

Women's Health NSW 2022–23  
Pre-Budget Submission

# Investing in Women's Health

## Introduction

For over 30 years, the network of Women's Health Centres (WHCs) across NSW has provided evidence-based multidisciplinary primary healthcare services.

- Physical health and wellbeing services (including chronic illness prevention and management; reproductive and sexual health; cancer screening; health education);
- Mental health and wellbeing services (including individual and group counselling, social and emotional wellbeing, and psychosocial support); and
- Women's safety and empowerment services (including addressing the social determinants of health and the health effects of violence against women).

Services provided are multi modal with a focus on integrated psychosocial and medical approaches to health and sustainable wellbeing.

Throughout the network, service provision has been driven by the identified needs of local communities and continues to evolve, shaped by evidence of effective practice and local, state and national policy contexts.

# INVEST

**\$6.55  
million**

An additional \$6.55 million per annum ongoing to reflect unattributed CPI increases over 30 years and provide sustainable core funding to Women's Health Centres delivering services in metropolitan, regional and rural areas across the state.

**\$6.3  
million**

For Sexual Domestic Family Violence Healthcare Pathways (SDFV Healthcare Pathways) to provide healthcare to women and reflect the impacts of COVID-19 on the rate of SDFV.

**\$25  
million**

We recommend that the NSW Government support the proposal from the Illawarra Women's Health Centre, submitted to the NSW Government in July 2021, and invest \$25million over an initial period of 5 years to establish the Illawarra Women's Trauma Recovery Centre.



## Synopsis – Health equity

A variety of studies have shown that women experience poorer outcomes in many areas of healthcare. Less is known about conditions that only affect women, including common gynaecological conditions that can have severe impacts on health and wellbeing. For example, on average it takes 7 to 8 years for women to receive a diagnosis of endometriosis, with 40% of women needing 10 or more GP appointments before being referred to a specialist. This creates an unnecessary burden on women and the health system.

There is further evidence that the impact of female-specific health conditions is overlooked. This includes the effect such conditions can have on workforce participation, productivity and outcomes.<sup>1</sup> International studies have identified the following priority concerns for women;

- Gynaecological health;
- Fertility, pregnancy loss and post natal support;
- Menopause;
- Healthy ageing;
- Mental health; and
- The health impact of violence against women and girls.<sup>2</sup>

Additionally, cardiovascular disease, often misdiagnosed due to gender bias research, is the leading cause of death for women, causing 35% of all deaths worldwide.

All of these issues are identified priorities within the 2019 NSW Government Women's Health Framework.

### Burden of Poor Health Outcomes



Unnecessary visits to hospital emergency departments at a time of unprecedented demand



Increased suicidality requiring multiple government department interventions



Increased pharmaceutical consumption often subsidised by government



Increased demand on GPs with significant shortages noted across the state



Reduced workforce and economic participation



Reduced capacity for parenting and familial engagement

## Violence against women and children

Domestic, family and sexual violence and abuse against women is a public health emergency that occurs in epidemic proportions in Australia. The mental and physical health consequences of this violence and abuse are significant, long lasting and evidence based - impacting women, children, future generations, our community, Government services and our economy.

Based on 2015-16 data domestic and family violence costs NSW at least \$7.4 billion per year. These costs include disease burden, service and support costs and costs due to lost productivity. Another \$1.2 billion is added to this total as the 'hidden costs' of vulnerable women are included. Expenditure associated with sexual violence costs increase this total materially. At all levels of government there is increasing recognition of the need to go beyond the crisis intervention model and address the long-term impact of trauma, particularly in terms of the complex psychosocial needs of women and their families.

Nationally commissioned research by Australian National Research Office for Women's Safety (ANROWS) shows our public health system does not offer adequate or appropriate support to women who experience domestic and family violence, severely limiting their ability to recover from the trauma that results from this abuse. The impact of the COVID-19 pandemic has critically exacerbated this emergency, and simultaneously thrown into stark relief the lack of services available to women seeking support because of domestic, family and sexual violence. The domestic, family and sexual violence and related health, financial, and social impact on women from the pandemic will last for decades and the consequences will flow through our entire community.<sup>4</sup>

## COVID-19

In addition to the range of issues raised above, we are 'living with COVID'. Worldwide, 70% of the frontline health workforce (nurses, midwives, and community health workers) and facility service staff (cleaners, laundry, catering) are women. As a consequence, women were more likely to be exposed to the virus. And, the psychological impact of the pandemic has more often been observed in women, both in the general population and in COVID-19 positive patients, compared with pre pandemic data.<sup>5</sup>

Violence against women and children is known to increase in times of disaster and the number of calls to DFV helplines and internet searches for support have grown significantly as a result of COVID-19.<sup>6</sup> Research shows the pandemic directly led to an increase in first time violence and an escalation of abuse within existing violent relationships, as well as a significant increase in technology facilitated abuse.<sup>7</sup>

as many as  
**40,000\***  
women

access NSW Women's Health Centre Services each year.

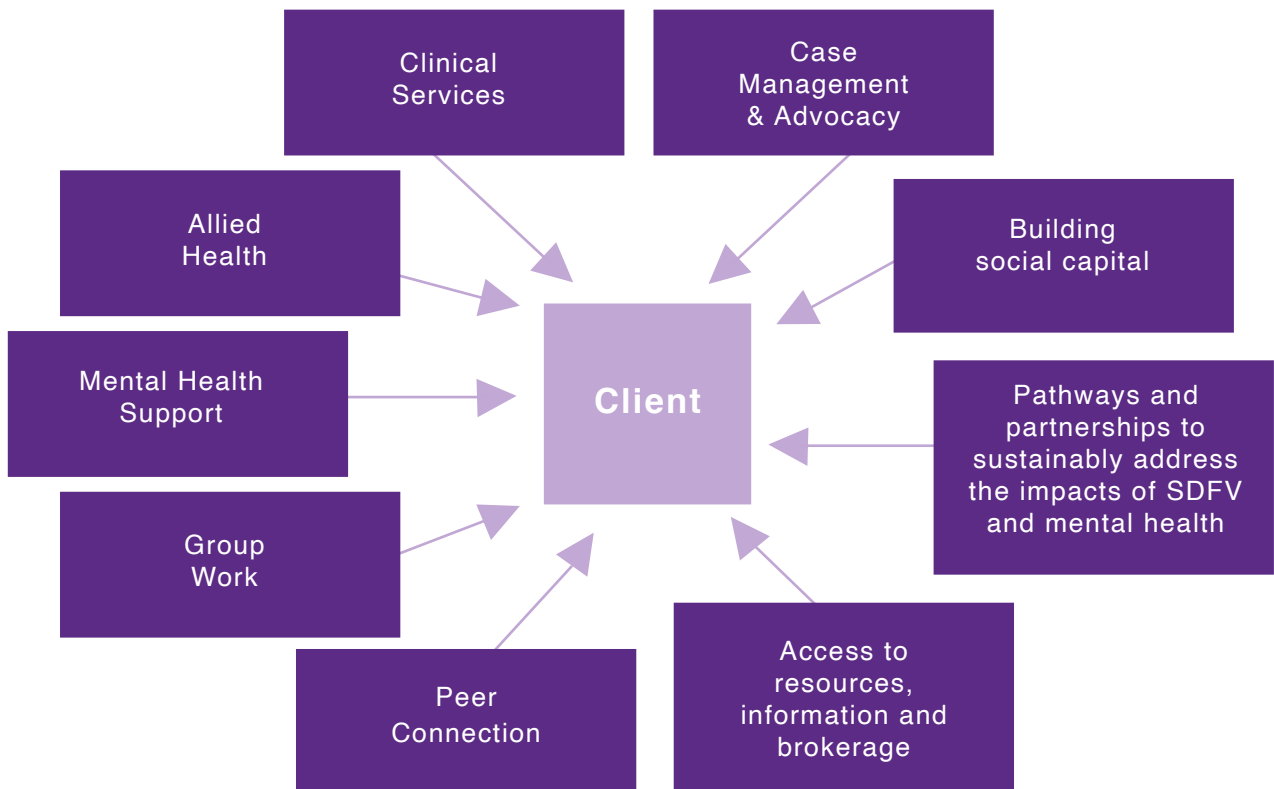
\*numbers vary according to the size and funding received per Women's Health Centre.





## Sustainability: The Women’s Health Centre model

Women’s Health Centres provide evidence-based, client focused services that are multi modal with a focus on integrated psychosocial and medical approaches to health and sustainable wellbeing.



## The case for investment

A report by Urbis, commissioned by the NSW Ministry of Health found the following;

**“The WHC’s and the non-government sector more broadly, offer unique value to consumers, practitioners, and the NSW health system. The centres are providing a multitude of primary health and wellbeing services to a cohort of women who may have otherwise only received care and support via the acute system... the services offered by the centres are underpinned by clinical guidelines or other forms of evidence, and all centres align with women’s preferences for care. Centre staff work collaboratively with other organisations to ensure maximum reach and impact... therefore represent good value to funding bodies, including NSW Health.”<sup>8</sup>**

This same report found clear evidence that Women’s Health Centres contribute to positive health outcomes for cohorts beyond just the women accessing the centres, including:

- A reduction in chronic disease modifiable risk factors after exposure to centre-supported health promotion campaigns
- Improved awareness of sexual and reproductive health, and women’s health generally, in young women following health promotion activities in and with local schools
- Improved recognition of female symptomology (and earlier treatment) as a result of exposure to centre led health information campaigns
- Improved treatment (and better health outcomes) within the NSW health system, as a result of centre-led system-level advocacy.<sup>9</sup>

The report also found that many Women’s Health Centre clients would not access services at all or would not receive the tailored service required to address multiple needs.<sup>10</sup>

Finally, Urbis’s report identified that there are real benefits experienced by women as a result of the services offered through Women’s Health Centres, and there is potential for the Centres to contribute to the following Commonwealth and NSW State health priorities:

- Preventing or delaying chronic disease
- Reducing intimate partner violence-related burden of disease
- Reducing cancer-related burden of disease

**80%**

of women using Women’s Health Centres have experienced some form of SDFV

**70%**

of women using Women’s Health Centres are low income earners

**10%**

of women using Women’s Health Centres identify as First Nations Women





## Cost effective and efficient investment

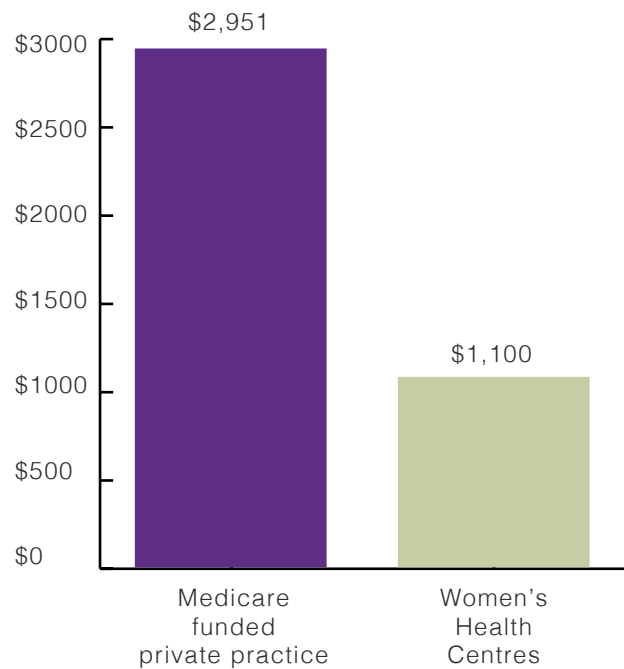
The cost of a professional attendance by a GP of at least 20mins but no more than 40 mins for the preparation of a GP mental health treatment plan for a patient is \$94.75. Currently the Medicare rebate is \$129.55 per session with a clinical psychologist for up to 20 sessions per calendar year (increased for COVID), which totals \$2,591.

At a Women's Health Centre, 20 sessions with a clinical psychologist costs approximately \$1,100. Consider that a woman accessing a WHC also has access to multiple modalities, peer group support and a local ongoing support network.

An investment in Women's Health Centres may cost NSW Government as little as

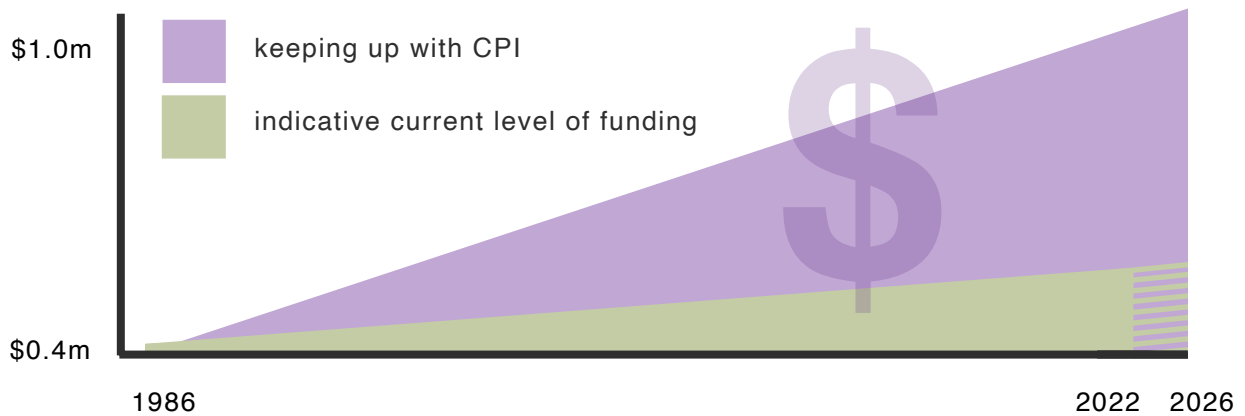
**\$166**  
per woman

**Cost comparison of 20 clinical psychologist sessions per calendar year**



## Playing catch-up

For Women's Health Centres to deliver the important services described, we need a sustainable, properly funded workforce. **Funding levels have changed little over 30 years and have not kept pace with CPI.** Services are struggling to keep up with growing demand from rapidly increasing community needs.



An integrated model of health service provision, acknowledged by NSW Health as the optimal strategy, recognises that wellness relies on positive, connected, structural interventions that include adequate housing, equitable access to services, being able to contribute to the economy and being empowered to have self agency.

Additional funding would allow for minimum staffing structure and would see a Women's Health Centre operate with a clinical and mental health team, caseworkers, client support, appropriately skilled administrative and triage support and strategic, operational and financial management.

At a minimum Women's Health Centres need

# \$1 million

per annum, per centre to cover the necessary

- baseline workforce
- information communication technology
- cyber security
- admin/operational costs
- physical infrastructure costs




## Cost of investment

The table below shows the investment required to bring each Centre up-to the base line of 1million dollars per annum.

NGO Women's Health Services NSW	MOH Grant 2021/2022 \$	Addition required 2022/2023 \$	New Grant Total 2022/2023 \$	Funding Increase 2023/2024 \$	Funding Total 2024/2025 \$
Albury/Wodonga	278,188	321,812	600,000	800,000	1,000,000
Bankstown/Fairfield	470,991	129,009	600,000	800,000	1,000,000
Fairfield (Bankstown auspice)	198,105	401,895	600,000	800,000	1,000,000
Blacktown	621,591	378,409	1,000,000	1,000,000	1,000,000
Blue Mountains	526,862	473,138	1,000,000	1,000,000	1,000,000
Central Coast	683,958	316,042	1,000,000	1,000,000	1,000,000
Central West	260,839	339,161	600,000	800,000	1,000,000
Coffs Harbour	283,374	316,626	600,000	800,000	1,000,000
Cumberland	384,635	215,365	600,000	800,000	1,000,000
Hunter	558,805	441,195	1,000,000	1,000,000	1,000,000
Illawarra	541,702	458,298	1,000,000	1,000,000	1,000,000
Leichhardt	803,896	196,104	1,000,000	1,000,000	1,000,000
NORWAC (Lismore)	340,557	259,443	600,000	600,000	1,000,000
Liverpool	792,528	207,472	1,000,000	1,000,000	1,000,000
Penrith	546,916	453,084	1,000,000	1,000,000	1,000,000
Shoalhaven	293,691	306,309	600,000	800,000	1,000,000
Syd Women's Counselling Centre	370,451	229,549	600,000	800,000	1,000,000
Wagga Wagga	372,473	227,527	600,000	800,000	1,000,000
Waminda	254,581	345,419	600,000	800,000	1,000,000
Wilma	561,726	438,274	1,000,000	1,000,000	1,000,000
WHNSW	251,300	98,700	350,000	400,000	400,000
<b>TOTAL</b>	<b>9,397,170</b>	<b>6,552,830</b>	<b>15,950,000</b>	<b>18,200,000</b>	<b>20,400,000</b>

**Increased funding would provide services to approximately 5,000 women per annum per Centre.**



Now is the time to  
enhance service  
provision to women  
and children  
escaping violence

## Sexual, domestic and family violence

Women experiencing sexual, domestic and family violence are on waiting lists, some living in cars and homeless while waiting for care and help. It is estimated that one third of all women will experience domestic violence worldwide. Australia has not been immune to these levels of violence but has the knowledge and expertise to enhance all responses to address the health effects and prevention of violence.

NGO Women's Health Centres across NSW are the trauma informed counselling, case management and healthcare services that the crisis management, policing and housing services refer to.

We're calling for a commitment to fund a SDFV Healthcare Pathway Program at \$300,000 per Women's Health Centre. This level of funding would allow each service to employ counsellors and caseworkers, run therapeutic resilience programs and provide client safety brokerage with minimum overheads. Committing to \$6.3m per year across NSW to fund a SDFV Healthcare Pathway Program would be cost effective while making a considered difference to the safety and quality of life for thousands of women and children in NSW.

Women's Health NSW is the peak body for non-government community Women's Health Centres in NSW. We proactively focus on priority issues relevant to women's health, advocating for improved health outcomes and a social model of healthcare designed to meet the health needs of women in a trauma informed, gender appropriate, affordable and accessible way.

The work of the NGO Women's Health Centres in violence prevention and service provision have been an essential part of the NSW primary integrated healthcare system since 1974, formally recognised in the first National Women's Health Policy 1989. All the centres are funded by the NSW Ministry of Health (MOH) and have become specialist trauma counselling services for women escaping domestic and family violence (DFV) and or with a history of sexual assault (SA) either as children or adults. Women's Health Centres have continued to work to improve the health care system advocating and contributing to Commonwealth, State and Territory legislation and policy to improve equity for women.

The focus of Women's Health Centres work in violence prevention and service provision is to offer a diverse combination of services in partnership that include crisis intervention and safety planning, medical services; specialist trauma counselling and therapeutic resilience work; legal and financial information; case management, court support, grief and loss counselling, parenting skill workshops, nutrition and movement for stress management; employment programs that focus on economic empowerment; as well as health promotion activities that build health literacy.

Women's Health Centres (WHCs) in NSW prioritise the needs, health and well-being of women and, like the NSW Police Force and other front-line organisations, acknowledge their day-to-day work has continued to focus on working with women and children who are in sexual, domestic, family violence in ever escalating numbers. The specialised Women's Health Centres are a cost effective investment, significantly improving the safety and quality of life for women and children who have experienced violence.

## Mary's story

Mary first attended therapy at Liverpool Women's Health Centre traumatised and devastated by her experience of fleeing domestic violence with her two teenage children. She had low self esteem, depression and anxiety. As Mary started to open up with each session of therapy, she became increasingly self aware of the impact of her personal devastation and the therapeutic approaches suggested during sessions helped her to stop blaming and criticising herself. She started to reframe her deep-rooted negative core beliefs and patterns of thinking. This led to her focusing on what she could change and she started to believe in her own potential. Mary has turned her life around, she is half way through completing a university degree and volunteers part time helping women with similar experiences in domestic violence. She acknowledges the support from Liverpool Women's Health Centre has been pivotal in her building the confidence to work hard and make significant changes in her life.

## Client voices

*"This service keeps me sane, helps me to make decisions in my life that help me move forwards. My suicidal thoughts have all but gone and life is starting to look brighter. I can't say THANK YOU!!! enough."*

*"Best service ever!! I never imagined a life without abuse, only one where it is managed. Counselling helped me leave [D&FV] without fear. As a long term (35 years) polysubstance abuser, I have reached a point where only medication is required. I'm happy with what I receive now"*

*"Specifically, the no cost and the longer term accessibility plus the excellent staff has been so helpful at this point in my life. "*

*"This is an excellent support for women in crisis & ongoing! The counselling I am receiving has been extremely helpful and very professional. I have recommended it to other women in need as a safe & very comforting experience. Please continue to provide funding for this much needed and appreciated Sydney Women's Counselling Centre."*

## Innovation: A new model of care

### Women's Trauma Recovery Centre

*Women's Health NSW supports investment in this innovative, evidence-based model.*

The concept of Women's Trauma Recovery Centre is a creative, practical and evidence-based solution to the epidemic of domestic and family violence in Australia. As an innovative model of care, it will transform response and recovery services for victim/survivors of domestic and family violence, and has the potential to be rolled out across Australia. In June 2020, The NSW Ministry of Health provided funding (\$50,000) to develop this Business Case, including the in-depth co-design research undertaken by the School of Population Health, University of NSW that informs the operational framework of the Women's Trauma Recovery Centre. The business case for the Centre was submitted to the NSW Government in July 2021.

The Centre is an Australia first initiative of the Illawarra Women's Health Centre. Underpinned by the research, it is community-led and co-designed with women with lived experience, professional experts and service providers and will:

- Be an **integrated, specialised, and dedicated service**, offering individualised multidisciplinary and multi sectoral wrap-around support to women, as needed over their lifespan.
- Provide opportunities for **research partnerships** to lead recovery responses to domestic and family violence.
- Comprehensively address the impacts of domestic and family violence, to **improve long-term health and psychosocial outcomes** for women and families, including **breaking the cycles of ongoing exposure to violence**, and intergenerational trauma.
- Be an **evidence-based model of care that can be replicated** and scaled up across Australia.

It is estimated the Centre will cost \$5million per year when fully operational. This equates to approximately \$25,000 per woman recovered, based on an average three-year engagement with the Centre. At present, for each woman who experiences domestic and family violence it currently costs the NSW Government at least \$31,000 per woman per three years. If this trauma is left untreated and unsupported, these costs will accumulate over a lifetime.

On these calculations, the Centre clearly presents a **financially attractive, economically feasible, and strategic investment**. There will be a substantial, ongoing, and long-term economic and social return on investment, demonstrating a well calculated and considered decision should the NSW Government decide to fund this new and innovative model of care.<sup>11</sup>

**financially attractive**

**economically feasible**

**strategic investment**

## Alignment with NSW Government strategic priorities

*People can access care in out of hospital settings to manage their health and wellbeing*

and

*Keeping people healthy through prevention and health promotion.*

Investment in evidence based and outcome-measured services further align with several NSW Government priorities and outcomes including but not limited to the following:

- NSW Premier's Priorities;
- NSW Government's Outcome and Performance Framework;
- NSW Domestic and Family Violence Blueprint for Reform 2016-2021: Safer Lives for Women, Men and Children; and
- NSW Health PARVAN Framework and Women's Health Framework.

## Conclusion

### 1. A critical investment in Women's Health Centres



We request:

- \$22.25million for FY2022-2023 (\$15.95m + \$6.3m)
- \$24.6million for FY2023-2024 (\$18.2m + \$6.4m)
- \$26.9million for FY2024-2025 (\$20.4m + \$6.5m)

Women's Health Centres provide the framework for women to be connected, informed, healthier and safer and participate economically and socially in their community. Importantly, it will allow for the continued delivery of crucial services across the state – some of which will not be possible if funding is not increased.

### 2. Investment in the Illawarra Women's Trauma Recovery Centre

We recommend that the NSW Government support the proposal from the Illawarra Women's Health Centre, submitted to the NSW Government in July 2021, and invest \$25million over an initial period of 5 years to establish the Illawarra Women's Trauma Recovery Centre.

**\$25m**  
Over five years  
FY2022-2023 to FY2026-2027





## References

- <sup>1</sup> Department of Health and Social Care. UK 6 March 2021
- <sup>2</sup> Gregory, A. A Strategy for women's health in England: six areas of focus. The Guardian UK. December 23, 2021
- <sup>3</sup> Thibaut, F. Issues in Women's Health: Global Lessons, Opportunities and Challenges. Psychiatric Times, Vol 38, Issue 12 . December 21,2021
- <sup>4</sup> Executive Summary – Business Case, Illawarra Women's Trauma Recovery Centre 2021 p.6
- <sup>5</sup> Thibaut, F. Issues in Women's Health: Global Lessons, Opportunities and Challenges. Psychiatric Times, Vol 38, Issue 12 . December 21,2021
- <sup>6</sup> Neil J. Domestic violence and COVID-19: Our hidden epidemic. Aust J Gen Pract 2020;49 Suppl 25. doi: 10.31128/AJGP-COVID-25. [ePub ahead of print]
- <sup>7</sup> Australian National Research Organisation for Women's Safety. (2021). Prevalence of domestic violence against women during the COVID-19 Pandemic [Factsheet]. ANROWS
- <sup>8</sup> Mapping of NSW Women's Health Centres Report, Urbis 2017 p.29
- <sup>9</sup> Ibid p.24
- <sup>10</sup> Ibid p.29
- <sup>11</sup> Business Case-Illawarra Women's Trauma Recovery Centre, July 2021

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