



(WOMEN WORKING WITH WOMEN)

www.womenwww.org

Newsletter of the North West Regional Forum for Women with Social Care and Mental Health Needs:

Issue 9 October 2004

Please feel free to photocopy and distribute more widely, including to women in contact with services

In our last newsletter we asked how guidelines and policies from e.g. Department of Health (2003) Mainstreaming Gender and Women's Mental Health are translated into meaningful action, which makes a real positive difference to women's lives and experiences of contact with services. So, what have we seen in 2004?

More guidance and policy has come out nationally in 2004. These include *Mental Health Policy: Implementation Guide (Developing Positive Practice to Support the Safe and Therapeutic Management of Aggression and Violence in Mental Health Inpatient Settings)*; *The Cost of Domestic Violence* and, of course, *Guidelines for Self Injury*. Additionally, there has been the *Social Exclusion Report Summary*. Whilst the first two documents specifically referred to women, the latter two did not. This is particularly important since policy is often written in a gender neutral way – as if everyone is at the same risk and/or benefits from a standardised approach or women disappear under a wider term like a diagnosis or lone

parents and carers (when we know that women are the primary carers of children and [older] adults). When women are specifically mentioned, this is positive. For example, in the Mental Health Policy Guide, under the section for Education and Training, positive practice standards: *'Programmes should be tailored needs to the particular needs of the service and its appropriateness and acceptability particularly concerning age, gender and racial and cultural diversity'* (p23). However, there is little guidance on the **how** or **what** could be done differently to disrupt a situation from escalation into physical violence between users/clients and staff, or how staff can more positively practice physical care and observation during restraint. Instead, good practice recommendations are left at the level of the need for individual practitioners and organisations to be aware of culture and gender variations. We urge policy makers to incorporate more applied approaches - e.g. how might policy be interpreted and then implemented in practice, with case scenarios.

Are we seeing lots separate policy guidance coming out all naming the need for induction, training, and awareness raising but with little specific content about what this could feel and look like?

Endings? In our last newsletter, we reported the ending of the *National Women in Mental Health Network*. This year, in the Northwest, we have lost a key influence for pushing forward women's (and wider equality) agendas in secure and related settings. The *Women in Secure Settings Standards Steering Group (WISS)* that was set up in 2000 (see inside) held its last meeting mid 2004. In part this happened because of restructuring within the NHS has meant the end of the NW Regional Secure Commissioning Team, whose members facilitated the work of WISS. We particularly want to recognise the invaluable work and commitment of Carol Elford and Pat Edwards who supported and drove women's issues forward on behalf of the Secure Commissioning Team. Initial attempts to reform the group in some way proved difficult because the responsibility for holding an overview of women's issues at a regional level was not within any organisations remit. NW NIMHE (National Institute for Mental Health in England) is trying to facilitate the development of a new group for Women's Mental Health leads, but this is at an early stage. At the same time, we have lost Clare Mahoney, who was NW NIMHE Lead for Women, and a replacement for her post was advertised in September 2004.

Good news? The North West won one of four nationally funded projects to develop a High Support Women's Residential Service in the community - as a step down from secure psychiatric/prison care and/or to disrupt women's pathways into such

services. Salford Primary Care Trust is the lead on this project (see inside)

Following the successful Dec 2003 conference of Women working with Women (over 100 of us attended) in which poetry, song and presentations/papers from service users and providers filled the day, we are starting plans for the 2005 conference. Our website which is being redeveloped (see inside) features the artwork of a woman who designed the poster for the 2004 conference, and she wants to let us know she is moving from secure care into the community.

WWWW is now in its seventh year of existence, and we have witnessed a number of national and regional women's organisations and groups fold over this time. Your continued support and active involvement is crucial to our aims of keeping women's issues on organisational agendas and to provide better services to women in the North West. We continue to celebrate women's strength and creativity in both surviving, and living in and out of services (see inside contributions) as well as bearing witness and campaigning at local, regional and national levels.

Refs: Dept. of Health (2003): Mainstreaming Gender and Women's Mental Health: Implementation Guidance. Email: doh@prolog.uk.com

NIMHE (2004) Mental Health Policy: Implementation Guide (Developing Positive Practice to Support the Safe and Therapeutic Management of Aggression and Violence in Mental Health Inpatient Settings

Women & Equality Unit/National Statistics (2004) The Cost of Domestic Violence

NICE (2004) Guidelines for Self-Injury

Office of the Deputy Prime minister (2004) Social Exclusion Summary Unit Report Summary.

This Edition was put together by Gill Aitken and Lynda Arkwright and of course through the contributions sent - Thank you! The views expressed are those of individuals, and do not necessarily represent any organisation /service

The Medical Foundation for the Care of Victims of Torture

The Medical Foundation is a human rights organisation and a registered national charity based in London. We provide care and rehabilitation for individuals and their families who have been subjected to torture or organised violence.

The Medical Foundation plays an important national and international role in documenting evidence of torture and it seeks to educate and influence governments and decision-makers worldwide. Some 99% of our clients are refugees or asylum seekers, coping not just with past suffering, but with the pain of exile. This can include the loss of family, friends, home, job, culture and identity, as well as the fear of being returned to face further persecution.

The Medical Foundation has a medico-legal report writing service based at its London Office, which documents evidence of torture.

The Medical Foundation in the Northwest (MFNW): The Northwest Office was established in March 2003, and is based in Salford.

What MFNW offers:

- o A counselling and therapy service to survivors of torture who are over the age of 18.
- o One or two initial assessment sessions in order to help survivors get appropriate support in the region.
- o Advice and support to workers and organisations working with survivors of torture
- o Training for therapeutic and mental health services working with survivors of torture
- o Supervision to counsellors or mental health practitioners working with survivors

- o A resource for survivors and agencies in the region, who may need information on local support services

The Northwest Office furthers the principles of human rights by collecting evidence against the perpetrators in conjunction with the national office in London.

Therapeutic Services to Survivors of Torture

Short, medium and long term counselling and therapy is offered ranging from 16 weeks, six months to one year to survivors of torture. When we do not have the capacity to take on a client, we will offer one or two appointments to explore what sort of help is needed, and will help the client access appropriate support.

We will always try to see survivors for a first appointment as soon as we can, but we are not a crisis service. We give priority to those clients who are unable to access appropriate help and are in need of a specialist service.

After we have received the referral, we will arrange a first appointment if the client is appropriate for our service. At that appointment, the client and counsellor will explore what sort of help the client wants. If both think counselling will be helpful, the client will be offered counselling at the Medical Foundation or referred to another counselling or mental health service.

A volunteer team of women and men who are committed to human rights and have been trained by the Medical Foundation will offer counselling and psychotherapy. Due to the large number of languages spoken by our clients, where a Medical Foundation Counsellor does not speak a language, a trained interpreter will be used.

Jude Boyles - NW Medical Foundation
www.torturecare.org.uk

DID YOU KNOW:

In the North West, there are over 22,000 survivors of torture and organised violence.

Gold Medal Winner

G is for giving yourself a pat on the back

O is for on the road to success

L is for looking after your body...eat less fat

D is for digging out those old photos

M is for mending your ways

E is for entertaining the crowds

D is for dimming your bedroom light

A is for finding your ancestors on your family tree

L is for looking through a crystal ball

W is writing a story that everyone will read

I is in the know, go, go, go

N is no more jokes - please...it's hurting my sides

N is new friends - are easily found

E is enjoying every day, with a smile

R is reaching out for that medal that you've always wanted

There can only be one winner and that is you!

Eileen

First Step Trust.

First Step Trust (FST) is a registered charity, established in 1994. It gives access to real work opportunities for people with enduring health problems, alcohol and drug misuse recovery problems and other disadvantages.

FST operates as a small business staffed and run by service users at the Edenfield Centre (the workforce). We trade with the public, staff, other service users and with the NHS, undertaking a wide range of work providing goods and services.

Work sections at the Edenfield Centre include desktop publishing in which we produce a variety of publications including the Trustnews, Agenda for Change pocket guide, a new admissions booklet for the Edenfield Centre and we are currently working on the annual report for the Trust.

In addition we also produce T-shirts, buffets for meeting in the Edenfield Centre, run a snack bar and undertake all our office administration. Future projects include a car valet service, which we're hoping to start in the near future.

FST provides meaningful, genuine work in a real workplace. Workforce members make valued and important decisions regarding current projects. We work within a team, give us a real sense of belonging, responsibility, confidence and self-respect.

At FST, workforce members achieve work goals, develop skills, have to meet deadlines and learn the workings and structure of an employment environment.

This gives us work experience and a basis for future employment.

I have been with FST for three months now. I work in the office section (Administration, D.T.P.). At present, I am still at the learning stage and work one afternoon a week. My sessions usually consist of working on design and layout of any DTP jobs. I learn computer skills on the Apple Mac (which I love!).

I enjoy being at FST and look forward to going. FST has given me more confidence, self-worth and a great sense of achievement and gives me a reason to stay well and set goals that are attainable. Thank you First Step Trust.

o For further information on FST contact the office on 0161 772 3961

**By a Woman User;
FST Workforce Member**

(Editorial Note: DTP stands for Desk Top Publishing. Edenfield is an inpatient unit)

ONE WOMAN SERVICE USER'S FAVOURITE POEM

BY HELEN JEFFRIES:

Mystery

Mystery is life.
And Nature's way;
The birth and death of shadows
In the night;
The misty grey
Of dawning hope.
Full waves of whispering song
In ocean's tide and movement
Swaying still.
A silver thread of long
Weaves the web
Of timeless mystery.

(From 'A book of Verse for Girls')

compiled by Helen Burgess, 1964) With thanks to Carol xxx)

News From WISH....

Hello all! It's been a long and busy last six months for us all here at WISH Northwest. The most significant development is that we have moved our offices out of the grounds of Ashworth hospital and are now currently based at:

WISH Northwest
Space Solutions Business centre
39 Sefton Lane Industrial Park
Maghull, L31 8BX
Tel: **0151 285 1888/9**

wishnw@freenet.co.uk

There has been a lot of reorganising within WISH Northwest as the focus from women detained at Ashworth has gone. WISH Advocacy remains as strong as ever and our advocates serve women both in the NHS and private sector throughout the Northwest region.

WISH have expanded their services to include both consultancy work and training to those units who identify these needs. In fact we believe that WISH, as the only independent organisation working with women in secure settings, are in a prime position to offer these services.

National WISH has been successful in gaining funding for a new project: "Women moving on" The project is very much in its infancy at the present time but will focus on women's desires and aspirations upon their discharge, and is hoped will support women who are both moving down the secure system or indeed moving out into the community. We feel it is an exciting and long overdue project. "Moving on" should be rolled out into units within the northwest region in the early part of the New Year.

Please feel free to contact either myself or other members of the team with any comments or requests for further information on the above number.

Wendy Whelan

**UPDATE ON PLANNING FOR
NW WWW 4th
CONFERENCE –
TO BE HELD LATE 2005**

Possible topic for conference:

“After Women into Mainstream”
What’s new/ Has it made a difference/
What’s changed!

There are now a group of us who are starting to plan for and organise the our 4th conference to be held late 2005 (more volunteers always welcome!).

We are Hilary Abernathy – Fylde PCT
Louise Griffiths – Cheadle Royal, Faye
McRory Manchester Specialist
Midwifery Service, and Carol Farr,
Rachel Gould and Lynne Gelhlaar,
BSTMHT.

So far, we have been very kindly offered the Ballroom at Cheadle Royal for a venue. Thanks Louise Griffiths

It is likely that we will again be doing a call for art, poetry etc to be displayed at the conference

If you have any thoughts/ ideas for title of conference, or themes for talks, possible volunteers for speakers, please contact me, Lynn Gelhlaar on 0161-772 3583.

National Women's (High Support) Residential Accommodation Pilot in Salford

The Department of Health document *Women's Mental Health: Into the Mainstream* acknowledges that women want recognition of the fact that their psychological vulnerability is not rooted in their 'biology'. Women's distress is rooted in the context of their lives: their sense of powerlessness, lack of social status/value and life experiences of abuse that they have survived or are surviving.

Nationally, as part of the high secure accelerated discharge programme and the change in commissioning arrangements from Regional to local Primary Care Trust level the provision of high support community residential services for women was identified as an urgent gap in provision.

As a result, the Department of Health Spending Review allocated central funding of £3m capital and £3.7m revenue to develop four pilot schemes nationally. An additional two years revenue has since been allocated.

This equates to around £2.5m for each of the four successful pilots.

Aim of the Service

"To develop pilot women-only community residential services providing a high intensity of therapeutic and social support located in centres of high morbidity, deprivation and population density. Each service would provide a maximum of 10 places. The likely length of stay would be one to three years."

Outcomes

- * Prevent women's long-term admission/multiple admissions to hospital including secure care with resultant cost benefits.
- * Bring women back to local communities who have been placed in high cost out of area placements (thus losing all local contact) because of previous lack of beds in more local services.

* Enable transfer of so-called 'difficult to place' women from high and medium secure psychiatric care who require a slow stream supportive community pathway of care. (The serious contravention of women's civil liberties by detention in secure care when not required is therefore also addressed).

* Unblock beds in medium secure care so reduce waiting lists for women patients and enable appropriate transfers of women from prison.

In being selected to develop and host a pilot project, the Salford Partnership went through a two-phase selection process. First the Partnership's bid went before a regional selection panel (organised by National Institute of Mental Health in England) and then before a national selection panel.

The Salford Partnership consists of the Salford PCT, Salford City Council, BST Mental Health NHS Trust, Salford District Probation Service, Imagine as the independent provider and Cosmopolitan as the Registered Social Landlord.

The Salford model is gender sensitive and person centred, providing a therapeutic ethos. It is user led and tailored to individual needs. It acknowledges social inequalities. The service will change as the needs of the individual change - the services 'wraps itself around' the individual.

The High Support accommodation for women residents will be 8 two--bedroomed high quality apartments arranged in three blocks of flats. As women are identified as suitable for the scheme, the aim is to involve them in planning the interiors, e.g. selecting kitchens, tiling, furniture and colour schemes. There will be a high emphasis on the gardens and outdoor space. There will be a communal area on the ground floor of one of the blocks of flats, which will be available to be used for a range of purposes and activities.

A central reception area will form a 'drum', which brings the three blocks together with one entrance to all three. The design of the buildings features a concierge area so that it is possible to keep women safe,

as anyone entering will be 'greeted' - as is often found in luxury apartments.

Since being selected as one of the four national projects earlier in 2004, a lot of work has been taking place IN Salford. This includes the setting up of two Steering Groups (one for the building and one for the service design) and a first initial stakeholder working conference. Whilst Salford PCT leads the project, the partnership relationship with the City Council is strongly supported. This includes finding a suitable location for the scheme and also by the City Council working together to find a solution to obtain the land at 'no cost', which will probably be by a 999 year lease with a peppercorn rent to Cosmopolitan.

A suitable site has been identified and we are now looking to go forward for planning permission in October 2004 with a view to commencing work on the site in April 2005. The new service will open in April 2006.

If anyone would like further information or feel that they have something to offer please contact Joan Veitch on 0161 212 4844 or joan.veitch@salford-pct.nhs.uk.

Women & Equality Unit/National Statistics (2004) The Cost of Domestic Violence. London: Department of Trade and Industry.

www.dti.gov.uk/publications

This publication includes review and definitions and impact of DV for survivors, children, and communities; and economic costs. Financial costs quoted: £17 billion in pain suffering and loss of employment, housing and health; £3.1billion for criminal justice, health, social services, social housing and legal aid; £2.7 billion in lost economic output).



knowledge from each and live your life to the full.

Remember one thing. Every part of our lives are just chapters of the same book. Load the whole book, digest and put it to one side.

From a survivor.

Recipe for hope

Take your life and carefully chop it into 3 pieces: past, present and future! Separate each and leave to settle! Then take each one at a time and examine them.

When it feels safe enough and you've the courage to delve into the bowl named past, don't be afraid of what you see for it can no longer live, even though the memories of it may still pierce your soul. Leave it be and turn your back say goodbye and take the second bowl called the present.

Take the present and take it slowly, each day may bring different challenges.

Know the ways of the world. Be careful never to leave the door to your life wide open to any one who wants to saunter in or out if it. Dread the winters for they are cold and dark. Look to the summers even though they may bring some rain, some clouds where the hope fades and fogs over. Yet remember there are always sunny days.

Take the future. Look at it with both hands embrace it for it is this we need to make our lives make any sense. For without a future we may as well not exist.

Take all 3. Past present and future. Treat each with the awe and respect they all deserve. Treasure the

EFFECTIVE CARE CO-ORDINATION MEETINGS:

My name is Bernadette, I reside at ****. I recently attended my ECC meeting. These meetings take place every six months and they are to discuss the treatment and care that clients need whilst living at (name of secure setting). My last meeting was great. I felt that it was a very successful and positive meeting. Lots of my requests that I made were agreed to, which made me feel very happy, as I know that I am making good progress. These meetings haven't always been as positive and, at times, I have felt very unhappy. They can be very stressful and I can get very nervous and anxious before a meeting. The staff help me to relax and give me lots of support and reassurance. I hope to be discharged from **** in the near future back to my home district. I would like to have my own flat with 24-hour support, and through these meetings, they help you to do that.

By Bernadette.

(Editorial note: We have made an editorial decision to replace the name of the unit with *.)

Effective care coordination and Care Planning Approach (CPA) are sometimes used interchangeably. The idea of the meetings is to have a shared (client/user and practitioner) approach to identify and agree care, support needs and risks. There has been evidence that women users do not

always experience being fully involved in the decisions made about their treatment and care (e.g. Parry-Crook, G (2000) *Good Girls: surviving the secure system: consultation with women in high and medium secure psychiatric settings*. London: WISH). It is heartening to hear examples of women who experience being actively involved in and listened to in the plans for their care.

NW WOMEN IN SECURE CARE (WISS) REGIONAL STANDARDS STEERING GROUP

The North West Women in Secure Services Steering Group was established under the umbrella of the North West Secure Commissioning Team. 2000. The steering group originally consisted of cross professional representation from NHS secure services, WISH and Styal Prison, and was chaired by Carol Elford and Pat Edwards from the SCT.

The objectives of this group were to develop standards against which services could be benchmarked regarding the quality of services for women and service developments identified.

Phase 2 resulted in the above group being reconfigured to incorporate the independent sector colleagues as well as a high proportion of operational managers who would be responsible for implementing the standards. All units across the NHS, independent sector and the criminal justice system providing a service to women completed an audit, which informed the North West implementation, and development agenda for women in secure services.

The key achievements of this group were:

**** Influencing service developments and so facilitating gender sensitive***

women's services being established across the northwest.

**** Obtaining finance to support northwest training strategy for the implementation of the GTI.***

****Succession of workshops informing the development of***

****person specification, skill and experience base for employing staff within women's services***

****education and training files to support the above***

****ECC protocols re proactive engagement of women in this process.***

****Development of sexual health policies***

****Framework re staff recruitment, training and supervision.***

With the restructuring of SCT, the above group has now ceased to operate within its original format but hopefully will be reconstituted as a resource group for the Northwest Steering Group responsible for facilitating the implementation of women into the mainstream national strategy for women's mental health.

Carol Elford

Ode to Anne.

There is an old woman named Anne.
Who in her bag has a blow-up man
And always has a funny tale from the past,
But seriously obsesses her Baccy wont last.

In the morning she's a terrible Grump,
Then in true Anne style she squeezes to Trump

No, really she's a true lady, could do with nun's habits,

But what the EFFS this 'bout Naked red rabbits?

She offers a brew, but can't be arsed with pots

Never mind eh, 'cos we still Love Her Lotz!
So be careful not to ask her true age,
She could fly off the handle with fury and Rage!
And stomp round the ward after all that,
Shouting and screaming, Myle you're a TWIT!!!!

By Myleen. xxx

UPDATE ON GTI TRAINING.

The Gender Training Initiative project (Initially started in 1998 by a partnership between University of Liverpool and WISH) has gone from strength to strength and the three-day training programme is now being delivered in secure settings and in community and in-patient settings across the UK. It is managed by Dr Jennie Williams at Inequality Agenda www.inequalityagenda.co.uk.

Participant evaluations from each course continue to give very positive feedback and help to maintain high standards of delivery. A team of excellent trainers who are accredited members of the Inequality Agenda Trainers' Network deliver the training. Many are from the northwest and are WWW members. They are all experts in the field who ensure that the programmes work- and make a real difference. Most participants would agree with these comments taken from an evaluation "...it opened my eyes to women's needs and requirements" and ".... I'm now more confident in my ability to work with women" and strongly feel that the course subsequently helps them a great deal in their workplace.

For further details contact:
info@inequalityagenda.co.uk

HAVE YOU SEEN THESE VIDEOS:
What Women Want (Women talking about experiences of psychiatric services)

Mental Health Media - fax 0207 686 0959/
sales@mhmedia.com or
www.mhmedia.com

VISIBLE MEMORIES (women talking about self injury)
www.mindincroydon.org.uk

WWW: updating website: www.womenwww.org

Jodi Goss is working on updating and redesigning the website Keep you and us up to date with information, thoughts and issues. Have you got information/links you want to put on our Website?

Website as database.
Links Pages to other women relevant organisations.
Information about women's relevant organisations and services
Poetry gallery

See form at end of Newsletter or
contact

Jodi Goss jodi@merseymail.com

Or Donna Haslam c/o Edenfield
Centre, BSTMHT, Bury New Road,
PRESTWICH MANCHESTER M25
3BL

2004 NW WWW MEETINGS
(10AM-1PM)

| Date | Venue | Speaker |
|-------------------------|---------------|---------------------------------|
| 9 th Nov 04 | Cheadle Royal | Dr Callender – Eating Disorders |
| 14 th Dec 04 | TBC | |

2005 Dates for Diaries

11th January
8th February
8th March
12th April
10th May
14th June

Venue's to be confirmed. Speakers lined up include Terri Shaw – Safer Self Injury and Carly Smith – Working with Women with neurocognitive needs

If you need to check on any meeting, please contact

Dhaslam@edenfield.bstmht.nhs.uk:
0161 772 3686

NW WOMEN WORKING WITH WOMEN FORUM: is an independent network of women. We recognise the social and health inequalities that women of whatever age, social background, cultural heritage, sexuality, parental status and ability experience. All members are women with a positive commitment to women's issues. The Forum was set up in February 1998 and now has over 180 members who live, use services and/or work in the North West. Membership includes service users/survivors: advocates; legal/mental health/forensic/social services/voluntary sectors/practitioners; researchers, managers and educationalists. The Forum also aims

to provide a free, confidential and safe space/support for women to share experiences and concerns. We can also give you information about other networks in the region. We meet monthly for three hours on a Tuesday across the region rotating across Merseyside & Cheshire, Lancashire and Cumbria and Greater Manchester and send out notes of our meetings to members. In between meetings we are able to send notification to members on email of relevant conferences, workshops, issues which we receive.

At our meetings, we usually have a guest speaker/presenter for 1 to 1.5 hours. This part of the meeting is open to both women and men.

This year, we have had talks on

- o Review of the WWW conference
- o Essential Lifestyle Planning
- o Women and Mothering
- o Women as Survivors of Torture and Organised Violence
- o Two therapy approaches to working with women who self injure or who have been diagnosed with borderline personality disorder
- o The needs of women in a deaf community and secure services
- o Women only day services

We welcome suggestions for future topics and speakers, and look for groups/organisations to provide a venue to meet.

If you want to join or want further information/ leaflet about the Forum please contact:

Lynda Arkwright

- Calderstones (Tel: 01254 821850)

Gill Aitken/Karen McFadden -
BSTMHT (0161 773 9121).

Or Email: Donna Haslam

dhaslam@edenfield.bstmht.nhs.uk

Finally - remember we welcome any contributions on any topic important to you. We have enough funds to pay women service users whose contributions are published in the. Newsletter £5.00.



WOMEN WORKING WITH WOMEN

www.womenwww.org

I give permission for WWW to publish my contribution
(Please circle the answer you want to give)

In WWW newsletter YES/NO

On the WWW website YES/NO

Please print my name as:

FOR WOMEN SERVICE USERS whose contributions are printed:

Please send

a) £5 cheque (please give name to be made out to:

OR

b) £5 voucher (please give name of store:

My contact address is: :

Signed:

Date:

Please return with contribution to

WWW c/o Gill Aitken, Edenfield Centre, Bury New Road, M25 3BL

dhaslam@edenfield.bstmht.nhs.uk or gaitken@edenfield.bstmht.nhs.uk

If you do not have a stamp and you are in services - you can always ask a member of staff you feel you can trust to post it for you or to send it off to us.

PLEASE NOTE FOR SERVICE USERS ANY PERSONAL ADDRESS/CONTACT DETAILS WILL BE SEEN BY EDITORIAL BOARD ONLY AND WILL BE DESTROYED 4 WEEKS AFTER CHEQUE/VOUCHER SENT.



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www.womenwww.org

We are redesigning the website and contact and links pages. If you want to be entered on the website please enter the information you want given in the following sections:

| | |
|--|--|
| Name and Organisation | |
| Area of Interest/ Type of Service Provision | |
| Location <i>e.g. Manchester, Preston,Liverpool</i> | |
| Contact Details Email / Telephone Number | |
| Website Links (own organisation/ group or other relevant organisations/ groups) | |
| Any further suggestions / ideas what you would like to see on the site | |
| Any colleague(s) you wish to add to the WWWW mailing list for minutes of meetings etc (please put details here) | |

Please reply by return to be entered onto the website. The website will be updated every 6 months It is your responsibility to inform us of any changes.

Return to donna haslam at dhaslam@edenfield.bstmht.nhs.uk or Edenfield Centre, Bury New Road, M25 3BL