THEORY OF CHANGE

What is this Theory of Change

Theory of Change (TOC) is an outcomes-based, participatory method that has evolved into a rigorous tool for planning, evaluation, and organisational capacity-building. TOC defines all the building blocks required to bring about a given long-term goal.

This set of connected building blocks – interchangeably referred to as outcomes, results, accomplishments, or preconditions is depicted on a map known as a pathway of change/change framework.

Built around the pathway of change, a TOC describes the types of interventions that bring about the outcomes depicted in the pathway of a change map. Each outcome in the pathway of change is tied to an intervention, revealing the often complex web of activity that is required to bring about change.

Developing Leichhardt Women's Health Centre Theory of Change

To help us plan for the future and ensure that LWCHC delivers on its purpose, we have developed this approach to building a sustainable and high performing organisation. The approach has involved linking the outcomes we seek to deliver to the everyday work activities of our team.

Why Do We Have A ToC?

This Theory of Change helps us articulate and explain our work and the intended outcomes we seek to deliver. The TOC also helps us build strategy discipline in a time of changing client expectations, shifting approaches to health care and increasing demand for specialist womens health care options. The TOC will enable LWCHC to evaluate decisions we make about our future, based on what is needed. Activities that are not producing the desired outcomes or impact are replaced with other more relevant ones. It is a process of constant change.

THEORY OF CHANGE

Current Situation

- Women are more socially disadvantaged than men in terms of poverty, education and power. Socially disadvantaged people are more likely to become ill[1].
- Women are more likely to use health services because of their role as carers of children, older people, disabled people and the extra strain this places on their health[2].
- Women have particular sexual and reproductive health needs in pregnancy, childbirth and menopause and require access to contraception and reproductive services.
- Due to gender inequality women are treated differently than men both in society generally resulting for example in violence against women and sexual assault and within the health system where women complain that their health problems are not treated seriously by health professionals
- 4,087,995 women in NSW.1 139,856 women in NSW are Aboriginal and/or Torres Strait Islander[3].
- Women are 2x as likely as men to be victim-survivors of domestic and family violence assault and 83% of sexual violence victims in NSW are women [4].
- 453,328 women in NSW are carers[5]
- Women retire with 42% less superannuation on average compared to men.18 23% of women retire with no superannuation at all.
- In 2020–21, women were 69% more likely than men to have an anxiety disorder
- The Inner West is characterised by a high percentage of CALD people, an ageing population, high rates of mental health, drug and alcohol use. The region has the highest rates of sexually transmissible infections in NSW and poor access to palliative care services and support such as advance care planning[6]

Participants

- Women and girls across Inner West communities
- Health care providers including general practitioners, allied health professionals and complementary medicine practitioners
- Women's Health NSW (peak body of the 20 Women's Health Centres across NSW)
- Specialist services such as Domestic and Family Violence services, disability services,
- Funders and donors
- Sydney Local Health District
- Local government organisations
- Not for profit agencies

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[1] Womens Health NSW www.whnsw.org.au

[2] Womens Health NSW www.whnsw.org.au

[3] NSW Women's Strategy 2023-2026 NSW Government

[4] Women NSW, NSW Gender Equality Dashboard. Safety from Domestic, Family and Sexual Violence (DFSV). https://www.nsw.gov.au/women-nsw/toolkits-and-resources/nsw-gender-equality-dashboard

[5] https://www.carersaustralia.com.au/wp-content/uploads/2020/07/FINAL-Value-of-Informal-Care-22-May-2020_No-CIC.pdf

[6] Central Eastern Primary Health Network – Strategic Plan 2022-2024

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COMMUNITY HEALTH CENTRE

Activities

- Specialist women's health GP service
- Counselling – generalist and drug and alcohol counselling
- Complementary medicine such as acupuncture and naturopathy
- Wellbeing activities such as meditation and yoga, art herapy and movement
- Support groups including language specific (Vietnamese Support Groups)
- Community education and awareness
- Information provision and dissemination
- Women Partners of Men who have Sex with Men: counselling, support groups, capacity building for health professionals, client advisory group and research and health promotion
- Referral for services and support
- Data collection, measurement and analysis
- Community capacity building including training, protocols, networks, joint planning, systems development, shared governance and shared management systems (including quality)
- Partnership development activities

Outputs

- Information is provided to women
- GP, Nurse, acupuncture and naturopathy clinical services provided
- Specialist counselling service provided
- Wellbeing activities delivered
- Support groups facilitated
- Women are supported through their interface with a system they need to connect with for support
- The community receives training and information
- Capacity building and in-services promoting Women Partners Service
- Data is collected and analysed
- Partnerships are explored and forged

Outcomes

…for women and girls	…for the local service system
- Accurate, reliable, timely Information about health and wellbeing is readily available - Service access is seamless - Choice is facilitated and exercised - Enhanced women's social, health and wellbeing outcomes	- A co-ordinated and integrated care system exists - Effective, well-resourced and value-added partnerships are in place - Resources are shared for mutual benefit ·Data is collected and analysed to enhance the quality of the system - Sustainable regional models of support exist - Data-driven processes inform service changes - Strong representation on issues – local women's voices

Impact

- Healthy, safe, empowered and thriving women, families and communities

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Thriving women, families and communities

Care Choices

Wellbeing Activities

Community Education

Evaluation and Evidence

Partnerships and Collaborations

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