded to treatment from a pharmacy (1). In addition, women were referred for: difficulties related to menopause (3), suspected prolapse/pelvic floor issues (4), vaginal dryness (1), changes in menses (1) and vaccination for HPV and IUD fitting (1)

Two women were referred a pharmacist for treatment of candida. One woman was referred to Te Ohu Auahi Mutunga for smoking cessation.

**Subsidised Counselling Service**

We had 288 client counselling sessions at the Women’s Health Collective over this year. This was a 27% increase on the previous year (which had 227 counselling sessions). This was partially due to Mary White being in her first year as our new visiting counsellor and gradually building up her availability and client base.

This year we spent $10,711 on counselling subsidies for women on low incomes or in financial hardship, and who did not have funding for this from WINZ. We received a total of $4,000 funding for counselling subsidies during this year. We also spent tagged funds that had been carried over from the last financial year. Unfortunately, we have lost a major source of funding recently due to a change in criteria for funding for the Mainland pub charity. We are exploring different options for funding the service. We also supported clients to access other sources of funding for counselling e.g. WINZ. The counselling sessions were provided by Mary White (MNZAC) and Bernice Tyree (MNZAC). Counsellors work in a private capacity at an agreed lower cost scale. This was 0-$70. Counselling subsidies continued to be set at a maximum of $53 for a counselling session.

Mary White and Bernice Tyree are both experienced counsellors with over 10 years of counselling experience, and Bernice who replaced Mary also has social work training and work background. Counselling was provided at the Collective 2 days a week on Tuesdays and Thursdays. Both counsellors are full members of MNZAC).

The break-down of client information for the counselling sessions showed that clients receiving a counselling session were 82% Pakeha/European, 10% Māori, 1.4% Pasifika and 7% other. The other category was mainly Asian women and included Indian, Chinese, Japanese, Asian and Arab.The age span ranged from 16-19 up to 75+ years.The counselling sessions were for 2.8% 16-19, 12.2% were 20-24, 28.1% were 25-35, 27.4% were 36-45, 21.5% were 46-59, 7.6% were 60-75; 0.4% 75+.77.4% were on an individual or family income of $400 or under (with 32.6% of these on an income under $200), and 91% were on a family income of $600 or under a week. Just 9% were on family incomes over $600 a week.63.5% were single women (many were single parents) and 36.5% shared finances with a partner.46% had dependent children.

Some of the main issues addressed were self-esteem, depression, abuse, sexual abuse, domestic violence, addictions, disordered eating, parenting issues, anger management, trauma, grief and loss. Our statistics included women with backgrounds of mental health service user/pharmaceutical use (48%),domestic violence (42%), sexual abuse (25%),addictions (9%) and disordered eating (8%).This indicates that about half of the counselling clients are currently in abusive relationships and/or have an abuse history, and almost ½ of clients accessing our service had low to moderate mental health issues.When we started taking statistic for past trauma from July onwards, 55% were identified as having experienced trauma.

Funding

Funding received for the year outlined below varies from the financial statement for the year which lists income spent rather than income received. [Note: all figures in the section show the GST exclusive amount.]

Our MidCentral DHB contracts continue to provide our major funding. We received $90,240 for the year through our women’s health services contract and $8,933 from our cervical screening contract.

The Palmerston North City Council continues to supportthe PNWHC by providing the rooms at Te Whare o ngā Wāhine/Palmerston North Women’s Centre that we share for a peppercorn rental, including rates remission, and also through a small PNCC/PNCSC Community Development Small Grants Fund grant.

In addition to the MDHB contracts funding the PNWHC received a total of $2,564 grants from the following funders:

* TG Macarthy Trust $4750 (granted for 2017, and also 2018) [applied for $4,860 - $1,500 essential administration and operating costs; $3,360 use of facilities contribution].
* COGS $4,564 ($6,433 applied for). This is a global amount granted up to the amounts listed for each of the following Kiwisaver ($2,843), relieving worker wages ($1,250), local km travel costs ($500), travel re-imbursement for governance members on WHC business ($250), indemnity insurance ($840), Training/professional development ($750).
* Eastern & Central Community Trust (ECCT) $4,000 for counselling subsidies
* Pub Charity $3,315 (for custom made library shelving).
* PNCC/PNCSC Community Development Small Grants Fund grant $2,963.90 towards the cost of our annual financial audit, telecommunications and insurance for damages.
* John Ilott $2,000 (for stationery, photocopying, relieving worker wages, library, advertising and promotion, pregnancy test pots)
* Blue Sky partial success of $1,971.00 [$2117.25 requested ($996 for custom made cabinet with doors; $1,121.25 for reupholstering couch and chairs)].

We repaid $229 to the Lion Foundation due to unspent grant money in the timeframe required.

Community Post provided 500 postage paid envelopes.

Donations totaled $2,206. The majority of donations $1,348 (67%) were made by clients of the cervical screening service who did not meet criteria for DHB funded smear tests. These clients gave a donation (usually $30) to offset the cost of smear provision. As donations from smear clients are needed to cover clinic cost they do not represent a source of funds for general use. General donations $644 and pregnancy test donations $15 (making up the remaining 33%) remain an important supplement to our income and are used to help cover expenditure not otherwise covered by income from grants. The other source of untagged funds received during the 2017-2018 year was $1,310 from interest on term investments.

**Emerging Trends and Issues**

# We have continued to follow developments relating to abortion services at the Women’s Clinic and the new development with a surgical abortion option as well as the medical abortion service. We have updated staff that all younger women are now expected to attend the pregnancy counselling service prior. We followed developments in pregnancy and parenting services and the opening of the new primary birthing centre. Housing has been one of the key issues of community concern for local community groups (identified for the PNCC social wellbeing forum), and we are following any local developments. Although we are not really involved with housing this is often part of client concerns that come to us. We were pleased to learn PNCC is developing their rental housing stock and are in support of their social housing and oppose any moves to market rents but were disappointed that the Māori Wards decision was overturned by a public vote on this.

Meeting Our Goals for 2017/2018

Significant success has been achieved in meeting all our service development goals for 2017/2018:

Goal 1: Further work on the main office/client contact spaces to improve both its functioning and appearance for both clients and staff. This is to include an emphasis on the library.

This was achieved as planned, with new library shelving, reupolstered chairs and couch, and a new storage cabinet. We received positive feedback from clients and the Collective. We plan to have an OSH check of our staff desks and work space next year. The Centre also improved the environment such as new chairs and work desk in the room used by the counsellor.

Goal 2: Continue to work on ways to advertise and further promote our services, raising our profile and visibility. This is to include targeting key groups including Māori women, Pasifika and Asian women (particularly for our free cervical screening service).

We promoted the Smear your Mea campaign, were involved in networking in relation to this and provided some smears off site to Māori women who are part of a kapa haka group. Some approaches to Pasifika women occurred through the support of a Pasifika contact. This is an area that needs more emphasis and our marketing next year will help hopefully assist this.

Goal 3: Further bicultural development combined with branding/marketing/promoting the service.

Major achievements occurred this year to receive a Te Reo Māori name and complete bicultural development work to prepare for a rebrand, new logo and resources and launch next year.

Goal 4: Maintain and develop our funding sources.

A good maintenance of our funding sources occurred and we were notified of pending significant increase in funding from Lottery Community which is for 2 years. This does not show in the financial statement as we received the payment just after the end of this financial year.

Goal 5: Continue to support Te Whare o ngā Wāhine/the Women’s Centre in the maintenance and development of the Centre.

Good support work occurred and the Centre has also improved the environment with new furniture.

Goal 6: Further development of digital paperless options that meet the needs of the PNWHC.

The library catalogue is paperless and has a new computer system (but with back up paper system also). More and more of our funding applications are paperless although we do keep a hard copy for ourselves.

Goal 7: Continue to advocate on women’s health issues (and particularly low income issues) and develop consumer health involvements

Our new worker Bec has developed consumer health advocacy roles and networks through involvements both inside and outside of her community health work at the PNWHC. We advocated for menstrual care needs for low income women which led to work by the MSHN we are part of and the production of a poster about free options. We have had interactions with other consumer advocates about concerns about proposed changes to the cervical screening programme and this is ongoing.

**Future Directions/Goals for 2018/2019**

Goal 1: Further work towards the transition to new name Te Hā o Hine-ahu-one: Palmerston North Women’s Health Collective. Bicultural development to parallel rebranding.

Goal 2: Develop new logo, launch of new name, new pamphlet and business cards, new letter head, update Website and Facebook, new sandwich board, display info, name tags, a sign pointing to our office. Also send out a first newsletter as part of marketing and promotion of services etc.

Goal 3: Launch event – open day September 19th which is 125 years since women gained the vote. Send invitations, include health care centres, FLAX, newspaper, email groups etc. Pōwhiri, food to be provided.

Goal 4: Update/review constitution for new name and bicultural development and hold AGM in August to approve.

Goal 5: Continue to work on ways to advertise and further promote our services, raising our profile and visibility. This is to include targeting key groups including Māori women, Pasifika and Asian women (particularly for our free cervical screening service).

Goal 6: Get pamphlets/posters out more broadly including different health settings (e.g. antenatal day room, GPs) as well as community, and include prisons.

Goal 7: Continue to advocate on women’s health issues (and particularly low income issues) and develop and support consumer health involvements.

Goal 8: Maintain and seek to develop our funding sources.

Goal 9: Continue to support Te Whare o ngā Wāhine/Palmerston North Women’s Centre in the maintenance and development of the Centre.

Goal 10: Further development of digital options that meet the needs of Te Hā o Hine-ahu-one: Palmerston North Women’s Health Collective.

Goal 11: Get new pamphlet stands for tidier and more effective display of pamphlets etc.

**ESTIMATE OF DOLLAR VALUE OF VOLUNTEER HOURS**

**PALMERSTON NORTH WOMEN’S HEALTH COLLECTIVE**

**1 April 2017 - 31 March 2018**

**Average number of active Collective Members/Volunteers for year 10**

(Note that paid workers are included in the number of volunteers – although they are paid to attend Collective meetings they also contribute some volunteer hours e.g. strategic planning days alongside volunteers.)

Base wage per hour $20.55

Total volunteer Collective meeting hours for the year 130

Dollar value of volunteer hours at Collective meetings $2671

Volunteer hours spent on projects, training, team building, other meetings etc 80

Base wage per hour $20.55

Dollar value of volunteer hours for other than Collective meetings $1644

**Total volunteer hours for the year 210**

**(doesn’t include social work placements - a course requirement)**

**TOTAL VALUE OF ALL VOLUNTEER HOURS $4,315**

**PALMERSTON NORTH WOMEN’S HEALTH COLLECTIVE Inc.**

**STATISTICS FOR THE YEAR 1 APRIL 2017 – 31 MARCH 2018**

**2016/2017** **2017/2018**

**CONTACTS**

**Total number of contacts\* 5916 5950**

Visits 4467 4490

Telephone 1162 1194

E-mail/letter/text 287 266

Estimated number of first contact calls 1107 1551

Contacts by women (and children) 5761 5833

Contacts by men 155 117

\*Note: Some contacts with clients are not recorded in our statistics. These include contacting current clients who are due for their cervical smear, notifying clients of their smear result, reminding women of their appointments, and contacting agencies. We also do not record women who help themselves to information available in the hall way or to condoms and lubricant/safe sex supplies in the toilets and elsewhere but who do not communicate with staff.

**AGES** (estimated)

Under 16 102 171

16-19 585 527

20-24 1722 1667

25-35 1367 1381

36-45 697 734

46-59 810 762

60-75 377 385

75 plus 98 107

Interagency contacts 158 216

**HEALTH CHECKS CONSULTATIONS (NURSE SMEAR TAKER)**

Cervical smears 183 222

Swabs (may include urine/Chlamydia tests) 62 82

HPV 7 8

Other\* 1 7

\*Client doing self-swabs only, client not able to have smear due to very recent miscarriage, client who turned out not to be due after further investigation, client who decided to wait until she had used ovestin prior, after discussion with nurse, two clients who turned out to be virgins so smear not indicated, client unable to proceed with smear due to anxiety and will wait until she has a prescription for anxiolytics.

**REFERRALS**

**Total number of referrals** **920 823**

Referrals to health professionals 702 663

Referrals to agencies/services/groups 218 16

**2016/2017** **2017/2018**

**ENQUIRIES/ACTION**

Abortion information/support /referral 100 113

Breast health/breastfeeding 8 44

Cervical smear info/referral 101 139

Contraception info/referral 312 339

Condoms/lube/safer sex supplies 305 330

Counselling session 227 288

Domestic violence/violence 29 30

Eating disorders 12 11

ECP/EC info/referral 137 99

Endometriosis 12 12

General health 44 37

Gynae problems/surgery 25 22

H&D Consumer rights/advocacy 23 24

Healthy lifestyle/self-care 32 25

Info about Collective 856 860

Info agencies/groups/services 416 463

Infertility/fertility 77 55

Library/research 71 86

Listening/support 173 187

Menopause/HRT/postmenopause 27 24

Menstruation/PMS 21 51

Mental health 53 45

Miscarriage 34 30

Natural health therapy given 885 919

Natural health therapy info 61 61

Parenting/children/childcare 23 16

Practitioner info/comments file 155 136

Pregnancy/maternity info/referral 97 85

Pregnancy test (info offered) 2361 2231

Sexual health info/referral 279 233

Sexual abuse 30 25

Sexuality/relationships 26 15

Smoking Cessation 5 6

Sterilization 21 16

Urinary Tract/UTI 25 18

**\***Other 68 114

Made appointment 551 649

**\*Other included**: *lactation consultant access assistance x 32; homelessness/emergency housing/housing x 12; NZPC sex worker packs x 9; Menstrual cups x 9, Days for Girls packs x 6, menstrual care supplies x4, incontinence care x 4; WINZ x 5; legal/lawyers/separation x 4; after-death info x4; elder care x 4; disability x 2; ACC x 2; supporting wife x 2; fetal alcohol syndrome; hirsuitism; work place bullying; transgender; to charge phone; confidential electoral role; safe sleep; grief; dental health, non-resident health; water safety; spirituality, Māori cultural question; ear syringing.*

# Statistical Observations

The total number of contacts during the 2017/2018 year was 5950. This is an increase (of 34 or 0.6%) when compared to the 5916 contacts recorded in the previous year.

* Pregnancy test contacts decreased by 130 on the previous year (6%).
* Abortion information/referral contacts increased by 13 (13%). The reverse of the downward trend continued again this year with the further increase for abortion information/referral contacts.
* Contraception (including sterilization) information/referral contacts increased by 22 (7%); ECP info/referral decreased by 38 (28%); sexual health info/referral decreased by 8 (16%); miscarriage decreased by 4 (12%)
* Menstruation/PMS increased by 30 (143%)
* Cervical smear information contacts increased by 22 (38%)
* Infertility/fertility decreased by 22 (29%).
* Those making contact with a worker for condoms and lube increased by 25 (8%). Many clients also just help themselves to condoms and lube and this is not recorded in our statistics, which is also the case for nonreusable sanitary/menstrual care products.
* Natural health therapies given increased by 34 (4%) and natural health information was the same as the previous year.
* Mental health related contacts decreased by 8 (15%). While contacts for eating disorders was about the same.
* Other increased contacts included info for: counselling sessions, up 61 (27%); library up 15 (21%), info about agencies/services up 47 (11%), information about the Collective’s services was similar to last year, up 4. The category of other (see list of other above) was up 46 (68%).
* Many areas were very similar to last year including for smoking cessation, domestic violence, endometriosis, health consumer rights/information.
* Other decreases included contacts for: menopause, down 3 (8%); parenting/children, down 7 (30%); sexual abuse , down 5 (17%); sexuality/relationships, down 11 (42%); urinary tract/UTI, down 7 (28%).\*
* There was also a big leap in breastfeeding due to assistance in accessing the lactation consultant from CBS until clinic days were formerly established and self-managing.

*\* It should be noted that a number of the categories for a client contact have quite small numbers and therefore increases and decreases can appear more significant.*

**ACKNOWLEDGEMENTS**

We wish to acknowledge all our important workers – our paid staff and volunteers, and thank our many supporters. A big thank you to our members who volunteer their time to keep our organisation going. We want to acknowledge our wonderful nurse smear taker Lynley, and counsellors and natural health therapists who have offered wonderful services for women and children at a reduced cost at the Collective - Mary, Bernice, Gina and Fran.

We thank Te Whare o ngā Wāhine/Palmerston North Women’s Centre member groups and volunteers for their work to continue and develop the Centre we are housed in.

A big thank you to all the funders who have supported us to provide our services (as outlined in the report), and to the people who have given us donations, particularly those who make regular automatic payments to our bank account. A very big thank you to you all. We are pleased to be able to acknowledge you all on our website. We also give a big thank you to MyCup for donating menstrual cups for our low income clients and Days for Girls for their donated washable menstrual kits. We also thank the businesses who have donated to us for promotional prizes at our displays, this year thanks to Habitual Fix for providing a gift voucher.

We thank Kauri Health Care, YOSS, Highbury Health Centre, Dr Vicki Shaw at Erica Gen, NZAF and MALGRA for supporting us through providing pregnancy tests and condom supplies. We thank the MidCentral Health Sexual Health Service for the valuable community support they provide. Thanks to the assistance provided by Barb Bradnock and others at the DHB Funding Division, to Michelle, Michelle and Rochelle from the PNCSC, and to the PNCC for ongoing community housing support.