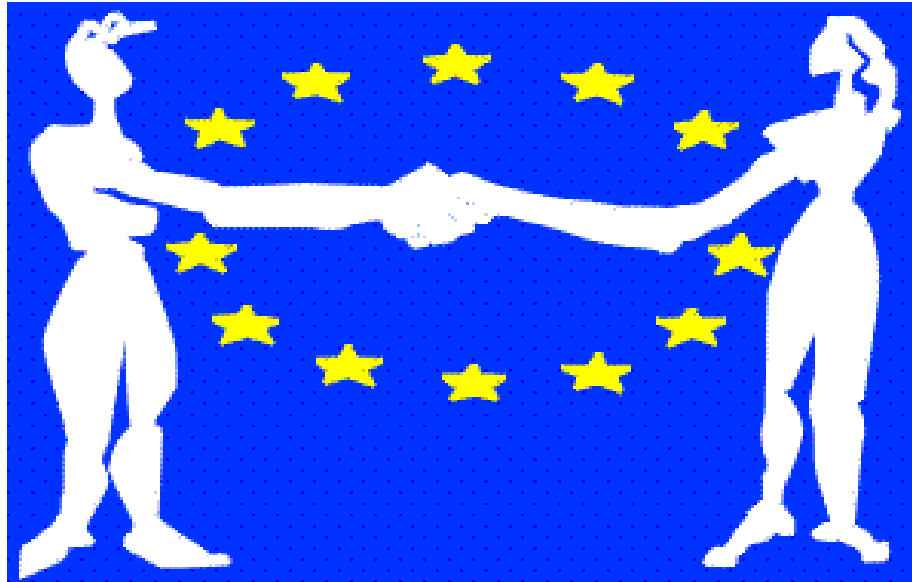


**EWHNET**  
**European Women's Health Network**



**Women`s Health Network:**  
**State of the Art, Concepts, Approaches, Organizations**  
**in the Women`s Health Movement**

**Country report Great Britain**

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# **Women in the Public Health System in the U.K.**

## **1. The National Health System**

Jalna Hanmer

### **Introduction**

The current women's health movement in the UK owes its origin to the Women's Liberation Movement which began in 1969. This social movement took up earlier concerns of women, in particular the right to legal, safe abortion, and developed new ways of thinking about health and women's bodies. Current medical practice was critically assessed and new services for women established.

The women's health movement is continuing and many of its original ideas have been incorporated in state funded services, preventative health care and public education initiatives. This report describes the women's health movement in the UK. Section 1 describes the national system for the provision of health care, the National Health Service, and the role of women within it. Section 2 describes the women's health movement, its history, current issues and the different approaches to women's health services currently available. Section 3 provides information on specific women's groups and organizations providing health care.

### **1.1 Characteristics of the National Health System**

#### **1.1.1 Structure and organization**

Fifty years ago the Beveridge Report of 1942 led to the setting up of the National Health Service in 1948. The aim was to ensure everyone had an 'equal opportunity to benefit from the best and most up-to-date medical and allied services possible'. When the NHS was introduced there was massive unmet need, particularly from women who had not been covered by the previous national insurance system which was limited to employed men. At the start of the National Health Service many women were suffering from chronic ill health, including reproductive conditions such as prolapse of the womb, as they were often the last in the family to receive medical treatment. Many chronic conditions were treatable and women benefited greatly from the new system of organising health care.

Over the past fifty years the NHS has undergone a number of reorganizations. These have been driven primarily by financial considerations and by the impact of different parts of the service on each other. The Minister of Health, Aneurin Bevan, in establishing the NHS in 1948 foresaw that expectations for the service would always exceed capacity and that the NHS must 'always be changing, growing and improving'. Certain aspects however, remain constant. Every person is, or is entitled to be, registered with a doctor. The choice of doctor is made by the individual.

The general practice is the first point of contact for medical help and medical records are maintained on all visits and other contacts, medication, tests, referrals and their outcome. These records are transferred when patients register with a new doctor, for example, as a result of moving to another locality. General practices vary in the number of doctors and ancillary staff, but typically a health center will have a group of doctors, and one or more nurse, community psychiatric nurse, school nurse, midwife, health visitor, social worker. This pri-

mary health care team provides special clinics, for example, for mothers and babies and for pregnant women and respond to the needs of individuals. While each of these specialist groups have their own professional structure, in the health center the leader the primary health care team is the doctor.

The doctor is the gatekeeper for hospital and specialist care. In order to see a medical specialist referral by a doctor in general practice is required, unless the situation is an emergency. Hospitals also offer access to occupational and physiotherapy, speech therapy and other para-professional services. Accident and emergency services receive patients who self-refer and are brought by others, such as the police. Psychiatric services also have emergency admissions and compulsory detention for short periods of time prior to review can be initiated by a doctor or the police and confirmed by a qualified mental health social worker. While hospitals maintain records on treatments received by patients, the general practitioner, who maintains the complete record on the patient, will be notified of results and treatments.

Doctors make home visits as do district nurses and community psychiatric nurses. There is a distinction between home nursing and home care and other services to assist people to remain in their homes as long as possible are organised via local authority statutory social services and voluntary social and welfare agencies. Support in the community for people with mental health problems also are provided by both statutory health and social services and voluntary organizations. Relatively recent policies to shift from institutional care to care in the community have resulted in the closure of many psychiatric institutions and those for the mentally and physically handicapped.

Dental and ophthalmic services are organised separately from general practice. Initially these services were an integral part of the national health service, but successive budget cuts have loosened these ties, although certain categories of people receive care under the National Health Service, for example, children under 16 years.

Health prevention work is an important part of health services. As well as national health service disease screening and other programmes, local authorities maintain a public health service. This includes educational work amongst people in general.

Private sector medical care and nursing home provision have increased since the 1980s. The public, however, have shown strong continuing support for the state funded National Health Service. Thus far public support has made it politically impossible to dismantle this comprehensive system of health care and the present Government has reaffirmed its commitment to the service.

### **1.1.2 Financing**

The NHS is financed primarily by taxation. Employed people also contribute through income related national insurance payments. Initially completely free to everyone, during the 1950s charges were introduced for dental treatment and prescriptions, and these have gradually increased over time. Other restrictions on a totally free service have been introduced, such as transferring the cost of previously free treatments to certain categories of patients, for example, eye tests must now be paid for by employed people. Some categories of people continue to receive a completely free service, in particular those on state benefits or under the age of 16 years.

The sea of unmet need, the sheer difficulty of predicting in advance the costs of the new service, the rising expectations it generated and the costs of medical advance all combined to set a pattern that continues today. Maintaining budgets while offering new and expensive treatments, reducing waiting lists for specialist appointments and operations, remains an issue.

The annual cost of the National Health Service is £34.7 billion. Hospital and community health services receive £23.6 billion and a further capital sum of £1.9 billion. Family health services receive £8.2 billion and provide general medical, dental, pharmaceutical and some ophthalmic services. Central health and miscellaneous service of £0.6 billion fund services which can most effectively be administered centrally, for example support to the voluntary sector. The administrative costs of the Department of Health is £0.3 billion.

### **1.1.3 New developments and issues**

Over the past 50 years different groups of health service employees have required the Government to respond with new proposals for pay and conditions and service organization. Low pay is a major current issue due largely to restricted annual pay increases for many years.

Currently, there is a reduction in the number of people applying for nursing education and a loss to the service of trained nurses. The standard of living for lower paid health service employees relative to other occupational groups has been decreasing for some time. A current proposal is for the creation of a category of nurse practitioner that would receive higher discretionary pay. Organizations representing nurses, however, do not see this as a solution to a growing lack of interest in nursing as a profession or retention of nurses. The current Governmental proposal also to offer medical consultants higher discretionary pay in exchange for spending more hours on National Health Service work, rather than private practice, has angered many low paid health service workers.

Women patients have objected for some years to mixed wards in hospitals and the Patient's Association has campaigned for the return to single sex accommodation. There is evidence that patients who felt strongly about their mixed-sex accommodation took longer to recover from treatment and operations. Progress is being made in the 100 district health authorities to achieve good standards of privacy and dignity for hospital patients; segregated washing and toilet facilities, and safe facilities for patients in hospitals for the mentally ill. By the end of 1999 these three objectives will be achieved by 70% to 80% of health authorities. By 2002 it is anticipated that this will have risen to 95%.

Problems with shortages for some services, such as intensive care beds, and the non-diminishing waiting list for hospital appointments and operations remain constant as does insufficient finance. Achieving a balance between high cost, high technology services for conditions that are not illnesses or physically disabling for adults, such as infertility with the increased need for neo-natal beds and treatments resulting from IVF and related treatments, and conditions that are, such as hip replacement surgery or cancer treatment remain contentious. Then there are variations in service delivery in different regions of the UK. The rising costs of drugs and equipment; the need for capital investment in hospitals put additional pressure on strained budgets.

Women continue to raise new issues and provide new analyses of health needs. For example, the cause of the continuing rise in breast cancer and breast cancer deaths, now 300 women a week, is being explored by the Women's Environmental Network. This group, funded by the National Lottery, is asking women to participate in research into the possible links between

breast cancer and environmental pollutants. Women are being asked to complete questionnaires and to produce maps of their local communities. The aim is to show the regional incidence of breast cancer, with variations of up to 40%, and the local sources of environmental pollution in order to highlight potential causes of breast cancer. Thus far the focus in the U.K. has been on treatment only and this project, hopefully, will stimulate interest in prevention.

## **1.2 Women in the National Health System**

### **1.2.1 Facts and figures**

The population of the UK is 58.6 million; 29.9 are female and 28.7 are male. Of this total 3,394,000 are defined as ethnic minorities. 20.7% of the population is under 16 years, 61.2% is between 16 years and the retirement age 59-64 years, and 18.2% is over the retirement age of 60-65+. 7% of the population is over 75 years. The average life expectancy of men is 73.9 years and for women it is 79.2 years.

The consistent emphasis over time has been on meeting health care requests and needs of this population and not on reducing health care consumption.

### **1.2.2 Specific health services**

Several issues of particular concern to women, such as contraceptive services, screening for cervical cancer and screening for breast cancer, are now routinely offered through general practice or the hospital service. Women have worked consistently for abortion services provided through the National Health Service, but as the largely male consultants can opt out of this operation, services are unevenly provided in the UK. The voluntary charitable sector providing abortions remains very important and, while payment is required, ways to assist women who cannot meet the charges are often found.

- **obstetric care**

Most maternity care takes place in a primary care setting with the doctor and midwife seeing women throughout pregnancy. At about 14 weeks women are booked under a consultant obstetrician at hospital where the assessment includes an ultrasound scan. Women receive a further ultrasound scan at the hospital at around 20 weeks and the obstetrician decides whether the care should continue at the hospital rather than with the primary health care team. Almost all births take place at hospital. When labour begins the woman attends the hospital labour suite where they are cared for by a midwife. In some areas the community midwife who has looked after the woman during antenatal period will attend the woman during labour. 80% of women are delivered by midwives in the UK, but obstetric medical intervention also occurs.

In 1994-95 about 20% of deliveries were induced, over 15% were by caesarean section, and 10% were instrumental deliveries; 45% in all. Further, epidural or spinal anaesthetics were used in 25% of all deliveries. Women with spontaneous deliveries spent on average 1 or 2 days in hospital after delivery, women with instrumental deliveries 2 to 3 days and women with caesarean deliveries 4 to 5 days. Between 1985 and 1995 the caesarean rate increased from 10.4% to 15.5%. The proportion of women staying in hospital four days or more after delivery fell from 51% to 26%. In 1995 there were 732,000 live births.

Women continue to see their community midwife upon discharge from hospital and are followed up either by their doctor, midwife, or at the hospital for their six week postnatal visit.

- **abortion clinics**

In 1996 legal abortions increased by 8.2%, resulting in 177,225 abortions. 21.4% of pregnancies result in abortion in the U.K. Abortion is legal up to 24 weeks gestation in England, Scotland and Wales. In Northern Ireland there is no specific law either allowing or prohibiting abortion, but in practice it is rare. Despite abortion being made legal in 1967 there is no obligation for health authorities to provide this service. Between 1985 and 1989, the number of NHS abortions increased by 8.5% while private abortions increased in 31.4%. By 1990, 52% of all termination in England and Wales were performed in private clinics, but in the East Midlands 86% of all terminations were carried out privately and only 1% by the NHS. In Scotland only 5% of terminations are carried out privately.

- **breast cancer and cervical carcinoma screening**

The women's health movement popularised breast self-examination in an effort to enable women to seek earlier treatment. The NHS now offers a breast screening programme by mammography at hospitals. Women between the ages of 50 to 65 receive a notice to attend for x-ray and results are sent by post. Screening is voluntary and free of charge.

The aim is to reduce mortality by earlier identification of breast cancer. Five year survival rates for breast cancer have improved by 7%, although the U.K. has one of the highest rates of breast cancer in Europe and a relatively low rate of survival. There are 300 deaths a week. This reflects the quality of treatment given in different NHS units, i.e. specialist or non-specialist clinics, teaching or district hospitals. Treatment is by surgery, radiation, and chemotherapy. Women often find mammography painful and waiting for results creates anxiety. The effectiveness of the screening programme has been questioned, but it is continuing as early diagnosis is the major factor in survival.

Cervical cancer screening has resulted in 84.7% of women aged 25 to 64 resident in England being screened at least once in the previous five years. Laboratories have examined an estimated 4.6 million smears during this time. Women attend their health center or GP surgery for the cervical cancer smear test which is then sent to a laboratory for processing. Results are obtained after a month to six weeks. The test is free of charge.

Over the past five years there have been several major incidents of incorrect laboratory work. This has led to women being recalled for re-screening with the attendant anxiety this creates and, unfortunately, the non-identification of cervical cancer for some women. This has resulted in major operations and premature death that might have been avoided by earlier detection. These malfunctions of the screening programme have received wide publicity and introduced an element of uncertainty for some women even when test results are positive. The cervical cancer screening programme is continuing.

- **infertility treatments**

The Human Fertilisation and Embryology Authority provides guidance to the NHS and privately funded centers carrying out licensed treatments for infertility. The purpose is to give guidance to centers on implementing the Human Fertilisation and Embryology Act, to raise standards at all centers and to provide a framework for good practice. Permitted interventions include insemination by donor, invitro fertilisation and its variations, e.g. GIFT, egg or embryo transfer, and their freezing and storage along with sperm, embryo experimentation using 'spare' embryos for research, and surrogacy arrangements.

Sex selection of humans, transgenic species using human genetic material, and the cloning of humans currently are not permitted. Ectogenesis, conception and pregnancy outside a woman's body in an artificial womb, is not yet technically possible, although British scientists are wor-

king in Japan on this. This work is viewed as too sensitive to take place in the U.K. The possibilities for the genetic manipulation of sex cells and embryos are increasing as a result of the human genome project.

The Human Fertilisation and Embryology Authority regulates the appropriate qualifications of staff at clinics, the facilities that should be available, and who may be given treatments or become donors or store sex cells and embryos. Centers are required to look for indicators of risk to the future well-being of the child, and describes the information which should be given to people seeking treatment, who also should be offered counselling. Donors too, must be offered counselling on the implications of donation.

Success rates for IVF and associated procedures are limited and small clinics have lower rates. Some clinics have never produced an IVF baby, yet with a zero success rate they continue to advertise their services and intervene in women's bodies as if this was not the case. Registers of children conceived by IVF and associated techniques demonstrate a worse health outcome for children conceived in this way. Health risks include prematurity, delivery by caesarean section, increase in multiple births and medical problems associated with low birth weight and prematurity, a higher percentage of babies with major abnormalities, primarily neural tube (spina bifida) and cardiac problems.

### **1.2.3 Inter-agency co-ordination**

In the U.K. the National Health Service is partly organised through 100 district health authorities, while statutory social services are provided by local authorities (local government). Voluntary health and social service agencies may be local, regional or national. Each local authority has a joint health and social service co-ordinating committee consisting of statutory and voluntary agency members. While its role is advisory, joint projects are funded. Social workers are employed by the health service at primary health care and hospital levels, while local authorities have a public health remit. Health service personnel also participate in local committees, in response to the Department of Health guidelines on responding to child abuse. Health services participate voluntarily in many other local inter-agency activities and fora depending on local circumstances.

### **1.2.4 Professional women**

The higher ranks of medicine and the National Health Service are dominated by men. 80% of National Health Service consultants are male. After years of low quotas for women attempting to enter medical schools, women now make up 50% of entrants, but women who qualify continue to face both horizontal and vertical occupational segregation. Women are 60% of doctors in the lower status specialism of public health medicine and 47% of general practitioners under the age of 30.

Although less than 10% of nurses are men, 50% of senior nurse manager posts are held by them. District general manager posts for nurses are increasingly held by men and by non-nurses. Only 3% of these posts are held by women. The lower ranks of nursing also are noted for their inequalities. Of the higher qualified state registered nurses, one out of four are men. For the lower qualified state enrolled nurses, one out of every six are men. A total of 217,553 women were employed as nurses and midwives in 1994, over two-thirds had part-time contracts. Among the 45,232 male nurses and midwives less than 10% had part-time contracts.

Approximately 8% of the workforce in England is from black and ethnic minority backgrounds. Of the nursing, midwifery and health visiting workforce in the NHS, 6.6% is from an ethnic background. Black and Asian women nurses face the greatest inequalities and are more likely than white women to be employed in lower nursing or in ancillary posts, such as catering or cleaning.

The number of women and ethnic minority people on the various National Health Service internal organizations is increasing. In 1998 women on district health authorities constituted 40.5%, on NHS Trusts 43.7%, and special health authorities and dental practice boards 36.8%, and executive non-departmental public bodies 33.7%. Ethnic minority membership averaged 7.5% on these committees. Women chairs of these organizations were 40.8% for district health authorities, 28.4 for NHS Trusts, 21.4 for special health authorities and dental practice boards, and 28.6 for executive non-departmental public bodies. Women's membership is lowest on advisory non-departmental public bodies, 27.6%, and only 7.9% of the chairs are held by women. The current Government's commitment to make the NHS more representative of the communities it serves led to revised criteria for appointments being introduced in 1997.

## **2. Women's Health Movement**

### **2.1 The history of the Women's Health Movement in the U.K.**

#### **2.1.1 The Women's Liberation Movement - early years**

In the early 1970s women formed groups around reproductive issues in order to provide advice and practical services to women, in particular these of pregnancy testing, contraception, abortion and childbirth. The first publication by the Boston Women's Health Book Collective provided inspiration and practical information. *Our Bodies Ourselves*, the title of their publication, became an important slogan for the Women's Liberation Movement. Women met in small groups to self-examine, to explore natural remedies to common problems of the female reproductive system and to support each other. This movement began from a view that medicine had disempowered women by medicalising the normal changes in women's bodies of menstruation, fertility, pregnancy, childbirth, breast feeding and the menopause. This process subordinated women who were reduced to passive subjects, shorn of bodily knowledge known to women of previous generations. The aim was to regain that knowledge, thus returning control over women's bodies to ourselves.

Women also challenged the medical role in defining women's mental health. Negative stereotypes of women, a lack of understanding about and recognition of women's life situations exerted a negative influence on psychiatric care. These issues also were part of the agenda of women's health groups.

#### **2.1.2 The abortion campaigns**

During the 1970s a broad activist focus on reproduction was overtaken by political actions to retain the provisions of the 1967 Abortion Act. This Act enabled women to obtain an abortion if two doctors, of whom one had to be a gynaecological and obstetric consultant, agreed to the termination. Grounds for abortion included social reasons and psychiatric support could be required. The Act allowed doctors to opt out for moral and religious reasons and abortion could be extremely difficult to obtain in some regions. Women could only request an abortion

and, even when the request was granted, women often had to meet the financial cost as facilities through the National Health Service were not always available or sufficiently available. The need to obtain medical permission also meant that abortions often were delayed until the second trimester. Sexual mores were less permissive in the 1970s than the 1990s and women reported being blamed and treated as undeserving by staff of the National Health Service. Women's health groups assisted women to obtain abortions and several national charities performed abortions at cost.

Throughout the 1970s feminist and Left political groups participated actively to oppose successive Parliamentary attempts to further restrict women's access to abortion. Abortion was accepted by the Left as a major means of obtaining women's social equality with men. During this time much of women's political action on reproduction was directed to retaining a limited right to abortion.

### **2.1.3 Self-determination and de-medicalisation**

From time to time, other major single-issue campaigns arose, such as the attempt to retain London's women-only hospital, the Elizabeth Garrett Anderson, and the demonstrations about the management of birthing at the Royal Free Hospital. The demand to take up broader concerns, including those of Black women, and for a women-only organization eventually led to a political split with the National Abortion Campaign in 1981. Upon the creation of the Reproductive Rights Campaign with its separate Information Center, a broader focus on reproduction again became a dominant theme of practical political work, for example, objection to the testing and introduction of Depo-Provera, the long term contraceptive injectable, was the focus of a sustained campaign. This, like the subsequent five year hormonal contraceptive implant (Norplant), was more likely to be used on working class and Black women.

During the 1980s the political emphasis on reproduction shifted from women's liberation to women's rights, but based on a more critical approach to science and technology, a strand of thought and action rooted in the concepts of oppression and imperialism began to re-emerge in the mid-1980s. Women gradually became more critical of science and technology throughout the 1970s as the immediate and long term adverse health implications of developments such as the contraceptive pill, and medication prescribed during pregnancy such as DES (diethylstilbestrol) began to surface. Also it became clearer how science and technology were being used to disempower a growing number of women by extending interventions initially justified 'in exceptional circumstances only' to routine use. In relation to pregnancy and the birthing process these included foetal monitoring, hormonal drips, ultrasound, amniocentesis, inductions, episiotomies, and caesarean sections. Women found they could directly use some very low-technology interventions, such as self-insemination, or pregnancy testing kits, but as the technology became more developed control passed increasingly into the hand of medical professionals, for example, with IVF or the genetic testing of embryos.

Another major issue was the medical prescription of tranquillisers and other drugs. Women were more likely to be prescribed mind altering drugs than men and these acted to depress women's affective responses and thus their ability to deal with life problems. Women's self-help groups produced information designed to educate women about the negative effects of these mind altering drugs and offered help to individual women. The women's health movement made a fundamental contribution to the resurgence of interest in, and facilities for, alternative health provision.

### **2.1.4 Women's lives, women's health**

The recognition of the influence of the social position of women on their health led to an attempt to educate women about their bodies and to offer specific practical advice women could implement independently. It led to collective efforts to challenge the over-medicalisation of women's lives and to demand more appropriate services and attention to health problems women saw as largely ignored. The health movement was fuelled by a belief that women could change their lives for the better and could successfully influence the provision of health services.

A core idea of the Women's Liberation Movement, that 'the personal is political', meant there was no area of life that did not have a social aspect and meaning. In re-interpreting the so-called private sphere of marriage and family as social and politicised, women were encouraged to take control over decisions and processes that affected their mental and physical health.

### **2.1.5 Social services for women**

At the same time women were setting up self-help health groups, women were forming other groups specifically to explore the psycho-social experiences of women and to relate their personal socialisation to later life events. Consciousness-raising supported women through major changes in their lives in groups with a primary focus on health and in groups which began for other purposes. A major gap in service provision was identified at the beginning of the 1970s. Beginning with women's centers, women began to assist women and their children to achieve a new start in life by offering refuge from violent male partners. These activities expanded to include rape crisis advice and counselling, and groups and other services for incest survivors. The self-help health groups were part of a larger social movement sharing a common perspective and political aims.

## **2.2 Women's Health Movement in the 1990s**

### **2.2.1 Integration versus autonomy**

The women's health movement has been influential in the U.K. While the unfunded women's self help groups sought to influence the provision of state provided physical and mental health services, it also sought to maintain its independent existence while seeking state funding for an expansion of services. This was achieved by some groups beginning in the 1980s. This was also a time when local authorities began gradually to fund health prevention initiatives aimed at women. The National Health Service began to reconsider some aspects of service delivery and to offer screening programmes for cervical and breast cancers. However, the bio-medical approach to women's health dominates the National Health Service and the psychological dominates the mental health services.

### **2.2.2 Recognition of diversity between women**

At the beginning of the women's health movement diversity between women was not a focus. Rather it was the recognition of the commonality between women in terms of their disempowerment and medicalisation by state provided health services that unlocked women's energies to protest and assist each other. The women who began the health movement consisted largely of a young age cohort who focused on their immediate health concerns. Over time, and as issues developed, specific health conditions disproportionately affecting some women, for

example cycle cell anaemia in women originating from Africa, the prescription of certain contraceptives, for example Depo Provera for Black, Asian and poor women, became apparent. Age differences too, became an issue beginning with the routine carrying out of hysterectomies and the promotion of HRT. Disabled women raised their needs through new groups demanding recognition. Other groups were established to assist immigrants from some countries, such as FORWARD, set up to end the sexually mutilating practice of cliterodectomy and infibulation of girl children. Recognising and responding sensitively to the specific issues and needs of diverse groups of women is now seen as essential.

### **2.2.3 Professionals and the Women's Health Movement**

The women's health movement originally consisted of young and largely white women who had no particular expertise or training in health or medicine. They brought a social understanding to health care, a holistic approach and began a process of women controlled health education and services. The early well-women clinics established by these groups began to include sessions by women doctors and nurses too, were drawn into the provision of their services. This began a process of professionalising of women's health care. While the voluntary work of the original women continued, the involvement of professionals required funding. Women turned to district health authorities for their finances. As financial support increased and services multiplied, more professionally trained women became involved and the major providers began to adopt selected aspects of the women's health movement.

## **3. Different Approaches to Women's Health**

Jane Becker

Services within the NHS (National Health Service) dealing with physical health problems are usually based on the bio-medical model of health, which focuses on treatment and those dealing with mental health problems use a psychological model of health, whereas the feminist WHM challenge was informed by holistic and social models of health. From the perspective of a holistic model of health, which views physical, mental and spiritual health as one integrated system, feminists argued that:

i) physical and mental health needs should be considered together to improve women's well-being

ii) services should focus on prevention rather than treatment.

From the perspective of a social model of health, "which takes account of the interaction between social and economic factors and health and illness" (Women's Health Unit, CDCSH 1989: 6), they argued for:

iii) women-centered services, run by women for women, which provided information, advice from lay women and enabled women to support each other through self-help groups;

iv) an understanding of health problems in the context of women's lives, and

v) approaches to health care, which explicitly acknowledged societies' collective responsibility for women's health.

Women's health groups initiated campaigns for well women services supported by women professionals, working in health care or community development who shared their goals in the early 1980s, but it often took more than five years to achieve their goals. Many groups based their proposals to their local District Health Authorities (DHA)<sup>1</sup> in England and Wales or Health Boards (HB) in Scotland on the guidelines for 'model' well women centers recommended by the Association of Community Health Councils for England and Wales

(ACHCE&W) for consideration by all Community Health Councils (CHCs) in 1982 (Stutter et al. 1982). With no national women's health policy each DHA was open to persuasion about the local need for well women services.

I have classified three main types of women's health services based on their philosophies. The three main types are distinguished by their dominant model of health, either bio-medical, holistic or social. Both the holistic and the social models of health are used with aspects of the other two models. Services also vary in their understanding of women's health, which can be understood narrowly as women's reproductive health or broadly as women's well-being and health with a feminist analysis of the detrimental effects of gender inequality on women's lives. The holistic model of health has been used with both understandings of women's health. This gives four types, which are:

Type 1 Bio-medical approach to women's reproductive health (bio-medical/narrow)

Type 2a) Holistic approach to women's reproductive health (holistic/narrow)

Type 2b) Holistic approach to women's well-being (holistic/broad)

Type 3 - Social approach to women's well-being (social/broad)

### **3.1 Bio-medical approach to women's reproductive health**

This model dominates NHS services. In the 1970s, in addition to ante-natal and maternity services, DHAs provided cytology screening to detect early signs of cervical cancer and some supported breast screening services. The common strategy of DHA who recognised the need for well women clinics in the early 1980s was to extend the range of screening services and advice offered at cytology clinics. These well women clinics were run on the same basis as other preventative clinics, where the doctors' role as Community Medical Officers was limited. Where a clinic included a family planning function then contraceptives could be provided. In all other cases these doctors were unable to provide treatment or prescribe medicines, which remained the preserve of GPs. Women requiring further treatment had to be referred back to their GPs. The exceptions were services that patients had direct access to, i.e. outpatients and sexual health services, formerly known as Genital Urinary Medicine clinics.

The emphasis was on providing clinics with female rather than male doctors and introducing well women medical checks, e.g. blood pressure checks and breast self-examination. From the point of view of the women users the most important differences between visits to these clinics and their GPs were longer appointment times and that they felt they were listened to and taken seriously. These new arrangements allowed women who were confident, to participate more in decisions about their health. However these well women clinics were set up within existing services, which were based on the bio-medical model of health, simply one that was aware of gender and slightly more cautious about its sole claims for expertise.

During the late 1980s, two changes affected these well women clinics. Firstly, screening services became more available and promoted to women following the introduction of national screening policy in 1988. Targets were set for GPs, who consequently encouraged women to have smears at their practices rather than at well women clinics. Secondly, many DHAs, which set up well women clinics, as separate clinics merged these clinics with their routine family planning clinics to create combined clinics as resources were moved away from well women clinics designed to meet the needs of older women to clinics for young people in response to the AIDS crisis. The Scottish survey of community based family planning and well woman clinic services across the 14 health boards carried out between 1992 and 1993 confirmed this trend, finding that 25% of sessions were family planning clinics only, 8% well women clinics only, 58% were combined clinics and 9% were specialist clinics (Reid and Mur-

ray 1994). The latest surveys to give an indication of the number of well women clinics in England & Wales are over ten years old. By 1987 58% of DHAs had recognised that well women clinics were needed (Richardson 1987). When CHCs were asked as part of a review for the Family Planning Association, carried out in the mid 1980s, 85 out of 120 DHAs were said to have some kind of provision (ACHCE&W 1991). These surveys miss those women's health centers, which are part of the voluntary sector.

### **3.2 Holistic approach to women's reproductive health**

Well women clinics set following the ACHCE&W guidelines provided counselling, drop-in sessions, the opportunity to talk about a range of issues with health professionals and the possibility for women to share experiences with volunteer lay women or form self-help groups. The holistic model was dominant and provided the underlying philosophy which was, "the promotion of health and well-being of the whole person" with a focus on prevention and increased personal responsibility for maintaining one's health (ACHCE&W 1991: 12). My two examples show the different ways that the holistic model of health has been used by well women services provided by NHS Trusts<sup>ii</sup>.

#### ***1). Women's Health & Information Center, Coventry***

In addition to a comprehensive family planning service, they provide cytology & genetic screening and counselling, pregnancy loss counselling, menopause advice and women's health information on a wider range of health concerns. They target those women who have most difficulty accessing services from GPs, e.g. young women under 16 and Asian women. Features include a less formal 'clinical' environment; a small library area and thoughtful displays; a designated room for a crèche where child care is provided at some clinic sessions; lay women volunteers who support women and a training/meeting room for use by women's groups and self-help groups.

Two key issues are facing this service. Firstly, that some GP fundholders<sup>iii</sup> are reluctant to continue paying towards this service when in their view it duplicates services, which they can offer more conveniently from their surgeries. Secondly, that it is increasingly understood that family planning is not just a women's issue, which is a problem when the service operates from a WH & IC and there is pressure to consider a less gender specific name or re-organise it as part of sexual and family health services.

#### ***2). Ballantay style model well women clinics***

Funding was provided from the Scottish Office for a 3 year pilot of the ACHCE&W model well women clinic between 1986-1989, where the guidelines were implemented precisely and compared to existing clinics using the bio-medical model. Attendance and satisfaction increased and the Community & Mental Health Service Trust agreed that this model would be introduced into their mainstream clinics. A co-ordinator was appointed for the model clinics in 1994. The commissioning process has been used to specify that all clinics should be run using this model and to date x/28 community clinics operate as model clinics.

Each model clinic has a health care assistant, who takes on various support roles for both the women users and the clinical health team. Some of this work would have been undertaken by voluntary lay women at the pilot clinic. These model clinics are less hierarchical as the health care worker, doctors, and clerks are all valued and work as a team. It is more informal with refreshments and information available in the waiting areas. Attendance has increased and consultation times have also lengthened as nurses and doctors increase their use of counselling techniques. Child care is also provided.

### 3.3 Holistic approach to women's well-being

These women's health centers are based on the holistic model of health, but have a wider remit and a more explicit feminist understanding of the effects of gender inequality on women's lives. Many of these centers are in the voluntary sector. Some do not provide well women checks and have no input from health professionals on a regular basis, but they may work closely with them on particular projects, while others have developed their roles in the area of social support. There is an unquestioning commitment to provide safe, comfortable and accessible spaces for women who need to drop-in and mutual social support between women is highly valued. The women involved view their services as complementary to NHS services rather than in competition and many users also consult their GPs.

They provide specialist services to deal with the issues arising from the experience of gender inequality, including support for survivors of domestic violence and sexual abuse and developing innovative approaches for women experiencing agoraphobia and eating disorders. These issues are all addressed in a gender-sensitive way. In addition self help, information, counseling and support are available on a wide range of health issues, which aim to empower women and encourage them to increase their responsibility for their health. The work of some well women centers, located in economically deprived areas, has shifted towards education and helping women become economically active and some women's centers, which began with general aims to respond to women's needs, have become more involved in health issues.

One of the main social objectives is to meet the needs of women in particular social situations, which either present them with additional difficulties accessing services that existed and/or meant that they did not use services because they were inappropriate to their needs. Examples of good practice to include women who find it hard to use conventional services, are mentioned. The centers listed below have been chosen to indicate the diversity of their activities.

**1). *Women & Health, London***, which has a strongly holistic philosophy, provides a choice of body therapies at low cost from the center and as a housebound service, as well as individual counselling , group work and a well women service, which is run by clinically trained staff.

**2). *Women's Health Information Center, Suffolk***, which has a self-help and user support role, provides advice from lay women, workshops and social support activities but no input from clinically trained staff and aims to enable women to be more effective users of health services. They obtained lottery funding for a project to establish satellite centers in rural communities where women without their own transport are isolated and lack access to varied sources of information.

**3). *The Women's Health Center, Stratford, London***, which is an integrated service using a holistic model of health, provides a variety of health services and support services for women from one center including treatment and prevention, opened in 1995.

**4). *Women's Center, Keighley***, where the work has shifted from medically oriented service provided on a voluntary basis by retired nurses in the mid 1980s to concentrate on education, training and health promotion. Specialist areas, which they are developing, are social support especially for carers of relatives with Alzheimer's and a nutrition project, which provides health food at lost cost. These growth areas match unmet needs with the increase of "care in the community" policies over the last ten years. As stated in latest business plan, this "involves offering impartial information and empowering women to take control of their own health

and lives" (Keighley Women's Center Business Plan 1997). They are independent of the NHS and have received lottery money, single regeneration bid awards and funding from English Partnership for their new premises.

5). *Women's health project, Stirling*, which opened 1990, receives 75% of its funding from the Scottish Office, and has a special interest in combating the effects of poverty on health and building up a center of expertise on osteoporosis.

### 3.4 Social approach to women's well-being

The significance of a social model of health, where services emphasise prevention by collaborative action and policies, with aspects of the holistic and bio-medical models of health together with a broad understanding of women's health, is that promoting, maintaining and improving women's health is no longer viewed as a project that can be effectively undertaken by individual services. Instead it requires collaborative work by those providing health services with non-health services within a policy framework. In Britain this framework has been provided by two initiatives of the World Health Organization, Health for All by the Year 2000 and the Healthy Cities Projects. Both these are based on a philosophy from the New Public Health Movement and require the active support of all the statutory authorities to work together with the voluntary sector and others, e.g. local universities, colleges and businesses. The aim is to consider how services impact on men and women's health and to develop joint initiatives with high levels of consultation and community involvement.

For the development of Glasgow's women's health policy it was important that Glasgow was a Healthy City. Firstly, in terms of philosophy, the Healthy City model recognises that factors beyond health services affect health, e.g. poverty and inequality. Secondly, it provided the structures and legitimacy for multi-sectoral work. However, Healthy City Projects do not necessarily have a high profile for gender or women's health issues; they just provide the possibility if other factors are present. Here the activities of the WHM were crucial, which resulted in community activity on women's health issues and eventually having gender-aware women in positions where they could take advantage of potential opportunities to develop, coordinate and implement a women's health policy. Three examples below show how women have been able to use these Healthy City networks for innovative work on women's health. Other women's health centers are working collaboratively on single projects rather than a whole range of issues, e.g. taking health education to Asian women in Preston and in Derry, producing a cancer charter that has been adopted by the local HB.

1). *Women's Health Policy Group, Kirkless*, where there was funding for women's health policy officer between 1994-7, who undertook extensive consultation with women in many different situations to present a complete picture of the diversity of women's health needs in that area.

2). *Women's Forum, Camden*, which was set up by the local Healthy City's co-ordinator. A member of Management Committee of Women and Health, currently chairs this Women's Forum, which includes representatives from the statutory and voluntary sector. This allows for direct meetings between lay women and a Health Authority commissioner and provides the opportunity for consultation and joint work to evaluate health services used by women, e.g. inter-agency planning for services for housebound people and their carers, auditing access to health centers for people with disabilities and improving the incontinence service. Work is in progress on a local women's health policy.

3). *Women's health policy, Glasgow*, which is the most developed strategy for women's health, has been adopted by the Greater Glasgow Health Board (Women's Health Working Group 1996: 12). It is a multi-sectoral project with an explicit awareness of the detrimental effects of gender inequality on women's health. This comprehensive model considers women's health within a social context and includes examining political, economic and environmental aspects of health as well as bio-medical, holistic and self-help approaches.

*Center for Women's Health, Glasgow*, which receives some funding from the local NHS Trust as part of a multi-sectoral project within this women's health policy, is endorsed by the Healthy City partners. Its services include a counselling service, a comprehensive information service with a full-time professional librarian, a lesbian health service with clinical input and training for workers in the public and voluntary sectors to increase their understanding of how their service affects women's health. It intends that the new types of work, which it is developing should be models that could be used within other services, e.g. work on eating disorders. It has contributed to inter-agency work on domestic violence as one of the priority areas of the women's health policy.

### 3.5 Focus on service delivery.

Best practice in the NHS uses a holistic model of health in dedicated well women services. In the voluntary sector, good practice has developed in terms of increasing accessibility to services by targeting services at particular for groups of women otherwise excluded and by developing gender-sensitive ways to meet women's health needs. Survival for centers in 1990s is achieved by becoming centers of excellence and/or filling gaps in services; both of these approaches could become models of good practice which could be used within the health care system, i.e. the NHS in the UK and the voluntary sector. Otherwise their impact is limited to their local area and its population.

Some Trusts and HAs have women's health policies, but it is unusual to have policies that address women's health and well-being from the perspective of a social model of health with an explicit recognition of the detrimental effects of gender inequality. Usually women are considered in the context of their traditional social roles as carers within family and children's health policies, which are based on the narrower understanding of women's health as their reproductive health needs. Combating gender inequality and using it as a basis to understand women's health needs and develop strategies to meet those needs requires commitment from statutory authorities and the political incisiveness of gender-aware women. It is not guaranteed.

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# **The Glasgow - Approach to Women's Health: Health for All Women**

Monika Scheffler

## **1. Introduction: Why Glasgow as the example?**

The Glasgow Women's Health policy combines the contents of the Women's Health Movement with the 'Health for All' principles of the new public health movement, as they were particularly defined by the Ottawa Charter of the WHO. It contains a well-rounded concept of a communal interdisciplinary multi-organizational women's health policy. This approach has been used very successfully in recent years in Glasgow and as a consequence it got appointed as the WHO-Collaboration Center for Women's Health in 1997 and being a very practical model it was given the Commonwealth Award for Excellence. Still it receives hardly any publicity in Europe. This is very unfortunate, especially as there is no other example which contains an approach as comprehensive and well-founded as that and which has been put into practice. In Great Britain the Glasgow Women's Health policy is regarded as being the furthest developed approach to women's health: "This initiative is based on a social model of health. It is multi-sectoral in its approach and represents the most advanced strategy for women's health in the UK" (Doyal, 1997)

Out of the reasons named above this country report will focus on an extensive account of the Glasgow Women's Health Policy. At first the theoretical background will be presented by relating the objectives and principles of the Women's Health Movement to those of the New Public Health Movement. A short presentation of the Glasgow approach shall give insight into its conditions of development and success, in order to explore its transferability to other communes in Europe. Following its different levels, foci and agents will be portrayed, because intensive networking is a substantial key to success. Then we are going to present the most substantial achievements of recent years, not least because we want to respond to the reproach, that such a wide social approach could not lead to any concrete results. Finally the implications of the approach for the development of a European Women's Health Strategy will be underlined.

## **2. Women's Health and New Public Health**

It has been the merit of the Glasgow approach to combine the contents of the Women's Health Movement with the principles of the New Public Health Movement and to put them into practice accordingly. Although both movements started nearly at the same time and although being very similar in their critique of the misery of the medicine system, both movements base on different analyses of the origins.

The Women's Health Movement took as a starting point an analysis which revealed male dominated practices and institutions within a health care system which is controlling and incapacitating women. A masculine, mechanistic and individualistic understanding of modern medicine determines the approach to health and thus disguises societal origins of illness which are rooted in power imbalances between the sexes. Initial counter strategies for women then consisted in regaining knowledge and control of their bodies, knowing that the body plays a central role for the self-confidence of women. Accordingly discussions emerged around topics such as the pattern of medicalising societal problems (depressions) or even the female body itself (menopause). Further causes of offence were the treatment of women in worse-off countries and unhealthy work places for women. A free female body, free in the

sense of not being at someone's mercy on the gynaecologist's chair, became the vision. (Cp. The Boston Women's Health Book Collective, 1970)

With a gradual fragmentation of the Women's Movement throughout the 1980s most feminist support groups in better off countries also dissolved. Now it is more professional women's health activists who seek to re-establish a health care system which recognises gender differences and includes preventional care in order to be able to respond to objective living conditions and thus recognises women's rights more adequately. Especially within women's health research many authors plead for a promotion of women's health through social changes. In spite of a complex and differential development of the women's health movement many common aims can be identified. Following demands were always given priority: the right of reproductive self-determination; affordable, adequate and humane medical care; satisfaction of basic needs; safe working conditions and physical health and security. (Cp. Doyal, 1995).

In reality the women's health movement in most cases could not go beyond the contested limits of the health care system by trying to fight for adequate health care while considering to gender differences. Instead of criticising the system itself, they kept on criticising its gender specific character and male dominance.

In contrast to those approaches the New Public Health Movement took a fundamental critique of the medical system as a point of departure. They pointed to the evidence, that the health status of the population is not related to a progress of medicine but to a higher standard of living. Furthermore they criticised that many curative measures are not only ineffective but injurious. Damage, according to radical critics, is not only caused by negative side effects of medical treatments. Health damages are rooted in a medical system which undermines people's autonomy and people's abilities to organise their own lives and to respond to societal realities.

This radical critique was hardly shared by anyone. Still it led to the theoretical knowledge, that a further improvement of people's health status can only be achieved by changes of living conditions, being accompanied by medical science and health care. This change of paradigm is reflected to a substantial degree by the WHO Health for All by the Year 2000 strategy. Six basic directions can be filtered out from those 32 directives which were identified by the WHO regional office in 1985:

- struggle against inequality within the health care status,
- promotion of health instead of treatment,
- participation and empowerment instead of incapacitation,
- multi-sectoral co-operation,
- focus on basic health care,
- reinforcement of international co-operation.

Based on those directives the WHO Ottawa Charta redefined the objectives of health care in 1986 as follows:

- establishment of a health promoting structure in all policy fields,
- creation of a healthy environment,
- support of grassroots activities through social networks,
- development of personal abilities to control one's own health,
- reorientation within health care services from curative to preventive models.

In 1985 the Healthy City Project was started in order to implement the Health for All principles. Originally only few cities should be incorporated in order to develop practical examples of the new health promotion, and other cities should learn from them. Enormous interest in this project however made a world-wide Healthy City Movement arise, which presently includes more than 400 cities in various national networks.

The combination of the theoretical foundation of the Women's Health Movement with the 'Health for All' principles of the new public health movement is not only theoretically possible, but it opens new horizons for the women's health movement. The analysis done by the latter, which reveals the damaging character of gender hierarchies and resulting social conditions, and which stresses the demand for a preventional approach which keeps those conditions in mind, can be fully accepted and additionally the aims and objectives of the New Public Health Movement can be interpreted as landmark solutions.

Accordingly the promotion of health policies should imply the following: the attainment of gender equality in all social spheres, the creation of a healthy, women-friendly environment, strengthening of grassroots activities such as local women initiatives and support groups, development of personal abilities, to give control over their bodies back to women etc.

The Health for All principles which are generally recognised by now, make it possible to attack gendered power imbalances in all social spheres which constitute a hindrance to the promotion of women's health. A health care system which considers gender differences however is only one of the aims of this encompassing concept.

### **3. Characteristics of the Glasgow Approach to Women's Health**

The Glasgow Women's Health Policy is developing further with regards to its foci and strategies, still it keeps on having some coherent characteristics which relate to and coincide with the Health for All principles:

- It tries to connect women's health to the social, hierarchically marked role of women;
- it includes one explicitly strategic perspective, i.e. changes within institutions and its policies shall be achieved through financing of women's health projects or activities;
- it tries to integrate all legal and voluntary organizations, not only health services;
- it has got a strong communal perspective
- inner-organizational efforts and external pressure were combined in order to push changes,
- it has always been seeking the connection with parallel activities of the women's movement.

### **4. Historical Development of the Glasgow Approach**

The following summary shall give an insight into the history of the beginnings of the Glasgow Approach. Potentials for change and actions which enabled success will be emphasised. The idea was born during the Women's Health Fair in Glasgow in 1983, which was organised by women from different organisations. The resulting demands got included into a campaign, which was founded in 1984 and which became a central place for hundreds of women from various fields. A women's health charta got elaborated for that region which contained many demands, amongst others the demand for a publicly promoted Center for Women's Health. The campaign substantially contributed to a women's health profile within key organizations. It was always an objective to make as many women and men participate in a democratic way, which enabled a net of ideas and informal relations between women and organizations, which even got strengthened further through common actions.

After Glasgow had been admitted into the WHO Healthy City Project 1988 one could proceed and embody the issue of women's health into the core of municipal institutions. Because the women's health policies then already contained the Health for All principles, they became one of the foci within the Healthy City Project in 1990. The already existing Women's Action Group got transformed into the Women's Health Working Group. This Group now offers a forum for representatives from partner organizations of the Healthy City Project and some other organizations, projects and initiatives which are interested. It is their task to promote discussion on women's health and to find practicable ways to do this. The Women's Health Working Group is represented on the executive board of the Healthy City Board, through which they can get hold of some limited resources for their own work.

Developments in partner organizations were also essential for the acceptance of the Women's Health Movement. The "Social Strategy for the 1980s" of the regional communal association was important. It named two priorities, women's issues and health. Thus the setting-up of a women's office and a women's representative was enabled and along went a recognition of women's health on the upper levels and in various departments. The municipal authorities of Glasgow introduced a similar structure only in 1994 as a result of a concerted action, which was mainly catalysed by women's health work.

After its establishment the Women's Health Working Group faced a lot of tasks and expectations. One big difficulty consisted of the fact that on the one hand representatives of different organizations were willing to question the practices of their organization, but that on the other hand the same people were captured by exactly those structures which they questioned. Additionally it was difficult for some of the members to convince their organizations to collaborate in that group. Thus the challenge for the Women's Health Group was enormous. It was essential to secure an effective structure, which was able to sustain the engagement of its members and to support them in their own work. Besides it was necessary to promote women's health questions in a way which enabled a visible influence.

The creation of the Women's Health Policy as a lever for change was a strategic means. It was published as a consultation paper in 1991, which was an important step. The abundance of responses proved the interest which was stirred through previous activities. The Women's Health Policy was formally accepted by partner organizations and one women's conference. It became a general objective to improve women's and girls' health in Glasgow. Recommendations are mainly directed towards structural changes. They contain the creation of gender sensitivity within existing services as well as the development of special organizations for women. Five priorities were named within politics: Mental health, nursing women, reproductive health, reduction of illness incidences, health and security at home and in the work place. A co-ordinator for women's health was employed by the public health department of the city council in 1996 with the task to co-ordinate the implementation of the Women's Health Policy city wide. A second policy document was passed in order to conserve the profile of the women's health policy in spite of a local political reorganization which was taking place. The transcending objectives for the second phase consist of:

1. the promotion of an identification and understanding of factors, which influence women's health;
2. the lobbying of general policy making institutions, planning processes and services directed at the improvement of women's health;
3. the creation of structures within organizations, which guarantee the recognition of factors influencing women's health;
4. the promise that key issues, identified by women, will be given priority to.

Summing up the success of the work done in Glasgow is explained by the coordinator of the women's health policy as follows: "In no little measure this progress can be attributed to persistence, a willingness to work across boundaries and grasp opportunities as they occurred combined with the support of some key politicians and officers in the organizations concerned. A strategic perspective together with some fine examples of good practice by women's projects have been also vital." (Laughlin, 1997) Future success will depend on achievements regarding the consolidation of existing work, identification of new areas of promising work, the enforcement of connections to other municipal institutions and the inclusion of more people who are ready for change.

## **5. Work Levels**

The Glasgow Women's Health Policy tries to achieve changes through looking for adequate switches for the respective levels. In other words on the upper levels one tries to influence politics, on communal levels they try to build up pressure from below. As lobbying works very well within the health field, it shall be dealt with in an extra chapter.

### **5.1 The Influencing of Politics in the City of Glasgow**

To lobby general politics became more and more important as a defined working area for the Glasgow Women's Health Policy. While in 1991 the consultation paper only generally demanded equality in all living spheres, the first policy document of 1992 asked to include general knowledge about women's needs and about women's health perspectives into the policies and planning process of statutory and other institutions. Under ten sub headings the following recommendations were listed: to consider women's issues in all strategy papers of the city council, to create a paper for the psychological health of women, to create alternative patterns of nursing, to keep questions of security and access in mind while planning new buildings and to introduce flexible opening hours of all service providers. In the policy document of 1996 the objectives are stated as follows: „To improve the health and well-being of women through changes within general politics, planning and providing of services.“ Only six subcategories are formulated which no longer define concrete tasks but who are more comprehensive. And the means are better defined in order to reach the aims. For example there is an explicit demand to use the available data which are there concerning women's health and well-being within policy development, or that all services have to undergo a quality assessment, in order to scrutinize their adequacy with regards to women's needs.

As the city of Glasgow and the other partner organizations of the Healthy City project accepted the Women's Health Policy, it is also their responsibility to implement it. At the moment the implementation of the Women's Health Policy into municipal politics is being evaluated within the framework of one PhD thesis. Its results will probably be accessible by the beginning of 1999.

### **5.2 Implementation and Participation on a Communal Level**

Participation and consultation on a communal level is a very important principle of the Women's Health Policy. The way in which those concerned see their health and its influencing factors shall be relevant for the development of policies. As women's access to the decision-making level in local authorities is limited, it is necessary to integrate them through formalised processes. The Women's Health Working group is trying to establish a flow of information between decision-making and grassroots levels in different suburbs, and they are trying to sustain this flow of information by organising regular network meetings. Health

projects, civil servants, civics, women's groups and also individuals are being integrated in order to firstly determine foci of politics in a bottom to top approach and secondly to embody and broaden politics on a local level.

Apart from those network meetings a series of initiatives was developed for the promotion of participation on a communal level. Seminars were organised. The meaning of politics for communes was discussed on a mass rally in 1993 and more than 100 organizations were present. There were events with black women, women of ethnic minorities, physically challenged women or young women which were supposed to secure the consideration of specific health needs, etc.

At the end of 1997 they started to implement the Women's Health Policy in the different communes through calculated interventions, i.e. the promotion of women's health in a broader political sense. Women, being identified as key figures within different communes, define the factors which influence their health status (such as double and triple loads, missing child care institutions, responsibility for care, isolation and stress) and from there they develop independent activities (such as public surveys amongst women concerning child care and its effects for women's participatory opportunities in the community.) Those actions are being supported if possible by the Center for Women's Health. The first three efforts of implementation are being evaluated within the framework of a MPH-thesis. The results will be available by the end of 1998.

### **5.3 The Influencing of Health Care**

Already in the eighties a process was started to promote women's health within the frame of a social model with the help of Glasgow's health authorities. To start with the potentials of the health services were assessed and gender specific data collected. Additionally the appointment of a women's health representative, whose task it was to plan and develop health services, constituted an important step.

Furthermore two more institutions were installed with the aim to further lobby the health care system: one official working group established in 1992 and one coordinator for women's health in 1993, who was placed under the director of Public Health.

There is a variety of efforts and approaches which are able to reshape health services in a way that they can meet women's needs. Above all the establishment of a Center for Women's Health have to be mentioned, whose task it is amongst other things to identify women's needs which are not met and to find adequate practical ways which close the gaps through special services or within the regular system. The current transformation process of the 22 family planning clinics in Glasgow is also very important. It combines clinical services with counselling services which transcend the narrow idea of health and which include support and health promoting offers in a women-friendly atmosphere. Moreover they developed a strategy for the improvement of psychological health, they looked at the optimisation of adequate reaction to women with violent experiences through health services, they scrutinised gender-specific practices of diagnosis and referrals, treatment, rehabilitation and successful cures of heart diseases. Guidelines to influence the process of instruction and planning were developed. Women-sensitive services were demanded and their implementation watched within quality agreements. The next step is to introduce data collecting systems for domestic violence within emergency services and dental clinics and to institute guidelines for the betterment of psychological health of women in psychiatric and communal services. Beyond that gender-specific guidelines for the examination of successful cures are being elaborated and its

resulting recommendations shall be considered while planning further strategies. This programme shall be accompanied by well-aimed consciousness raising including seminars for women managers and practitioners.

There have been manifold achievements including the promotion of women-sensitive and specific services. And yet work is still difficult because of a lack of precedents. And the achievements run the risk to be short-lived if they are not accompanied by structural changes.

## **6. Main areas of work**

In the past main areas of work emerged and changed. Thus the following issues will constitute a comprehensive list but they will present the most important areas of work. Additionally attention will be given to topics such as women in the nursing field, reproductive health, health in the work place, women and heart diseases, incontinence etc.

### **6.1 Women's Poverty**

A gender-specific data analysis of the last years revealed that 45% of all women under 50 are living in the poorest suburbs of Glasgow. This is not surprising if one looks at women's income and at the same time keeps in mind that a third of all households are single-headed (90% by women). These data also show that the probability of dying before the age of 65 is twice as high for women in the poorest suburbs as it is for women living in wealthier areas. The likelihood to die of lung cancer or heart disease is even 3,5 times higher.

These facts led to the understanding of poverty being the most impeding factor for people's health and to the necessity of making this issue a subject of discussion and a working area of its own. One subgroup of the women's health working group is now working on the issue 'women's poverty'. It is looking at communal policy-making under the point of view of the coincidence of women's poverty and women's health and tries to influence accordingly.

### **6.2 Psychological Well-being and Health**

In all examinations first priority was assigned to psychological health by the women in Glasgow themselves. In spite of the fact that women's psychological health cannot be achieved through health services only and that substantial societal changes are also necessary, health services still play an important role. One working group, consisting of representatives of the respective health authorities, the communities and psychiatric services examined the activities of practitioners in the communities and looked at the role of counselling in the area of psychological problems. It is the group's task to advise and accompany the planning and contractual process of health services within the field of psychological care. One result of their work is the systematic screening of postnatal depressions.

### **6.3 Domestic Violence**

As domestic violence is having worst effects on women's health, it is a very necessary topic within health care. Accordingly the health authorities in Glasgow co-financed a big publicity campaign against domestic violence, which was called the Zero Tolerance Campaign. It proved to be very successful with regards to publicity but at the same time it revealed a lack of support institutions for women with experiences of violence. In addition an examination was initiated which looked at how doctors and services in different settings react to women with experiences of violence and how they can improve their handling through the introduc-

tion of training programmes and guidelines. Former studies unveiled, that on the one hand practitioners improved their knowledge and changed their attitudes, but that on the other hand their approaches didn't really change. At the moment other modes of transformation are being researched.

#### **6.4 Particularly Disadvantaged Women: Ethnic Minorities, Mentally and Physically Challenged and Lesbian Women**

In spite of many factors influencing all women's health, there are still groups of women who are, out of different reasons, more or differently affected than the majority of women because they suffer from additional discriminations. Therefore it is one focus of the Glasgow Women's Health Policy to intervene on behalf of those women and to see to their special health needs.

As several smaller studies revealed, women of ethnic minorities and black women suffer to a strikingly higher extent than other women from psychosomatic symptoms, from heart diseases and strokes. Culturally caused barriers often limit the access to health services. A sub-group of the Women's Health Working Group therefore is exclusively operating with the aim of detecting special health needs of women of ethnic minorities. There were some studies done on Chinese and Pakistani women's health needs and information translated into several Far Eastern languages.

Disabled women as well do suffer in many-fold ways from double discrimination. Societal reactions to disability often lead to unavoidable restrictions. Limited access to health services unfortunately is part of disabled women's every day reality. It is not only inaccessible buildings, but also practitioners' attitudes, for example towards reproductive health of disabled women, which make lives difficult for women. Another sub-group of the Women's Health Working Group is examining special health needs of those challenged women and accompanies that research with public actions.

Lesbian women feel particularly discriminated against during gynaecological treatment. Therefore consulting hours especially for lesbian women were established in the Center for Women's Health.

### **7. Main Agents**

There are hundreds of women in the communities, administrations, welfare work, initiatives, women's groups etc. who develop and carry out the Glasgow Women's Health Policy. Such a wide approach of women's health needs to be supported by a well-functioning co-operation between women of different areas. The Women's Health Working Group, the Center for Women's Health and the Women's Health Team of the Health Authorities however have a special strategic significance and will therefore be briefly outlined in the following.

#### **7.1 The Women's Health Working Group**

The Women's Health Group was established in 1990 under the roof of the Glasgow Healthy City project. It is the central policy-making and coordinating group for the development and implementation of women's health policies in Glasgow. The Women's Health Group is represented within the executive board of the Healthy City Project. Members of the group are rep-

representatives of different departments of partner organizations of the Healthy City Project, i.e. the City of Glasgow, Glasgow Health Authorities, universities and other organizations and initiatives. The coordinator of women's health of the Glasgow Health Authorities is the chairperson of the Women's Health Working Group. The group is meeting on a monthly basis. Their task is to discuss women's health issues and to find practicable ways to constitute the advancement of women's health. The group can present many results so far: the development of a Glasgow Women's Health Policy, the Center for Women's Health, the establishment of sub-groups working on different focal issues and the editing of many publications and work materials.

## **7.2 The Center for Women's Health**

The Center for Women's Health is the most tangible result of the Women's Health Policy. It was inaugurated in 1995 after ten years of hard struggle and it became relatively well equipped. The idea of the center is to give space for informational services, counselling, support groups and childcare as well as to identify unmet health needs of women, to find adequate answers, to anchor good practices within general health services and to educate co-workers in the health care system and women's groups.

Being different from other Women's Health Centers in the rest of Europe the Center for Women's Health in Glasgow does not only aim at supplying women with special services which are not necessarily covered by a general health care system, but beyond that it plays a very strategic role as well. This role above all consists of transferring its experiences into the general health care system and into city politics. To this end one development agent, one educational consultant and two field workers were employed whose task it is to connect to other organisations and suburbs.

## **7.3 The Women's Health Section of the Glasgow Health Authorities**

The Women's Health Section is a multi-disciplinary team consisting of a team of eight women who are specialists in the areas of health care, social sciences, epidemiology and demand analysis within the department of public health. The team is headed by the coordinator of women's health. It is obliged to the Health for All principles, especially to the view point that health is related to gender hierarchy within society. It is a principal aim of the Women's Health Section to reach optimum effects for the health of women within the areas of health supervision, health protection and health planning. Main activities of the team consist of describing pathological patterns, their origins and necessary care for women as well as looking at ethnic and social origins. Planning and implementation of innovative projects and the advisory activities are based onto that work.

Their operations however are not limited to the area of health care, but they are directed towards supporting women's health activities of other groups. The Women's Health Section at the moment works on issues such as psychological health, domestic violence, incontinence, reproductive health and cancer. Chinese women and poor women are special target groups. Beyond that the Women's Health Section is coordinating the co-operation with the WHO in its function as a collaboration center for women's health.

## 8. Achievements

The achievements so far are very diverse and complex. It is not easy to describe them comprehensively because that would go beyond the limits of this paper. But just to prove that such a wide approach has got some indisputable success to show, some achievements shall be stressed:

- The Center for Women’s Health was established in 1995, it was relatively well equipped and has got a strategic function for the health policies of the city.
- Domestic violence was made a public issue with the help of the Zero Tolerance Campaign. An examination of the function of different services supporting women with experiences of violence produced first results.
- Structures, studies and services for women with special needs and deficits concerning health care, such as for black women or disabled women were developed as well as local poverty policies were influenced.
- Influencing the concept of Well-Women-Clinics led to an anchoring of counselling in the area of social rights and support within the classical area of medical care. The policy effected a recommunilisation of care.
- International activities led to an acceptance and integration of all parts of the Women’s Health Policy into a WHO-Multi-Action Plan for Women’s Health. Finally Glasgow got appointed as the WHO Collaboration Center for Women’s Health in order to ensure a transfer of knowledge on an international level. One first example is a support project working on violence and women’s health in Tadschikistan.

## 9. The Meaning of the Glasgow Approach for Women’s Health in Europe

The Glasgow Approach can be very significant for the development of a European Women’s Health strategy and lobbying for the sake of women’s health. It presents an adequate, theoretically based and practical response to the analysis of the women’s health movement. By attacking a gendered power imbalance it reveals that societal conditions induced by gendered hierarchies get women down. In that sense the Glasgow approach is advanced in comparison to other European versions of strategies for women’s health, which concentrate on health services. Longstanding practices in Glasgow prove that an approach as it is inherent in the Health for All principles is not only practicable but that it can be very successful. Efforts in other European cities which aim at practising a similar communal concept, can refer to that model of effective practice which is accepted by the WHO. Moreover that wealth of experiences, which has been collected and published in many areas presents an incomparable store of knowledge for political women’s health activities.

One problematic though not insurmountable hindrance consists of the provocation of women and men to expand their definition of women’s health on the background of gender equality. A growing role of rhetorics concerning men’s health now demands constant responding because it endangers the limited resources of women’s health.

As the Glasgow approach runs counter to other societal developments in many respects, it needs to be very strong and to swim constantly against the current. But its approach can prove successful even in times which are not that promising. The agents of the Glasgow Women’s Health policy encourage others to go on trying as the coordinator of Women’s health in Glasgow states: „Opportunities obviously vary from city to city and area to area but themes and the direction of the work could be transferred to any area.“ (Laughlin, 1997)

## 10. Summary

The Glasgow Women's Health Policy contains a coherent concept of a communal, interdisciplinary and multi-organizational approach to women's health in accordance with the Health for All Principles of the New Public Health Movement as they were described in the Ottawa Charta. It connects women's health with the social gender-hierarchical role of women, it sees its radius of action not only within health care and it has got a very communal perspective. Its chances improved with the entry of the city of Glasgow into the WHO Healthy City Project in 1988. Since then its influence onto the policy-making of Glasgow authorities and the structures of health care rose and at the same time the efforts for participation on a communal level got also stronger. Working foci are diverse, they concentrate however on priorities defined by women themselves, such as psychological health or domestic violence or particularly disadvantaged target groups, for instance poor women or ethnic minorities. The Glasgow Women's Health Group is the central policy-determining organ, furthermore the Center for Women's Health and the Women's Health Section within Glasgow Health Authorities. Work of the past 15 years concerning women's health policies has been extremely successful. In spite of its complexity and its sometimes difficult definition there are some tangible achievements. Glasgow can be used as a valuable practicable model project for further communal women's health policies.

### **Appendix: Addresses, Materials, Literature, Recommendations**

Addresses:

Glasgow Women's Health Working Group  
and

Women's Health Section, Department of Public Health,  
c/o Sue Laughlin, Women's health Policy Co-ordinator, Greater Glasgow Health Board, PO  
Box 15327, 350 St Vincent Street, Glasgow, G3 8YU

Center for Women's Health,  
6 Sandyford Place, Sauchiehall Street, Glasgow G3 7NB

Selected materials (materials for special topics as violence against women or ethnic minorities please ask for):

The Glasgow Women's Health Book, 1993; Handbook with addresses

Glasgow's Health - Women Count, 1994; Women's Health Survey

Women's Health Policy for Glasgow, Phase 2, Creating equality in health for women, October 1996; Short description of aims, important data, success.

Action for Women's Health, Making Changes Through Organizations, 1997; Action packet with examples etc.

Women's Talking, A series of mini-magazines on women's health in Glasgow, since 1994; Different topics to health promotion written by women.

Recommendation of literature:

Lesley Doyal, *What Makes Women Sick, Gender and the Political Economy of Health*, London 1995, MACMILLAN PRESS LTD: A survey, clear arranged and extensive, about conditions of women's health in a broad perspective. You cannot dispense with this book!

Lesley Doyal (Ed.), *Women in the NHS: Is there a case for change*. Will be published in October 1998. An extensive collection of the present women's health activities within the National Health Services in Great Britain. You will find an evaluation and outlook as well as an article from Sue Laughlin about influencing health services by Glasgow Women's Health Policy.

The Boston Women's Health Book Collective, *Our Bodies, Ourselves*, New York 1970: Classical writing of the women's health movement.

Wendy Renade: *A Future for the NHS? Health Care in the 1990s*, London and New York 1994, Longman Group UK limited: A well done short summary, easy to read, about the development of the National Health Services in context of criticism including feminist and public health critique.

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<sup>ii</sup> DHA were the bottom tier of organization in the administrative structure of the NHS between 1974 and 1991. In the 1974 model they were grouped under Area Health Authorities who were responsible to the Regional Health Authorities (RHAs). Changes introduced in 1982 abolished the middle tier, so that the DHAs were managed directly by a RHA. As part of the same re-organization in 1974 Community Health Councils (CHCs) were created in England and Wales, one for each of 200 DHAs. Their role was to represent the voice of the consumer within the NHS bureaucracy and in particular represent those client groups "least able to articulate their demands." (Klein 1995, 88). In Scotland the equivalent bodies to CHCs are Health Councils.

<sup>ii</sup> NHS Trusts were introduced in 1991, as part of the re-organization to prepare for the introduction of the internal market and the purchaser/provider split, where Health Authorities became purchasers and the Trusts providers. GP fundholders were formed at the same time and were in a position to purchase services as well as providing them.

<sup>iii</sup> See note above.

## Part II

### Organizations within the Women's Health Movement

#### Addresses: Women's Health Centers in Britain by Region

Jane Becker

#### North

Ashington Women's Health Advice Centre

##### 1 General information

Address, 1 Council Road, Ashington, Northumberland, NE63 8RZ.

Tel. 01670 853977. E-mail: no address

Name of contact person: Cathy Cannaby

Position of contact person: co-ordinator

##### 2 A short description of the center's aims

To respond to the needs of women in the community we serve

##### 3 The main topics of our work

Women's emotional and mental health problems including depression as a result of major life crises, bereavement and relationship breakdown

Work supporting survivors of sexual abuse and domestic violence

Promoting general well being

Eating disorders

##### 4 Services provided by our center

One-to-one counselling

Social support, including self-help groups, support groups, advice and referral

Health education and health information services including leaflets and library

Women's health courses and assertiveness training

Complimentary therapies

Outreach work with women in the local community

##### 5 Groups of women, which we target

Young women	Women carers of elderly dependants
Older women	Women with pre-school children
Lesbian women	Women on low incomes

##### 6 Opening

This center opened in 1984

##### 7 Membership

We do not operate a membership system.

##### 8 Sources of Finance

Local council	A local NHS Trust
The lottery	Private charitable trusts

Our present funding arrangements are for 2 years.

## **9 Networking**

We do not have a local women's forum for women's health. Our links with other organizations relating to women's health are:

In our community - Wansbeck Community Workers Forum

In our region - S. E. Northumberland Domestic Violence Forum and Women in Northumberland Group

At a national level - the Endometriosis Society & Eating Disorders Association

# Tyneside Women's Health Project

## 1 General information

Address: Swinburne House, Swinburne Street, **Gateshead**, NE8 1AX.

Tel. 0191 4777898. E-mail: no address

Name of contact person: Jenny Orr.

Position of contact person: Project Co-ordinator

## 2 A short description of the center's aims

To preserve and protect the health and well being of women in Gateshead and Newcastle by providing information on health topics and other support services.

## 3 The main topics of our work

Women's emotional and mental health problems including stress management, post-natal depression, improving self-image and confidence building

Improving women's health in the community

## 4 Services provided by our center

Drop-in and listening ear service

Social support including self-help groups, advice and referral

Health education including women's health courses

Outreach work with women in the local community

Training for workers from other agencies interested in promoting women-friendly approaches to women's health

## 5 Groups of women, which we target

Asian Women	Women with mental health problems
Older women	

## 6 Opening

This center opened in 1985

## 7 Membership

We operate a membership system.

## 8 Sources of Finance

Local council	Private trusts
National Lottery Charities Board	

Our present funding arrangements are for varying numbers of years.

## 9 Networking

We do not have a local women's forum for women's health.

## 10 Specialist work

Areas of specialist knowledge that we would be willing to share:

Knowledge of questions about a women-friendly health system, which have national relevance
Knowledge of collective strategies to advance women's health

## North east Calderdale Well Women Centre

### 1 General information

Address, Harrison House, 10 Harrison Road, **Halifax**, West Yorkshire, HX1 2AF.

Tel. 01422 360397. E-mail: no address

Name of contact person: Claire Hyde

Position of contact person: manager

### 2 A short description of the center's aims

Calderdale well women center is a service run by women for all women, especially those who may not use more normal channels to provide health education and training.

### 3 The main topics of our work

Women's reproductive health including pre-menstrual tension, menstruation, contraceptive advice, menopause, and gynaecological problems

Women's emotional and mental health problems including depression, mental illness and stress

Getting the best from your GP

Work supporting survivors of abuse/violence

Promoting general well being

### 4 Services provided by our center

One-to-one counselling

Social support, including self-help groups, support groups, advice and referral

Health education and health information services including a newsletter, leaflets, helplines and library

Women's health courses and assertiveness training

Pregnancy testing services

Outreach work with women in the local community

Developing joint policies to develop women-friendly health care in your area

Training for workers from other agencies interested in promoting women-friendly approaches to women's health

School Age Mothers Education and Support Project

### 5 Groups of women, which we target

Asian Women	Women carers of elderly dependants
Young women	Women with pre-school children
Older women	Women on low incomes

### 6 Opening

This center opened in 1985.

### 7 Membership

We operate a membership system. We have: three types of members, which are:

Individual users - 30, Health care professionals - 3 and Organizations - 2.

## **8 Sources of Finance**

Your Health Authority	Local council
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Our present funding arrangements are for 1 year.

## **9 Networking**

In our region we are part of the Yorkshire Regional Network of Women's Centres.

## Hull Women's Centre

### 1 General information

Address: 1st Floor, Queen's Dock Chambers, Queen 's Dock Ave., Hull, HU1 3DR.

Tel. 01482 226 806. Fax number None E-mail: No address

Name of contact person - Gail

Position of contact person - Volunteer organiser & health line co-ordinator

### 2 A short description of the center's aims

Hull Women's Center is a place for women and women's groups to meet, providing an information and advice service on a wide range of topics relevant to women.

### 3 The main topics of center's work

Work supporting survivors of abuse/violence

The menopause

Promoting general well being and self-esteem through assertiveness training, etc.

Pregnancy/ Sexual health

Emotional and mental health issues including depression

Women and children , e.g. behaviour management of children etc.

### 4 Services provided by this center

One-to-one counselling

Lesbian health services

Social support, including self help groups, support groups advice and referral

Health education, including women's health courses and assertiveness training

Health information line (from Sept. 1998)

Complimentary therapies

Free creche for center users children (only children under 5)

### 5 Targeted groups of women

Women on low incomes	Women whose second language is English
Lesbian women	Lone mothers with pre-school children
Young women	Older women
Women looking to return to education/work	

### 6 Opening

This center opened to the public in 1979.

### 7 Membership

We do not operate a membership system, but on our management collective we have a health visitor and a representative of victim support. The rest are current or ex-volunteers.

## 8 Sources of Finance

Dept. of Health, Opportunities for Volunteers	The lottery
Local council	Donations
Local Health Authority (a one off payment)	

Our present funding arrangements are for 3 years.

## 9 Networking

We do not have a local women's forum for women's health, but we are looking to establish one. Our links with other organizations relating to women's health are:

In our community via another women's center, the health promotion unit, community council, alternative therapists etc.

In our region via other well women's centers etc. and the Yorkshire Women's Health Network

## 10 Specialist work

We have two female counsellors who counsel women on issues such as stress and anxiety.

Name of contact person - Gail

Areas of specialist knowledge that we would be willing to share are:

Knowledge of questions about a women-friendly health system, which have national relevance
Knowledge of collective strategies to advance women's health
Knowledge of the development of organizations and projects

# Womenspace

## 1 General information

Address, 51 Estate Buildings, Railway Street, **Huddersfield**, HD1 1JY.

Tel. 01484 536272. E-mail: no address

Name of contact person: Jane Golden

Position of contact person: co-ordinator

## 2 A short description of the center's aims

To promote women's interests by offering long term support for women with a commitment to empowering women individually or in groups.

## 3 The main topics of our work

Women's emotional and mental health problems including depression.

Work supporting survivors domestic violence

Welfare benefits and associated topics

Training for women, e.g. assertiveness & confidence building

Training for volunteers, e.g. interpersonal skills

## 4 Services provided by our center

Counselling on a one-to-one basis is provided by fully qualified counselling

Lesbian health information via publications / library

Social support, including self-help groups, advice and referral

Pregnancy testing services

Personal development courses, e.g. inter-personal skills, assertiveness training and community education

Outreach work with women in the local community

Developing joint policies to develop women-friendly approach to services in your area

## 5 Groups of women, which we target

Asian Women	Women carers of elderly dependants
Women whose second language is English	Women with pre-school children
Women on low incomes	Young women
Lesbian women	Older women
Women fleeing or surviving domestic violence	

## 6 Opening

This center opened in 1984.

## 7 Membership

We operate a membership system. We have 30 individual members, but women don't have to be members to receive the services offered.

## **8 Sources of Finance**

Local council

Our present funding arrangements are for 1 year, so our fairly recently appointed co-ordinator is looking into other sources of funding.

# Women's Health Matters

## 1 General information

Address, Bridge House, Balm Road, Hunslet, Leeds LS10 2TP.

Tel. 0113 2762851. E-mail: no address

Name of contact person: Carol Burns.

Position of contact person: Project manager

## 2 A short description of the center's aims

To support and assist women with the issues which they feel affect their physical, mental and emotional well-being by providing a service for women run by women.

## 3 The main topics of our work

Women's emotional and mental health problems including depression, bereavement and stress

Work supporting survivors of sexual abuse and domestic violence

Promoting general well being particularly for women supporting others, e.g. parents and women caring for older dependants

Eating disorders

A holistic approach to health means we try and respond to the needs & issues women present to us. We take a community development approach and aim to empower women to take control over their own health.

## 4 Services provided by our center

One-to-one support

Social support, including self-help groups, support groups, advice and referral

Health education and health information services including leaflets and library

Women's health courses and assertiveness training

Information about cervical screening

Free pregnancy testing

Information about complimentary therapies

Outreach work with women in the local community, including women's health groups and drop-in sessions

Developing joint policies to develop women-friendly health care in your area

Training for volunteers and workers from other agencies interested in promoting women-friendly approaches to women's health

## 5 Groups of women, which we target

Asian Women	Women on low incomes
Women whose second language is English	Women with pre-school children
Older women	Women with physical disabilities
Lesbian women	

## 6 Opening

Service began in 1989.

## 7 Membership

We operate a membership system.

## 8 Sources of Finance

Your Health Authority	The lottery
Local council	Donations

Our present funding arrangements are year on year.

## 9 Networking

We do not you have a local women's forum for women's health. In our region Yorkshire women's health centers are linked by regional networks. At an international level we have trans-national partners in Berlin.

## 10 Specialist work

We have a PMS support group.

Areas of specialist knowledge that we are willing to share

Knowledge of questions about a women-friendly health system, which have national relevance
Knowledge of collective strategies to advance women's health
Knowledge of the development of organizations and projects

## 11 Publications

None

## 12 Using this network

Current questions that our center is working on, which are relevant to the international context:

1. Disabled women and health. We would like to be in touch with other groups.

# York Women's Centre - WHIS & Women's Pregnancy Testing Group

## 1 General information

11 Holgate Rd., York, YO12 4AA. Tel. 01904 647530. E-mail: no address

Name of contact person: Jane Reed

Position of contact person: collective member

## 2 A short description of the center's aims

York Women's Centre aims to promote the total welfare of all women in the community by providing information that enables women to choose their own subsequent actions (in a safe women-only space) from women's center leaflets, free and confidential information, support and counselling.

## 3 The main topics of our work

Women's physical, mental and emotional health issues raised by users including menopause, eating disorders, hysterectomy and domestic violence.

## 4 Services provided by our center

Health information service provided by trained volunteers

One-to-one counselling service

Pregnancy testing with pro-choice information about abortion and maternity services

Social support via self-help groups, advice and referral

Aromatherapy & Healing Rika

## 5 Groups of women, which we target

Refugee women	Women with pre-school children
Young women	Women with physical disabilities
All women who need support	Housebound women
Women on low incomes	

## 6 Opening

This center opened in 1983

## 7 Membership

We do not operate a membership system.

## 8 Sources of Finance

Local Council	Donations
Fund raising	

Our present funding arrangements are for 1 year.

## 9 Networking

We have a local women's forum for women's health. It was a women's working group and it is now the Equalities Working Group, organised York City Council. Our participation in the women's forum is to go and speak at meetings.

Our links with other organizations relating to women's health are:  
In our community - Community Health Council  
In our region - York Sexual Health meetings

We are interested in other groups and get involved with them following our interests, e.g. local Social Services Committee, York MIND (mental health charity) and Survive (abused children).

**10 Specialist work**

We have two specialist groups at our center. These are the Domestic Violence Group and Sexual Health NHS. The contact for both groups is Polly Griffiths.

Areas of specialist knowledge that we would be willing to share. Different people on the team have different specialist knowledge.

Knowledge of research strategies, which promote women-friendly health care
Knowledge of questions about a women-friendly health system, which have national relevance
Knowledge of medical questions about certain disorders in the art of women's healing
Knowledge of collective strategies to advance women's health
Knowledge of the development of organizations and projects
Knowledge of alternative methods of healing and treatment
We have a library with information on different health related subjects.

## North west

Barrow-in-Furness Family Planning Service

### 1 General information

Address, Atkinson Health Centre, Market Street, **Barrow-in-Furness**, LA14 2LR.

Tel. 01229 827212. E-mail

Name of contact person: Dr. Tupper,

Position of contact person: head of service

### 2 A short description of the center's aims

Family planning specialists, where women can receive contraceptive advice and information, advice on general health and well-being and psychosexual counselling in an alternative setting to their GP plus special clinics for young people.

### 3 The main topics of our work

Women's reproductive and sexual health including contraceptive advice and cervical smears

Promoting general well being,

Young people and sexual health

### 4 Services provided by our service

Family planning clinic sessions including cervical screening and breast checks

Sexual health advice, especially for young people, male and female

Health information services

Pregnancy testing services

Developing joint policies to develop women-friendly health care in your area

Training for professionals from other agencies interested in promoting women-friendly approaches to women's reproductive health

Psychosexual counselling

Training for school nurses and teachers involved in delivering sex education

### 5 Groups of women, which we target

Women wishing to see female staff
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Young women
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### 6 Opening

This center opened before 1970.

### 7 Membership

We do not operate a membership system as we are an NHS service.

### 8 Sources of Finance

The local NHS Trust - Bay community Trust
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### 9 Networking

We do not know of there is a local women's forum for women's health.

### 10 Specialist work

We do not have groups within your organization, which work on specialist topics of women's health.

## **11 Publications**

None appropriate

## **12 Using this network**

Current questions that our center is working on, which are relevant to the international context:

1. UK network of FP research for Institute of Population Studies, University of Exeter

# The Women's Centre for Blackburn & District

## 1 General information

Address: 25 Wellington Street, St. John's, Blackburn, Lancs. BB1 8AF.

Tel. 01254 583032. Fax number 01254 691951 E-mail: No address

Name of contact person: Catherine Jones

Position of contact person: Co-ordinator

## 2 A short description of the center's aims

Our women's center supports local women by providing a drop-in service, self-help groups, counselling, training and courses, all designed to improve women's health and self-esteem.

## 3 The main topics of your work

Work supporting survivors of abuse

Alternative & complimentary health courses

Building self confidence through assertiveness training

Women's reproductive health including menopause & HRT

## 4 Services provided by your center

One-to-one counselling

Social support, including self help groups, support groups advice and referral

Health education, including women's health courses and assertiveness training

Complimentary therapies

Library

Free creche for women attending courses

## 5 Groups of women, which you target

Asian Women	Women carers of elderly dependants
Women whose second language is English	Women with pre-school children
Refugee women	Women with physical disabilities
Young women	Women with learning difficulties
Older women	Housebound women by phone
Lesbian women	Women on low incomes
Other target groups: All women	

## 6 Opening

This center opened in 1985

We operate a membership system for individual users.

## 8 Our sources of Finance are:

The lottery
Charges to users for specific services
Other sources of funding

Our present funding arrangements are for 3 years.

## **9 Networking**

At present we do not have a local women's forum for women's health.

## **10 Specialist work**

We do not have groups within your organization, which work on specialist topics of women's health.

## **11 Publications**

Understanding and managing panic attacks. 2nd edition 1997. Cost £2.00 per book

## North Manchester Women's Health Team

### 1 General information

Address, Newton Heath Health Centre, 2 Old Church Street, Newton Heath, **Manchester**, M40 2JF. Tel. 0161 684 9696. E-mail: no address

Name of contact person: Jane McAlister/Ann Inman

Position of contact person: Health Promotion Officers

### 2 A short description of the team's aims

To work within a philosophy that acknowledges a woman's right to a more holistic consideration of her health, that rejects a victim blaming approach and seeks to give women control and the confidence to express their health needs on an equal basis.

### 3 The main topics of our work

Women's reproductive health including pre-menstrual tension, menstruation, and menopause

Women's emotional and mental health problems including anxiety and stress management

Promoting general well being, including breast health.

Other topics - assertiveness, relaxation & exercise programmes

### 4 Services provided by our center

Well women clinic sessions including health checks and screening in local communities

Women referred for one-to-one counselling

Lesbian health services

Social support, including self-help groups, support groups, advice and referral

Health education and health information services including leaflets and library

Women's health courses and assertiveness training

Cervical screening

Pregnancy testing services

Inter-agency co-operation to ensure a co-ordinated approach to health services for women

Training for volunteers and health professionals, e.g. health visitors, interested in promoting women-friendly approaches to women's health

Look After Yourself Health education Programmes

### 5 We work with all women but particularly target:

Young women	Women with learning difficulties
Older women	Women on low incomes
Lesbian women	

### 6 Opening

This team was set up in 1985

### 7 Membership

We do not operate a membership system.

### 8 Sources of Finance

Your Health Authority	A local NHS Trust
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Our present funding arrangements are part of mainstream funding arrangements.

## 9 Networking

We have a local women's forum for women's health. It is the Manchester Healthy Cities Women's Forum. It is organised by the City Council. The Chair is Pam Ashton.

Our links with other organizations relating to women's health are:

In our community via a variety of community groups

In our region with other well women clinics

At a national level with other well women clinics

## 10 Specialist work

We have the Menopause Clinic, Crumpsall, which is held at the Crumpsall Clinic on the 2nd Wednesday of each month from 1.00 - 3.00 p.m.

Name of contact person: Ann Inman

Address: Crumpsall Clinic, Humphrey Street, Manchester, M8 7JS.

Areas of specialist knowledge that we would be willing to share

Knowledge of research strategies, which promote women-friendly health care
--

Knowledge of collective strategies to advance women's health
--

## 11 Publications

none

## 12 Using this network

1. Young women's sexual health

## **Rochdale Well Woman Centre**

### **1 General information**

Address: Health Promotion Unit, Penn Street, Rochdale, Lancs., OL16 1HX.

Tel. 01706 358444. E-mail: no address

Name of contact person: Dorothy Forshaw

Position of contact person: co-ordinator

### **2 A short description of the center's aims**

To provide a confidential, safe place for women in need of counselling, support, information and self-help initiatives.

### **3 The main topics of our work**

Women's reproductive health including pre-menstrual tension, pregnancy and menopause.

Women's emotional and mental health problems including depression and stress

Promoting general well being and personal development

### **4 Services provided by our center**

One-to-one counselling

Social support, including self-help groups, advice and referral

Women's health courses and assertiveness training

Pregnancy testing services

Complimentary therapy sessions

Training for volunteers interested in working at our well woman clinic

### **5 Groups of women, that we target**

Any women who choose to attend the center
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### **6 Opening**

This center opened in 1983

### **7 Membership**

We do not operate a membership system.

### **8 Sources of Finance**

A local NHS Trust
-------------------

Our present funding arrangements are for 1 years.

## **South Manchester Well Woman Clinics**

### **1 General information**

**c/o Wythenshawe Well Woman Clinic**, Wythenshawe Health Care Centre, Stancliffe Road, Sharston, M22 4PJ. Tel. 0161 946 0065. E-mail: no address

Open: 1st & 3rd Tuesday 1 - 4.00 p.m. Name of contact person: Una Goulding

Position of contact person: Co-ordinator for 3 South Manchester clinics

Other clinics are held at:

#### **Withington Well Woman Clinic,**

The Palatine Centre, 63 -65 Palatine Road, Withington, South Manchester, M20 9JL.

Tel. 0161 434 3555. Open: Thurs. 1 - 4.00 p.m., by appointment.

**Burnage Well Woman Clinic**, Burnage Community Health Care Centre, Burnage Lane, Manchester. Tel. 0161 443 0600. 2nd & 4th Tuesday 1 -4.00 p.m.

### **2 A short description of the well woman clinics aims**

To produce a welcoming and accessible service for women living in the Manchester. We promote general health and well-being and build confidence for making health decisions. We offer women good, clear health information, time and access to a range of services.

We provide a network of community based Well Women Clinics across the city. These clinics offer a confidential service for women in a friendly environment. We have access to a woman doctor, trained volunteers, counsellors, information, support and referral to other agencies. The clinics work within a philosophy that acknowledges a women's right to a more holistic approach to her health.

We provide a variety of health promotion programmes which are responsive to needs of women in Manchester. All our health promotion work aims to develop and share women's skills, increase their knowledge and build their confidence. This enables women to make informed choices about their health. We are empathic, understanding and willing to listen.

### **3 The main topics of our work**

Women's general health concerns, e.g. cancer

Women's reproductive health including pre-menstrual and menstrual problems

Women's emotional and mental health problems including depression, anxiety and eating disorders

Dealing with gynaecological concerns

Promoting general well being through well woman checks and healthy eating groups

Menopause and HRT

### **4 Services we provide**

Well women clinic sessions including health checks and cervical screening

One-to-one counselling

Lesbian health services

Social support, including self-help groups, support groups advice and referral

Pregnancy testing services

Complimentary therapies

Training for volunteers interested in promoting women-friendly approaches to women's health

Full consultation with a female doctor

### **5 Groups of women, which we target**

Asian Women	Young women
whose second language is English	Women with pre-school children
Refugee women	Older women
Lesbian women	Women on low incomes

### **6 Opening**

The first well woman clinic opened in 1981, the second in 1982 and the third in 1997.

### **7 Membership**

We do not operate a membership system.

### **8 Sources of Finance**

A local NHS Trust
-------------------

Our present funding arrangements are on going.

# Wirral Well Woman Services

## 1 General information

Address: St. Catherine's Hosp., Church Road, **Birkenhead**, L42 0LQ.

Tel. 0151 670 1223. E-mail: no address

Name of contact person: Pauline Robertson

Position of contact person: co-ordinator

## 2 A short description of the center's aims

To offer a free and highly confidential service run by women for women; to meet the health needs of all ages of women including older women and under 16s and to promote a positive attitude towards women's physical and emotional well-being.

## 3 The main topics of our work

Women's reproductive health including pre-menstrual tension, menstruation, support before and after hysterectomy and menopause

Women's general medical problems, e.g. thrush, cystitis, HIV/AIDS, and CHD

Women's emotional & mental health problems including depression, bereavement & stress

Work supporting survivors of abuse/violence

Promoting general well being, e.g. advice on diet and healthy eating

Eating disorders

## 4 Services provided by our center

Well women clinic sessions including health checks and screening

Lesbian health services

Social support, including support groups, advice and referral

Health information services including leaflets and library

Women's health courses and assertiveness training

Cervical screening

Complimentary therapies

Outreach work with women in the local community

Developing joint policies to develop women-friendly health care in your area

## 5 Groups of women, that we target

Asian Women	Women carers of elderly dependants
Women whose second language is English	Women with pre-school children
Young women	Women with physical disabilities
Older women	Women with learning difficulties
Lesbian women	Housebound women
Women on low incomes	

## 6 Opening

This center opened in 1989

## 7 Membership

We do not operate a membership system.

## **8 Sources of Finance**

The local NHS Trust
---------------------

Our present funding arrangements are for the foreseeable future.

## **9 Networking**

We do not have a local women's forum for women's health.

## **10 Specialist work**

We have a Menopause Support Group and the contact person is Pauline Robertson.

Areas of specialist knowledge that we would be willing to share

Menopause
Knowledge of research strategies, which promote women-friendly health care
Knowledge of questions about a women-friendly health system, which have national relevance
Knowledge of medical questions about certain disorders in the art of women's healing
Knowledge of collective strategies to advance women's health

## **11 Publications**

None

## **12 Using this network**

None at present

## **West Midlands**

Birmingham Women's Advice and Information Centre

### **1 General information**

Address, 5th floor, Ruskin Chambers, 191 Corporation Street, Birmingham, B4 6RP

Tel. 0121 2121881. E-mail: no address

Name of contact person: Carol Harte

Position of contact person: Co-ordinator

### **2 A short description of the center's aims**

To raise awareness of and actively address the unequal position of women in today's society; to facilitate the personal development of women and to enable women to identify and articulate their individual and collective needs so that they are ultimately empowered to take control over their lives.

### **3 The main topics of our work around health issues**

Empowering women to take control of their lives and dealing with health issues that arise during that process

Work supporting survivors of domestic violence

Personal development including the women's health and independence project

Women's emotional problems

### **4 Services provided by our center**

Social support, including domestic violence support groups, advice and referral

Health education and health information services including leaflets, helplines and library

Personal development courses and assertiveness training

Outreach work with women in the local community

Training for volunteers and workers from other agencies interested in promoting women-friendly approaches to women's health

Taking forward issues identified and highlighted by day to day service provision in an effort to effect change.

5 We target all women.

### **6 Opening**

This center opened in 1985.

### **7 Membership**

We do not operate a membership system.

### **8 Sources of Finance**

Local council	The lottery
Private charitable trusts	Donations

Our present funding arrangements are for 3 years.

## **9 Networking**

We do not have a local women's forum for women's health. Our links with other organizations relating to women's health are:

In our community - many grassroots groups

In our region - Gender policy development group

At a national level - National Women's Commission

At an international level Hungarian Women's Action Group and various groups in Northern Ireland.

## **10 Specialist work**

Not mentioned

## **11 Publications**

None

## **12 Using this network**

Current questions that our center is working on, which are relevant to the international context:

1. Examples of women's involvement in the decision making process.

# Coventry Women's Health and Information Centre

## 1 General information

Address, Coventry and Warks. Hosp. Site, Stoney Stanton Road, Coventry, CV1 4FH.  
Tel. 01203 844171/2 ex. 4623. E-mail: no address  
Name of contact person: Amy Corkish  
Position of contact person: Information Officer and Service Development

## 2 A short description of the center's aims

To offer women visiting the center and in their own communities through outreach projects high quality health care via a choice of clinical services, information on women's health and pregnancy counselling.

## 3 The main topics of our work

Women's reproductive health including pre-menstrual tension, menstruation, contraceptive advice, menopause, advice about genetically inherited conditions  
Women's emotional and mental health problems including post natal depression and eating disorders  
Getting the best from your GP  
Promoting general well being in pregnancy

## 4 Services provided by our center

Well women clinic sessions including health checks and screening  
One-to-one counselling, including a specialist pregnancy loss counsellor  
Social support, including self-help groups, support groups, advice and referral  
Health education and health information services including leaflets, helplines and library  
Women's health courses and assertiveness training  
Cervical screening  
Pregnancy testing services  
Creche for center users  
Outreach work with women in the local community  
Developing joint policies to develop women-friendly health care in your area  
Training for workers from other agencies interested in promoting women-friendly approaches to women's health

## 5 Groups of women, which we target

Asian Women	Young women
Women whose second language is English	Older women

## 6 Opening

This center opened in 1990

## 7 Membership

We do not operate a membership system.

## 8 Sources of Finance

Our local NHS Trust

## 9 Networking

We do not have a local women's forum for women's health. Our links with other organizations relating to women's health are:

In our community - the community health council

In our region - Midlands Health Point

At a national level - Women's Health, 52 Featherstone Street, London

## 10 Specialist work

Areas of specialist knowledge that we would be willing to share

Knowledge of research strategies, which promote women-friendly health care
Knowledge of psychotherapeutic problems of treatment
Knowledge of questions about a women-friendly health system, which have national relevance
Knowledge of collective strategies to advance women's health
Knowledge of the development of organizations and projects
Information in our library about counselling, aromatherapy and reflexology
<b>Setting high standards of service delivery</b> In 1998, we successfully bid for and won a Charter Mark Award for Excellence. This is a departmental award which highlights innovation, client centered care and quality. We would be willing to help other service to find out more if interested.

## 11 Publications

None

## 12 Using this network

Questions that we are working on, which are relevant to the international context:

1. Heartsink patients; women and their care from doctors: - GPs and hospitals
2. Sex education in schools - successful models of this
3. Access to well women clinics by minority ethnic women

## East Midlands

Nottingham Women's Centre

### 1 General information

Address: 30 Chaucer Street, Nottingham, NG1 5LP.

Tel. 0115 941 1475. E-mail: no address

Name of contact person: Perlin Haase

Position of contact person: co-ordinator.

### 2 A short description of the center's aims

We offer a safe environment, which encourages self-help and empowerment of women, where all women can come together to gain confidence, develop skills, get support, organise groups, activities and services. We are focus for information and resources about women and provide opportunities for volunteers.

### 3 The main topics of our health work

Work supporting survivors of sexual abuse and domestic violence

Promoting general well being,

Training courses

### 4 Services provided by our center

Free counselling and one-to-one counselling by rape crisis counsellors.

Lesbian drop-in sessions

Social support, including self-help groups, support groups, advice and referral

Health information services leaflets, library and women's health courses

Pregnancy testing service

Creche

Outreach work with women in the local community

Business Advice

Women's Aid

Welfare Rights

Self-Harm Crisis Line

Bi-sexual women's group

### 5 Groups of women, which we target

Asian Women	Women on low incomes
Young women	Bisexual women
Older women	Lesbian women

### 6 Opening

This center opened in 1971

### 7 Membership

We operate a membership system. We have approximately 70 individual members and 10 organizations.

### 8 Sources of Finance

Local council
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Our present funding arrangements are on-going.

## **9 Networking**

We have a local women's forum for women's health. It is organised by Mo Almond, Health Promotion Specialist. Her Tel. number is 0115 9428612. Our center's role in the women's forum is to take the minutes. In our community our links with other organizations relating to women's health are via the center itself which is used occasionally by different groups.

## **10 Specialist work**

We have groups within your organization, which work on specialist topics of women's health, for example the Self-Harm group.

## East Anglia

Harlow Well Women's Centre

### 1 General information

Latton Bush Centre, Southern Way, Harlow, Essex, CM18 7BL.

Tel. 01279 411330 E-mail: no address

Name of contact person: Viv Wachenje

Position of contact person: Center Manager.

### 2 A short description of the center's aims

Harlow Well Women's Centre aims to help women help themselves to health by providing education, information and sensitive and strategic support in the community.

### 3 The main topics of our work

Emotional and mental health problems including depression

Work supporting survivors of abuse/violence

Supporting women with physical health problems, e.g. hysterectomies & cancer

Promoting general well being for older women including menopause, HRT & growing older

Eating disorders

### 4 Services provided by our center

One-to-one counselling

Lesbian health services

Social support, including self help groups, support groups advice and referral

Health education, including women's health courses and assertiveness training

Complimentary therapies

### 5 Groups of women, which we target

Older women	Women carers of elderly dependants
Women whose second language is English	Women with pre-school children
Refugee women	Women with physical disabilities
Young women	Women with learning difficulties
Lesbian women	Women on low incomes

### 6 Opening

This center opened to the public in 1990.

### 7 Membership system

(no response to question)

### 8 Sources of Finance

Your Health Authority	The lottery
A local NHS Trust	Subscriptions
Local council	Charges
Grants from private trusts	Donations
Dept. of Health, Opportunities for Volunteers	Commercial sponsorship

### 9 Networking

We do not have a local women's forum for women's health.

## **10 Specialist work**

We have specialist groups which are:

1. Menopause self-help group
2. Pandora's which is a group aimed at older women for communication therapy and health related matters particular to their age group.

Contact for both groups as above

## **Women's Health Information & Support Service (WHISS)**

### **1 General information**

Address, Jordan House, 7a Benedict Street, **Norwich**, NR2 4PE.

Tel. 01603 623835. E-mail: 106555.621@compuserve.com

Name of contact person: Jill Tanner / Michelle Virgo

Position of contact person: Co-ordinator

### **2 A short description of the center's aims**

To provide the necessary support and information for women to empower themselves and be able to make informed decisions about their own and their families health, complimenting the work of the town's well women's clinic.

### **3 The main topics of our work**

Women's reproductive health including pre-menstrual tension, menstruation, contraceptive and menopause advice and pregnancy testing.

Women's emotional and mental health problems including depression, mental illness and stress

Women's general medical problems, e.g. chronic conditions

Work supporting survivors of abuse/violence

Promoting general well being, e.g. nutrition advice

### **4 Services provided by our center**

One-to-one good listening ear

Lesbian health services

Social support, including self-help groups, support groups, advice and referral

Women's health courses and assertiveness training

Pregnancy testing and condom services

Complimentary therapies - advice only

Outreach work with women in the local community

Developing joint policies to develop women-friendly health care in your area

Training for workers from other agencies interested in promoting women-friendly approaches to women's health

Ethnic minority health project

### **5 Groups of women, which we target**

Young women	Women carers of elderly dependants
Older women	Women with pre-school children
Lesbian women	Women on low incomes

### **6 Opening**

This center opened in 1987

## **7 Membership**

We operate a membership system.

## **8 Sources of Finance**

The lottery
-------------

Our present funding arrangements are for 1 year (until August 1999)

## **9 Networking**

We do not have a local women's forum for women's health, although WHISS often functions as the local forum. Details of our links with other organizations relating to women's health are:

In our community - NHS well woman clinic

In our region - Waveney Women's Health Information, Lowestoft

At a national level - Women's Health, London

## **10 Specialist work**

Areas of specialist knowledge that you would be willing to share

Knowledge of questions about a women-friendly health system, which have national relevance
--

Knowledge of the development of organizations and projects
--

## **11 Publications**

Nil.

## **12 Using this network**

Current question that our center is working on, which are relevant to the international context:

1. How to provide woman friendly affordable counselling.

## **South east including London**

Women's Resource Centre

### **1 General information**

Address, 56A Dover Street, **Canterbury**, Kent, CT1 3HD.

Tel. 01227 451753. E-mail: no address

Name of contact person: Maggie

Position of contact person: Co-ordinator

### **2 A short description of the center's aims**

To provide information, advice and support for women by women on any issues affecting their lives.

### **3 The main topics of our work**

Work supporting survivors of abuse/violence

Women's emotional and mental health problems including depression and mental health.

Menopause

Any issues affecting women's lives

### **4 Services provided by our center**

One-to-one counselling

Social support, including self-help groups, advice and referral

Health education and health information services including a newsletter, leaflets, helplines and library

Women's training courses

Training for volunteers interested in working from our center

### **5 Groups of women, which we target**

Our center is for any woman but as the premises does not have disabled access, we are unable to provide a service for disabled women

### **6 Opening**

This center opened in 1995

### **7 Membership**

We do not operate a membership system.

### **8 Sources of Finance**

The lottery
-------------

Our present funding arrangements are for 3 years.

## London

The Bernhard Clinic

### 1 General information

Address, Lesbian Health Clinic, Dept. of G. U. Medicine,  
Charing Cross Hospital, Fulham Place Road, London, W6. 8RF.

Tel. 0181 846 1577. E-mail

Name of contact person: Dr. Mosedale

Position of contact person: Doctor

### 2 A short description of the center's aims

To offer a sexual health screening service for women who have sex with women in a safe and friendly women only environment.

### 3 The main topics of our work

Women's sexual health

HIV testing

Promoting general well being,

### 4 Services provided by our center

Well women clinic sessions including health checks and screening

One-to-one crisis counselling

Lesbian health services

Social support, including self-help groups, support groups, advice and referral

Health information services on sexual health matters

Women's health courses and assertiveness training

Cervical screening

Pregnancy testing services

GU and HIV testing

### 5 Groups of women, which we target

Lesbian women
---------------

### 6 Opening

This center opened between 1990 and 1994.

### 7 Membership

We do not operate a membership system, but are part of the NHS.

### 8 Sources of Finance

Our Health Authority – Kensington, Chelsea Westminster	Our local NHS Trust - Chelsea and Westminster Healthcare
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Our present funding arrangements are for the foreseeable future. The Clinic is managed as part of Genital Urinary Medicine services at Charing Cross Hospital and resources are allocated on that basis.

## **9 Networking**

We do not have a local women's forum for women's health.

## **10 Specialist work**

Areas of specialist knowledge that you would be willing to share

Knowledge of questions about a women-friendly health system, which have national relevance
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# London Black Women's Health Action Project (LBWHAP)

## 1 General information

First Floor, 82, Russia Lane. London E2 9LU.

Tel. 0181 980 3503. Fax; 0181 980 6314 E-mail: no address

Name of contact person: Shamis Dirir

Position of contact person: Co-ordinator

## 2 A short description of the center's aims

London Black Women's Health Action Project works with professionals, young women and young people to educate, develop culturally sensitive services and raise awareness of the harm of female genital mutilation (FGM).

## 3 The main topics of our work

FGM prevention in the context of women's health

Women's reproductive health in relation to FGM

## 4 Services provided by our center

One-to-one counselling

Social support, including self help groups and referral

Health education, including women's health and English as a Second Language courses Training for workers from other agencies to raise awareness of harm of FGM

Campaigning for a change in practice of FGM

## 5 Groups of women, which we target

Women whose second language is English
Refugee women
Young women
Older women

## 6 Opening

This center opened in 1982.

## 7 Membership

We operate a membership system. We have three types of members and there are 55 individual users, 20 health care professionals and 10 member organizations.

## 8 Sources of Finance

Your Health Authority	Donations
London Boroughs Grants Committee	Other private charitable trusts
Local council	

Our present funding arrangements are for 1 - 3 years.

## 9 Networking

We do not have a local women's forum for women's health.

Details of our links with other organizations relating to women's health are:

In our community - providing advice, counselling & workshops

In our region - events & seminars

At an international level we attend some conferences including the UN Nairobi conference.

### 10 Specialist work

We have a FGM strategy group, which provides policy and workshop training on female circumcision. Name of contact person - Shamis Dirir, co-ordinator.

Areas of specialist knowledge that we would be willing to share:

Knowledge of research strategies, which promote women-friendly health care
Knowledge of psychotherapeutic problems of treatment
Knowledge of questions about a women-friendly health system, which have national relevance
Knowledge of medical questions about certain disorders in the art of women's healing
Knowledge of collective strategies to advance women's health
Knowledge of the development of organizations and projects

### 11 Publications

1. Silent Tears - Book = £5.95 Video = £10.00

LBWHAP's first book, which is being launched alongside a new educational video made by Tower Hamlets Health Promotion Service in conjunction with LBWHAP. The film is intended for use with teachers, community workers and health professionals as well as the voluntary sector.

2. Is Female Circumcision Child Abuse? Report = £2.00

Report of a one-day conference held on 17th May 1991, for professionals and community leaders.

3. Attitudes and Views of East African Women and Men on FGM - Report = £5.00

4. Change without Denigration Report = Statutory sector £15.00; Voluntary organizations = £10.00 & Individuals = £ 5.00.

5. LBWHAP Strategy Group Policy on female Genital Mutilation - Policy = £ contact office

6. FGM 94 "Change without Denigration" - T-shirt = £5.00

Post & package £1.00 per item. Make cheques payable to "London Black Women's Health Action Project" and send to above address.

For more information contact Christopher Hughes

### 12 Using this network

Current questions that we are working on, which are relevant to the international context:

1. raise awareness and build partnerships in fighting female circumcision.
2. the need to provide training for community groups on self-empowerment

# Marie Stopes International

## 1 General information

Marie Stopes House, 108 Whitfield Street, London W1P 6BE.

E-mail [Services@stopes.org.uk](mailto:Services@stopes.org.uk) Homepage <[hppt//:www.mariestopes.org.uk/uk.htm](http://www.mariestopes.org.uk/uk.htm)>

Name of contact person: Adam Kendall

Position of contact person: Marketing Administrator

## 2 A short description of the center's aims

Through our activities we aim to empower individuals to exercise their fundamental human right to plan their families freely and responsibly, to enable them to have children by choice, not chance and to enjoy good reproductive health.

## 3 The main topics of our work

In the UK - Women and men's reproductive health including family planning, termination of pregnancy, female sterilisation, vasectomy, well woman and well man's programmes.

Throughout the developing world and Europe - to increase access to high quality appropriate, affordable methods of family planning and related services, in areas of greatest unmet need.

## 4 Services provided by our center

A major provider of reproductive health services for individual clients, health authorities, GPs and GP fundholders.

Information and counselling provided by fully trained staff as an integral part of the service offered to all clients.

Staff training to ensure that services always reflect the most up-to-date practice.

Six new model daycare centers which provide a walk-in walk-out TOPS (up to 12 weeks), under local anaesthetic in a non-hospital setting, using vacuum aspiration, a minimally invasive technique - the start of a nation wide network.

In 32 countries we work with a variety of partner organizations to set up networks of locally-managed projects providing reproductive health services, technical assistance and training to governments and other agencies. Our approach recognises the broad health and human well-being objective established in the Programme of Action of the International Conference on Population Development (Cairo 1994).

Grassroots activities, including advocacy, policy development and coalition building  
Development of large scale bilateral programmes to strengthen institutional capacity and build an extensive community-based network of reproductive health services.

A pivotal role in facilitating co-operation between governments, multilateral organizations, inter- governmental and national organizations, the private and not-for-profits sector.

## 5 Groups of women, which we target

Refugees	Women on low incomes
Adolescents	Men

## 6 Opening

This organization has grown from a birth control clinic opened by Marie Stopes in 1921.

## 7 Membership

We do not operate a membership system.

## 8 Sources of Finance

Purchasing Health Authority	Other governments
Purchasing GPs and GP fundholders	Private trusts
Charges to private clients in the UK	Donations
Overseas Development Agency	

Our present funding arrangements are sustainable and we have a wide funding base.

## 9 Networking

None

## 10 Specialist work

We are concerned with all topics related to sexual health.

## 11 Publications

1. Voice for Choice. 1997.
2. The Briefing Pack on Population & Development. 1996. (currently being updated for next year)

## 12 Using this network

Current questions that our center is working on, which are relevant to the international context:

1. Awareness/use of emergency contraception
2. Safer motherhood: maternal mortality in the developing world

# Women's Health Resource and Information Centre

## 1 General information

Address: 52 Featherstone Street, London EC1Y 8RT

Health enquiry line 0171 251 6580 e-mail: womenshealth@pop3.poptel.org.uk

Minicom 0171 490 5489

## 2 A short description of the center's aims

Women's Health empowers women to make their own informed decisions about the health and reproductive choices they face by promoting a pro-choice perspective on women's health issues including abortion.

## 3 The main topics of our work

Gynaecological & reproductive health issues

## 4 Services provided by our center

Health information services including a newsletter, leaflets, helplines and library

## 5 Groups of women, we target

Asian Women	Women carers of elderly dependants
Women whose second language is English	Women with pre-school children
Refugee women	Women with physical disabilities
Young women	Women with learning difficulties
Older women	Housebound women
Lesbian women	Women on low incomes

## 6 Opening

This center opened in 1982

## 7 Membership

We do not operate a membership system.

## 8 Sources of Finance

Major Funders	Other sources
London Boroughs Grants Unit	Donations
Charges for publications	Private trusts
Dept. of Health	Local foundations

## 9 Networking

No networks with other women's health centers mentioned.

## 10 Specialist work

We do not have groups within your organization, which work on specialist topics of women's health.

## **11 Publications list**

Women's Health provides a variety of resources on many aspects of women's health, including telephone/postal enquiry service, reference library and publications. Leaflets describe a problem or situation and give practical solutions. Some leaflets are available on tape. Broadcast discuss aspects of women's health from a feminist social and political view. The newsletter is published quarterly and each edition has a different theme. Below are the themes for 1998.

### **Women's Health Newsletter**

Alternatives to HRT (Summer 1998) £2.50

Female genital mutilation (March 1998) £1.50.

### **Other titles produced in 1998**

Women's health problems: Hysterectomy (Jan. 1998) 60p/tape £1

Pelvic Inflammatory Disease (PID) (Feb. 1998) 60p/tape £1

What is DES? (Jan. 1998) 60p

Abortion - *Understanding abortion* by Mary Pipes with Women's Health, 4th edition, The Women's Press, 1998. 193 pages £5 including postage and packing.

It is also possible to subscribe to receive the quarterly newsletter. For further details and a full publications list contact the health enquiry line on 0171 251 6580.

# Medway Women's Health Information and Support Service

## 1 General information

Address: The White House, The Riverside, Chatham, ME4 4SL, Kent.

Tel. 01634 407281. E-mail: no address

Name of contact person: Jane Barrett

Position of contact person: not specified

## 2 A short description of the center's aims

Medway Women's Health Information and Support Service aims to preserve and protect the health and well-being of women in its area by identifying inadequacies in primary care services and campaigning to fill the gap, providing information and support and encouraging self-help.

## 3 The main topics of our work

Women's physical, mental and emotional health issues including menopause, HRT, PMS, hysterectomy and problems encountered with their GPs.

## 4 Services provided by our center

Health education including women's health courses

One-to-one counselling service

Health information services including advice, referral and support to self-help groups

Co-operation with research programme on women's health (Is this still going on?)

## 5 Groups of women, which we target

Asian Women	Women carers of elderly dependants
Women whose second language is English	Women with pre-school children
Refugee women	Women with physical disabilities
Young women	Women with learning difficulties
Older women	Housebound women
Lesbian women	Women on low incomes
Other target groups:	Any women who have health problems/questions

## 6 Opening

This center opened in 1986.

## 7 Membership

We operate a membership system. We have 16 individual paid members as well as many casual non paid-up users.

## 8 Sources of Finance

Local Council Grant
Other sources of funding: we perform our own fund-raising.

Our present funding arrangements are for 0 years. We are in the process of requesting funding for rent and rates. We raise our own funds for all other expenditure.

## **9 Networking**

We do not have a local women's forum for women's health. Our links with other organizations relating to women's health are:

At a national level - National Osteoporosis Society; Women's Health; NAPS

At an international level - Derby women's Group (Nirvana)

## **10 Specialist work**

Areas of specialist knowledge that we would be willing to share

Knowledge of the development of organizations and projects
--

## **11 Publications**

None

## **12 Using this network**

We are working on the Women's Environmental Network's study relating instance of women's breast cancer to a local environmental map. These maps created will be used to show whether there is a link between breast cancer and environmental factors.

## **South west**

Salisbury District Well Woman Centre

### **1 General information**

Address, 49 Castle Street, Salisbury, SP1 3SP.

Tel. 01722 326966. E-mail: no address

Name of contact person: Louise Finnis

Position of contact person: center manager

### **2 A short description of the center's aims**

To preserve and protect the good health, both mental, physical, social and spiritual of the women in the Salisbury Health Authority Area by developing more effective ways to meet their health needs.

### **3 The main topics of our work**

Women's reproductive health including pre-menstrual tension and menopause

Women's emotional and mental health problems including depression, isolation and stress

Work supporting survivors of sexual abuse and violent relationships

Promoting general well being

Eating disorders

### **4 Services provided by our center**

One-to-one counselling

Lesbian group

Social support, including self-help groups, support groups, advice and referral

Health education and health information services including newsletters, leaflets and library

Women's health courses and assertiveness training

Information on complimentary therapies

Outreach work with women in the local community

Training for volunteers interested in promoting women-friendly approaches to women's health

Free creche most daytime sessions for women using the center's services

### **5 Groups of women, which we target**

Women of all ages once they are over 16
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### **6 Opening**

This center opened in 1986

### **7 Membership**

We operate a membership system, which started about 12 months ago and we have 50 individual members.

## **8 Sources of Finance**

Your Health Authority	The lottery
Local council	Private charitable trusts
Donations	Dept. of Health, Opportunities for Volunteers (in the past)

## **9 Networking**

We have a women's health forum. It is called Good Practice in Women's Health. It is organised by our center and the Salisbury Health Care Trust. We have had one meeting. The format is a series of seminars to share good practice. We hope then to go on to greater things!

Our links with other organizations relating to women's health are:

In our community we link with key statutory and voluntary groups, e.g. family planning

In our region - none at present

At a national level - member of the National Association for Women's Organizations, NAWO and Women's Health

At an international level - none at present, but going on the Internet soon through Women Connect Project.

## **10 Specialist work**

We have the following specialist groups:

Black Women's Group

Domestic Violence Support Group

Lesbian Group

Menopause and Hysterectomy Support Group

Older Women's Group

Post-Natal Depression Support Group

Rape Support Group

Support over child Connect Disputes

WILD for women with learning difficulties

## **11 Publications**

none

## **12 Using this network**

Current questions that we are working on

1. Specific health information about Black and Asian women's health

# Swindon Well Woman Centre

## 1 General information

Address, **Swindon** Health Hydro, Milton Rd., **Swindon**, SN1 5JA.

Tel. 01793 511064. E-mail: no address

Name of contact person: Julie Paterson

Position of contact person: clinic manager

## 2 A short description of the center's aims

To provide women with support, information and medical advice, which is free, confidential and carried out in a caring environment; to encourage women to become responsible for their own health and well-being and to play an active role in improving women's health.

## 3 The main topics of our work

Promoting general well being via health checks and screening

Women's reproductive health including pre-menstrual tension, contraceptive advice, hysterectomy and menopause.

Women's emotional and mental health problems including depression and stress

Enable women to make better use of their GPs

## 4 Services provided by our center

Well women clinic sessions including health checks and cervical screening

One-to-one counselling

Social support, including self-help groups, advice and referral

Health education including women's health courses

Pregnancy testing services

Training for volunteers as support workers

Company health screening programmes

Information service - leaflets on health and related topics available to take away; library books on women's health and other issues available to borrow.

All our services are free and completely confidential

A creche is available for the Wednesday and Friday sessions.

## 5 Groups of women, which we target

Young women	Asian Women
Older women	with pre-school children
Lesbian women	on low incomes

## 6 Opening

This center opened in 1984

## 7 Membership

We operate a membership system. We have the following members:

Individual users - 6, Health care professionals - 2 and Organizations - 6.

## 8 Sources of Finance

Your Health Authority	A local NHS Trust
Business	Private charitable trusts
Donations	

Our present funding arrangements are for 1 year.

## Scotland

Dundee Women's Health and Family Project

### 1 General information

Address, 1 Russel Place, Hilltown, Dundee DD3 7RU.

Tel. 01382 810230. E-mail: no address

Name of contacts: Sheena Keely, WHFP, Margaret Brown, WFHP & Sue Hunt, stress management service

Position of contact: Co-ordinators

### 2 A short description of the center's aims

To encourage and support individuals and groups to take action about their health needs by providing information, a meeting place, informal and confidential women's center.

### 3 The main topics of our work

Women's reproductive health including pre-menstrual syndrome and free condoms

Women's emotional and mental health problems including depression and stress

Promoting public awareness of the issues relating to health, particularly women's health and an understanding that social inequality equals health inequality.

Work with women on healthier eating, smoking cessation, women's safety and well-being and stress management.

### 4 Services provided by our center

One-to-one counselling

Social support, including support groups, advice and referral

Health education and health information services including women's health courses and workshops in the local community

Pregnancy testing services

Stress management service

Joint work to develop a women-friendly approach to health care, e.g. money advice

Smoking cessation support

### 5 Groups of women, which we target

All Women	Women on low incomes
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### 6 Opening

This center opened in 1987

### 7 Membership

We operate a membership system.

### 8 Sources of Finance

Your Health Board	The lottery
Local council - social work dept & community education dept	

Our present funding arrangements are for 1 years, with the lottery funded stress management service for three years.

### 9 Networking

We do not have a local women's forum for women's health. In our region our links with other organizations relating to women's health are via Tayside Health Promotion.

**10 Specialist work**

Areas of specialist knowledge that we would be willing to share

Knowledge of alternative methods of healing and treatment in particular our Stress Management Service.
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**11 Publications**

None

**12 Using this network**

Current questions that we are working on, which are relevant to the international context are (1) smoking cessation and (2) stress management.

# The Centre for Women's Health

## 1 General information

Address: 6 Sandyford Place, Sauchiehall Street, **Glasgow** G3 7NB.

Tel. 0141 211 6700. E-mail cfwh@dial.pipex.com

Name of contact person: Rosie Ilett

Position of contact person: Co-ordinator.

## 2 A short description of the center's aims

We aim to work at three levels, firstly, to promote the health of individual women and groups of women to maximise their health choices; secondly, to work with workers (health and others) to encourage a wider understanding of women's health and thirdly, to encourage a joint agency approach to service provision and the development of new initiatives and practices to improve women's health.

## 3 The main topics of our work

Promoting all aspects of women's health and well being, but with specific reference to unmet need. Main topics which women want support and information on are

Emotional and mental health problems

Violence and sexual abuse

Eating disorders

Menopause and HRT

Lesbian health issues

## 4 Services provided by our center

One-to-one counselling

Lesbian Health Service (including clinical and counselling services)

Support, including support groups, advice and referral

Health education and health information services including leaflets and library

Women's health courses

Outreach work with women in the local community

Developing joint policies to develop women-friendly health care

Training for workers from other agencies interested in promoting women-friendly approaches to women's health

## 5 Groups of women, which we target

Asian Women	Women with physical disabilities
Young women	Women with learning difficulties
Older women	Women on low incomes
Lesbian women	

## 6 Opening

This Center opened to the public in 1995.

## 7 Membership

We do not operate a membership system.

## 8 Sources of Finance

Your Health Authority	Local council
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Our present funding arrangements are for this financial year (currently on annual funding).

## 9 Networking

Our local women's forum for women's health is the Glasgow Healthy City Partnership's Women's Health Working Group. It is organised by the above (HCP), but it is mainly self-organising. Our Center's co-ordinator is a convenor of the group, and the Center also attends as a member. The women's forum is chaired by the three convenors.

Our links with other organizations relating to women's health are:

In our community via above group, plus other contacts

In our region via other networks, e.g. community health network

At a national level we have links with other women's health projects and initiatives mainly via 1995 conference.

At an international level via WHNET, and other contacts including Canada, Australia etc.

## 10 Specialist work

We have groups within your organization, which work on specialist topics of women's health.

These are some examples of the various groups which the Center is involved in:

1. Women, Health and Poverty Sub Group (sub-group of Women's Health Working - WHWG) Contact: Kath Gallagher at CWH.

2. We're no Exception (multi-agency group on disabled women and violence)

Contact: Kate Munro at CWH

3. Women and Self Injury Forum (multi-agency group for workers) Contact: Alison Miller

Areas of specialist knowledge that you would be willing to share

Knowledge of research strategies, which promote women-friendly health care
Knowledge of questions about a women-friendly health system, which have national relevance
Knowledge of collective strategies to advance women's health
Knowledge of the development of organizations and projects

## 11 Publications

1. National Women's Health Projects Conference, 1995, published by the Center for Women's Health.

2. Action for Women's Health: making changes in Organizations, 1997, published by WHO Europe/Glasgow Healthy City Partnership, cost £10.00.

## Northern Ireland

Derry Well Woman

### 1 General information

Address, 17 Queen Street, Derry BT48 7EQ. Tel. 01504 360777. E-mail: no address

Name of contact person: Karen Meehan

Position of contact person: co-ordinator.

### 2 A short description of the center's aims

To provide alternative women-centered services in a relaxed and non-clinical atmosphere, which are comprehensive and accessible, especially for women who stay away from doctors.

### 3 The main topics of our work

Women's reproductive health including pre-menstrual tension, menstruation, contraceptive advice, menopause, ageing

Women's general medical problems, e.g. cancer

Women's emotional and mental health problems including depression, mental illness and stress

Getting the best from your GP

Work supporting survivors of sexual abuse and violent relationships

Promoting general well being for pregnant women

Eating disorders

### 4 Services provided by our center

Well women clinic sessions including health checks and cervical screening

One-to-one counselling

Lesbian health services

Social support, including self-help groups, support groups, advice and referral

Health education and health information services including courses on confidence building, self esteem, stress management

Short courses on various complementary therapies

Creche

Outreach work by community health information volunteers

Developing joint policies to develop women-friendly health care in your area

Training for workers from other agencies interested in promoting women-friendly approaches to women's health

### 5 Groups of women, which we target

All women	Women carers of elderly dependants
Young women	Women with pre-school children
Older women	Women with physical disabilities
Lesbian women	Housebound women
Women on low incomes	

### 6 Opening

This center opened in 1989

## 7 Membership

We do not operate a membership system.

## 8 Sources of Finance

Your Health Board	A local NHS Trust
Local council	The lottery
Private charitable trusts	EU social fund

Our present funding arrangements are for an average of three years, but they vary.

## 9 Networking

We do not have a local women's forum for women's health, but we have recently received funding to develop one. Our links with other organizations relating to women's health are:

In our region - Letterkenny Women's Centre and the Healthy Cities Project

At a national level - Dublin Well Woman Centre

At an international level - Healthy Cities Group

## 10 Specialist work

We do have groups within our organization, which work on specialist topics of women's health. All support groups have specialist knowledge. Groups include menopause, cancer, breast feeding, pre-menstrual syndrome and post natal depression. Contact Karen Meehan at the above address for details.

Areas of specialist knowledge that we would be willing to share

Knowledge of psychotherapeutic problems of treatment
Knowledge of collective strategies to advance women's health
Knowledge of the development of organizations and projects
Knowledge of alternative methods of healing and treatment including homeopathy, reflexology and aromatherapy

## 11 Publications

None

## 12 Using this network

Current questions that our center is working on, which are relevant to the international context: 1. Researching the benefits of short term, brief, focused therapy in N. Ireland.

## North-east

Keighley Women's Centre

### 1 General information

182 Skipton Road, Keighley, West Yorkshire, BD21 2SY.

Tel & fax. 01535 610427. E-mail not yet

Name of contact person: Jean O'Keeffe, Co-ordinator.

### 2 A short description of the center's aims

Keighley Women's Centre promotes the health and well-being of the whole person in a center run by women for women by providing support, information and time not treatment for emotional and other health problems.

### 3 The main topics of our work

Emotional and mental health problems including depression, stress, anxiety, panic attacks and isolation

Women's reproductive health including pre-menstrual tension, menstruation and menopause

Work supporting survivors of abuse/violence

Supporting women with Eating problems

Education and training courses, e.g. parenting/childcare, carers, counselling and literacy

### 4 Services provided by our center

One-to-one counselling

Social support, including self help groups, support groups advice and referral

Health education, including women's health courses and assertiveness training

Pregnancy testing services

Complimentary therapies

Relaxation

'Afterwards' for women users of the mental health services or self-referral

### 5 Groups of women, which we target

All women

### 6 Opening

This center opened in 1983 (from the Youth Center suite of rooms)

### 7 Membership

We have a membership system where individual users and health care professionals can become friends of Keighley Women's Centre. At the moment there are 20 Friends of the center. There are also seven member/directors.

### 8 Sources of Finance

The lottery	Single Regeneration Bids,
English Partnership	Subscriptions
Other private trusts	Charges
Health promotion unit	Donations

Our present funding arrangements are for six months.

## **9 Networking**

We do not have a local women's forum for women's health.

Our links with other organizations relating to women's health

In our community they are the Health Promotion Unit and the Mental Health Units

In our region we are in contact with other centers via the Yorkshire Regional Network

## **10 Specialist work**

We do not have groups within our organization, which work on specialist topics of women's health.

Areas of specialist knowledge that we would be willing to share

Knowledge of psychotherapeutic problems of treatment
--

Knowledge of the development of organizations and projects
--

Knowledge of alternative methods of healing and treatment
---

## **11 Publications**

None

## **12 Using this network**

Current questions that we are working on:

1. Securing stable core funding for women's organizations
2. Establishing international exchanges, e.g. Bulgaria
3. Establishing networks for a national / international women's voice

# Well Women Centre

## 1 General information

Address: 1st floor, 6 Cheapside, **Wakefield**, WF1 2SD.  
Tel / Fax 01924 211114 E-mail: no address  
Contact person: Sandra Vowles, Volunteer Co-ordinator

## 2 A short description of the center's aims

To enable women to improve their health by providing information on health matters, health care, self-help, free pregnancy testing, support for health relationship and emotional problems and informal counselling.

## 3 The main topics of our work

Women's reproductive health including pregnancy testing and counselling and menopause support group.  
Women's emotional and mental health problems including depression and bereavement  
Work supporting survivors of abuse/violence  
Promoting general well being,  
Eating disorders

## 4 Services provided by our center

One-to-one counselling  
Social support, including self-help groups, support groups, advice and referral  
Health information services including leaflets and books  
Women's health courses and assertiveness training  
Free pregnancy testing services  
Complimentary therapies including massage and aromatherapy  
Outreach work with women in the local community  
Developing joint policies to develop women-friendly health care in your area  
Training for workers from other agencies interested in promoting women-friendly approaches to women's health

## 5 Groups of women, which you target

Young women	Women on low incomes
Older women	Lesbian women

## 6 Opening

This center opened in 1984

## 7 Membership

We do not operate a membership system.

## 8 Sources of Finance

Your Health Authority	EU social fund
Charitable Trusts	Donations

Our present funding from Dept. of Health, Opportunities for Volunteers has run out and we are hoping for Lottery funding to replace it.

## **9 Networking**

We do not have a local women's forum for women's health.

Our links with other organizations relating to women's health:

In our community there is WISH (a women's information service) at South Elmsall and Support & Survival (support for women experiencing Domestic Violence)

In your region we are in contact with Keighley women's centre & others in the network of well women centers.

## **10 Specialist work**

We do not have groups within your organization, which work on specialist topics of women's health.

Areas of specialist knowledge that we would be willing to share

Knowledge of psychotherapeutic problems of treatment – contact for this is Liz Lewis our counselling co-ordinator
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Knowledge of alternative methods of healing and treatment, particularly aromatherapy & massage, homeopathy and reiki - contact is Emma Hudson
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**The following addresses have been included later:**

Shamis Dirir

**London Black Women's Health Action Project LBWHAP**

The Community Centre

1 Cornwall Avenue

London E2 0HN

England

Tel No 0181 980 3503

0181 980 6314 fax

Advice, counselling, information, campaigning and training on issue of genital mutilation. Advice and referral work with Somali youth in Tower Hamlets. Run workshops for single mothers and children with English language difficulties. Advice and information workshops on health and related matters for youth. Closed on Mondays. Tues-Thurs available by telephone 10-12.30 and 2-5. Fridays 10-12.30.

Jane Barrett

**Medway Women's Health Information And Support Service**

**The White House**

Riverside

Chatham ME4 4SL

Kent, England

Tel No 01634 407 281

Mon 7.45pm - 9.45pm Tues 12.00 - 3.00pm Weds 11.00am - 2.00pm. Run a drop-in health information and counselling center. We have a reference library of women's health books and a large selection of free leaflets on all aspects of women's health. There is also information on clinics, self-help groups and other services. All women are welcome to call in for a chat.

Jenny Orr

**Tyneside Women's Health Project**

Swinburne House

Swinburne Street

Gateshead NE8 1AX

England

Tel No 0191 477 7898 ansaphone evenings, voice and minicom

Their work includes: providing information and leaflets on health topics and other services; special events and one-off sessions; working with groups on specific issues, such as stress management; a "listening ear" service; working with women on issues around empowerment, self-application and fitness. Also run black women's support group and Active into Age - a group for older women.

Gwynneth Brooks (Community worker)  
**Walker Community Health Project**  
Walker Resource Centre  
1419 Walker Road  
Walker  
Newcastle upon Tyne NE6 3LE  
England  
Tel No 01632 761 139

Lynda Jobe - Clerical assistant. Funded by Inner City Partnership. Support for mother of teenagers and very young children, women's health, parent, tenants, community health hazards, videos, liaison with other services. Managed by local people.

Angela Oxberry  
**Women's Health in South Tyneside (WHIST)**  
The Basement  
25 Beach Road  
South Shields NE33 2QA  
England  
Tel No 0191 454 6959

Promote good physical, emotional and mental health among women. Offers information and support to women, organise courses and/or groups around various issues. Publishes newsletter, reports.

**The Children's Society**  
St. Gabriels Family Centre  
**18 Wellington Road**  
Brighton BN2 3AA  
Sussex, England  
Tel No 01273 605 040

Promotes health development for children and families, has a health library with range of material, also runs groups as part of parenting/support programmes in which a broad range of issues (i.e. health, relationships, childhood, teenage pregnancy) are discussed.

Jenny Orr  
**Tyneside Women's Health Project**  
**Swinburne House**  
Swinburne Street  
Gateshead NE8 1AX  
England  
Tel No 0191 477 7898 ansaphone evenings, voice and minicom

Their work includes: providing information and leaflets on health topics and other services; special events and one-off sessions; working with groups on specific issues, such as stress management; a "listening ear" service; working with women on issues around empowerment,

self-application and fitness. Also run black women's support group and Active into Age - a group for older women.

Well Woman Clinic  
Central Clinic  
Stoke Abbott Road  
Worthing BN11 1HE  
West Sussex England  
Tel No 01903 820 831

Well Woman Clinic held on Tuesdays between 4.30 - 7pm. There is a Young People's Advisory Clinic which is held Saturday mornings between People's Advisory Clinic which is held on Saturday mornings between 9.19 - 11.45. Family Planning Clinics on Mon 10am -12.30pm and 5.30pm-7.30pm, Tuesdays 9.20-11.20, Weds 4.30-6.30, Thurs 9.20-11.20, Fri 9.20-11.20. Cytology Wed 9.10-11.20. Pregnancy testing by arrangement, please ring for details.

### **The Margaret Jackson Centre**

1st Floor  
**Margaret Jackson House**  
4 Barnfield Hill  
Exeter EX1 1SR  
Devon England  
Tel No 01392 256 711

Women's health information center, telephone helpline and specialist bookshop. Provides information and contact numbers/addresses of many support/self-help/counselling agencies (South West of England and national). Bookshop provide informal area to browse also a mail order service. Many areas of women's health covered(both physical and emotional). Menopause Support group.

### **Women's Health Information and Support Centre (WHISC)**

120 Bold Street  
Liverpool L1 4JA  
England  
Tel No 0151 707 1826

Women's health drop-in center offering information on all aspects of women's health in a friendly and supportive environment. Drop-in open Tues, Wed, Thurs, Fri 10am- midday; Thurs 10am-3pm. Women's health bus which visits targeted areas in the community, where women are disadvantaged in terms of access to health care. WHISC runs a 'women's health' course and short courses in the community. Also a self-help group on eating disorders and the menopause. WHISC is staffed by trained volunteers supported by 3 full-time and 1 part time workers.

Efua Dokenoo

**Foundation for Women's Health, Research and Development (FORWARD)**

40 Eastbourne Terrace

London W2 3QR

England

Tel No 0171 725 2606

Fax 0171 725 796

E-mail: forward@dircon.co.uk

Group campaigning against genital mutilation. Also provide an African Well Woman Clinic service which offers obstetric and relevant gynaecological care for women who have undergone female circumcision of genital mutilation on Fridays 2-5pm at Northwick Park Hospital, Watford Road, Harrow 01/81 8690 2880. Second clinic in London for details contact FORWARD. Translation service in Somal, Arabic and English. Name of newsletter: Links.

**Women's Health Information Service**

**The Women's Centre**

11 Holgate Road

York YO2 4AA

North Yorkshire England

Tel No 01904 647 530

We run a women's health information drop-in center; also do pregnancy testing. Run drop-in sessions Mon-Fri 10am-1pm. Offer free counselling service of 3-8 sessions with qualified counsellors.

**Wellwomen information**

**6 West Street**

Old Market

St. Philips

Bristol BS2 0BH

England

Tel No 0117 941 3311

Helpline 0117 952 5023 Tues 10am-12.30pm

Health information and counselling service. Psychotherapy group. Drop-in sessions Tues & Weds 10.00- 12.30 plus appointments system. Community development, work with women's groups in Bristol & Avon. Asian Women's Health project. Resources available include Fertility Awareness poster 2.50. Menopause leaflets in 7 languages 30p. helpline and office line (same number) staffed Tues & Weds 10-12.30pm, ansaphone at other times.

Kathy Gilbert

**Women's Health Group**  
**Torpoint Community Health Clinic**  
Torpoint PL11 2AG  
Cornwall England  
Tel No ?

Group that meets monthly to hear different speakers and exchange information. They have no regular income, but make a small charge to cover speakers costs etc.

Amy Corish  
**Women's Health & Information Centre**  
Information officer  
Coventry & Warwickshire Hospital Site  
Stoney Stanton Road  
Coventry CV1 4FH  
West Midlands England  
Tel No 01203 844 171  
Tel 01203 844 172  
Fax 01203 844 173

Women's helpline on 01203 844 172 Mon-Thurs 8.30am- 5.30pm and Fri 8.50-4.30pm. Ring enquiry line to find out about clinic times. Give information on local health services. Well woman service, contraceptive advice, smear testing, pregnancy counselling, menopause advice, PMS advice, breast examination, young people's clinic. Sickle cell and thalassaemia information and counselling, family planning services, a lending library and a crèche.

Christine Monkhouse  
**Waveney Women's Health Information Centre**  
21 Milton Road East  
Lowestoft NR32 1NT  
Suffolk England  
Tel No 01502 561 816

Charitable organization run by a part time co-ordinator and volunteers with a project worker employed at the Outreach Center in Halesworth. A Health Information Service which has the support of GPs, midwives, health workers and the social services department from whom it receives referrals for information leaflets on health issues and support, and for participation on courses and workshops on a wide range of complementary therapies. Will support women setting up self-help groups. Offers confidential "Listening Ear" service. Center open 3 days a week in Lowestoft and two days a week in Haleworth. Confidential pregnancy testing service is available. Telephone for opening times.

Lily Hopkins

**CERCAN**

6 Landford Avenue  
Liverpool L9 6BR  
Merseyside England  
tel No 0151 525 2848

Phone contacts for women with abnormal smears. Has a national network of supporters. is now diversifying to cover other women's health problems. Holds meetings in some areas.

Zoe Manning

**Woking PMS Support Group**

11 Turnoak Avenue  
Woking GU22 0AJ  
Surrey England  
Tel No 01483 715 249

Support group for women experiencing PMS. Aims to help each member find out which approach to treatment will suit her best. Have leaflets, books and articles available. Meet about once a month with outside speakers on nutrition, relaxation etc. Can give talks to local women's groups. Also happy to talk to anyone trying to start a new group. Annual membership. Affiliated to 'PREMSOC' - The Pre-menstrual Society.

J.P.Tanner

**Women's Health Information and Support Service**

Jordan House  
7A St Benedict Street  
Norwich NR2 4PE  
Norfolk England  
Tel No 01603 623 835 tel & fax  
1065550621@compuserve.com

Open Mondays and Wednesdays 10-4pm and Fridays 10-1pm. WHISS runs an enquiry service providing information on a wide range of topics. Free pregnancy testing. The center has a library of books, articles, news clippings and pamphlets, some books available for loan. WHISS is happy to provide talks and workshops.

Jill Bedford

**Women's Health Matters Project**

19 Gresham Chambers  
Lichfield Street  
Wolverhampton WV1 1DG  
West Midlands England  
Tel No ?

This project can offer support and information to women's groups about health issues and personal development; courses and events around women's health issues and personal and educational development - some of which will be accredited; courses about training and group

work skills; the opportunity for women to share skills and support with each other around women's health issues; a training room in the town center for meetings and workshops.

**Hull Women's Centre**

Queens Dock Chambers  
Queens Dock Avenue  
Hull HU1 3DR  
Humberside England  
tel No 0482 226 806

No information available

**Greenway Women's Group**

Greenway Women's Centre  
19 Greenway  
Belfast BT6 0DT  
Ireland  
Tel No 01232 799 912 tel/fax

Greenway Women's Centre has been involved in women's health issues for several years. For details of activities please contact the center.

**Grimsby Well Women Centre**

Eleanor Centre  
Eleanor Street  
Grimsby DN32  
Humberside England  
Tel no 01472 354 113

Grimsby CHC will pass on calls. open Thursday 7-9pm.

**Harrogate Women's Centre**

West Park Centre  
7 Raglan Street  
Harrogate HG1 1LE  
North Yorkshire England  
Tel No 01423 527 615

No information available