



Sustainable Investment in NSW Women's Health Centres for the Women's Health Program

Business Case **October 2022**

WOMEN'S HEALTH NSW INCORPORATED

We acknowledge.

Women's Health NSW acknowledges the traditional custodians of the lands on which we live and work today. We pay respect to elders both past and present as well as to all other Aboriginal & Torres Strait Islander peoples. WHNSW supports the Uluru Statement from the Heart.



KEY PROPOSAL DETAILS

Proposal Information	
Proposal name	Sustainable Investment in NSW Women's Health Centres for the Women's Health Program
Lead proponent (e.g. Council)	Women's Health NSW Inc.
Lead proponent ABN	51 392 627 790
Proposal partners	<p>Women's Centre for Health and Well-being Albury-Wodonga</p> <p>Bankstown Women's Health Centre</p> <p>Blacktown Women's & Girls Health Centre Inc</p> <p>Blue Mountains Women's Health and Resource Centre</p> <p>Central Coast Community Women's Health Centre Ltd</p> <p>Central West Women's Health Centre Incorporated</p> <p>GenHealth Incorporated (t/a Coffs Harbour Women's Health Centre)</p> <p>Cumberland Women's Health Centre</p> <p>Fairfield Women's Health (jointly auspiced by Bankstown Women's Health Centre and Liverpool Women's Health Centre)</p> <p>Hunter Region Women's Working Group Ltd (t/a Hunter Women's Centre)</p> <p>Illawarra Women's Health Centre</p> <p>Leichhardt Women's Community Health Centre Incorporated</p> <p>Northern Rivers Women and Children's Services Incorporated (t/a Lismore Women's Health and Resource Centre)</p> <p>Liverpool Women's Health Centre</p> <p>Penrith Women's Health Centre</p> <p>Shoalhaven Women's Health Centre</p> <p>Wagga Women's Health Centre</p> <p>W.I.L.M.A Women's Health Centre</p> <p>Southern Sydney Women's Therapy Centre Inc (t/a Sydney Women's Counselling Centre)</p> <p>South Coast Women's Health and Welfare Aboriginal Corporation (t/a Waminda)</p>
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Proposal Scope	
Proposal summary for publication	<p>Women's Health Centres have been providing a unique model of integrated, accessible, community-based health care to women and children across NSW for more than 40 years.</p> <p>The Women's Health Program grant provided by NSW Health - currently \$10.56 million per annum - has not seen a real increase since 1986, despite major economic and social changes, and structural adjustments in the health sector over this period. As a result, the funding structure and resourcing for the Women's Health Program currently reflects the expectations for a 1980's era community-based health service. Women's Health Centres urgently require additional investment to sustain their skilled workforce and continue providing a contemporary community-based health service for women.</p> <p>The critical investment in the Women's Health Program presented in this business case will yield health, social and economic benefits for women and children in NSW for years to come.</p>
Proposal Location	
Proposal address	See APPENDIX B (Supplementary Publication)
Local government area	See APPENDIX B (Supplementary Publication)
NSW electorate	See APPENDIX B (Supplementary Publication)
Federal electorate	See APPENDIX B (Supplementary Publication)
Supporting Information	
Attachments	Supplementary Publication - APPENDIX B: Detailed Proposal Costings for Individual Women's Health Centres' Women's Health Program



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01



EXECUTIVE SUMMARY

The challenge facing NGO Women's Health Centres in NSW

The Women's Health Program is a unique, integrated primary health care service model for women delivered by a network of 20 community-based NGO Women's Health Centres across NSW. The program provides evidence-based interventions to address both physical and mental health needs, as well as the health impacts of domestic and family violence and sexual violence on women and children, and a range of social determinants of health. Each year, the Women's Health Program supports over 50,000 women of all ages, the majority from lower socio-economic backgrounds and other priority health populations.

The Women's Health Program grant provided by NSW Health - currently \$10.56 million per annum - has not seen a real increase since 1986, despite major economic and social changes, and structural adjustments in the health sector over this period. **As a result, the funding structure and resourcing for the Women's Health Program currently reflects the expectations for a 1980's era community-based health service.**

The Women's Health sector as a whole is no longer sustainable under current arrangements and has now reached a crisis point. Women's Health Centres are running unsustainable operating deficits, and are being forced to make skilled mental health, clinical and health education staff redundant and/or reduce services. Without additional investment, many Women's Health Centres will be forced to close, or substantially reduce services in the next 2 years.

This Business Case presents a detailed proposal for increased investment to ensure the sustainability of the Women's Health Program and the well-established, community-based Women's Health Centre infrastructure.

Rationale for Increased Investment

In Women's Health

Women in NSW continue to experience physical and mental health vulnerabilities at significantly higher rates than men across a wide range of indicators. **Overall, women experience higher rates of psychological distress, poorer self-reported health status, higher rates of hospitalisation for self-harm, and are more likely to have multi-morbid chronic health conditions.**

Women face a range of gender-based vulnerabilities, many connected with social determinants of health, that impact on their access to health services and overall health outcomes. They are also more likely to experience socio-economic disadvantage as a result of income inequality and their disproportionate role as caregivers. Evidence shows that social determinants of health related to, and exacerbated by, socio-economic disadvantage are closely associated with poor mental and physical health in women.

Domestic and family violence and sexual violence also have a profound impact on women's health and well-being. In NSW, women are hospitalised following domestic and family violence at more than 7 times the rate of men. Recent analysis of Australian women also found that 51% of women in their late twenties, 34% of women in their early forties and 26% of women in their sixties to early seventies have experienced at least one type of sexual violence. **The adverse physical and mental health impacts of trauma associated with domestic and family violence, and sexual violence are serious, long-lasting and complex, and continue even after the violence has ceased.**

In the Women's Health Program and Women's Health Centres

Women's Health Centres provide a safe, private and women-focused setting, and the assurance of being treated or supported by female staff. This is crucial to enabling access to health services for many women and is recognised in the literature as a positive contributor to women's health outcomes. Services are trauma informed – focused on safety, trust, collaboration and empowerment – and person centred – flexible and strengths based, treating each client as an individual, rather than focusing solely on their health 'conditions'.

Key components of the Women's Health Program model include:

- Mental health and well-being services – individual and group counselling, and therapeutic resilience work, social and emotional well-being and psychosocial support
- Physical health and well-being services – chronic illness prevention and management, nutrition, complementary therapies and body work, reproductive and sexual health, cancer screening
- Integrated care and referral – support to address the social determinants of health and the health effects of domestic and family violence and sexual violence
- Health education and health promotion – to improve health literacy, promote healthy lifestyle choices and behaviours and equip women to participate in their own health care and well-being.

A 2017 report prepared for the Ministry of Health concluded that Women's Health Centres are 'providing a multitude of primary health and well-being services to a group of women who may have otherwise only received care and support via the acute system' and noted that the Women's Health Program contributes to reductions in the burden of disease associated with mental health, domestic and family violence, cancer and chronic disease.

This finding was supported by a survey of referrers to Women's Health Centres – two-thirds of respondents reported that 75% or more of their clients would be unable to access the services they require if the Centres were not available.

Over 40 years, Women's Health Centres have developed extensive infrastructure in the form of local knowledge, partnerships, connections and support. These networks allow for 'no-wrong door' service provision, facilitate effective integrated care, and maximise the impact of available funding by integrating the full range of Government and non-government support for clients. Community infrastructure, and the capacity to offer integrated 'no-wrong door' servicing, is highly valued by local communities and in all Government service commissioning efforts – and is difficult to replace.

Strategic Alignment with Government Priorities

The Women's Health Program model and approach provides access to much needed trauma-informed mental health services outside of the acute care environment, as well as treatment, preventative health and health education services to women across their lifespan. The program is closely aligned to key priorities across the spectrum of current NSW Government health strategies and frameworks including:

- improving access to community care outside hospitals
- strengthening service integration and co-ordination
- addressing the social determinants of ill health
- preventative health: improving health education and literacy so that people stay well for longer
- improving service accessibility and outcomes for priority populations



Performance and Outcomes

Women's Health Centres have achieved strong performance against Women's Health Program targets and KPIs set by Local Health Districts. Over the last 3 years, 70% of Centres achieved overperformance against their KPI targets in 50% or more of the key outcomes focused KPIs, despite COVID disruptions.

The unique, holistic Women's Health Program model allows Centres to provide services to women presenting with a broad range of health issues, many of which fall at the intersection of health outcomes and social outcomes identified as Government policy priorities. However, effective intervention, support, education and prevention activities provided through the Women's Health Program to address key presenting health issues is the foundation for achieving the sustained, desired improvements in both health and social outcomes.

Across the sector, Women's Health Centres anticipate that the proposed additional investment, providing sustainable funding to support staff, servicing and infrastructure, will further increase both their capacity and effectiveness to deliver health outcomes.

Stakeholder and Community Support

Referrers

Stakeholder consultation with organisations and individuals who refer to Women's Health Centres indicates that these services are considered an essential part of local health service infrastructure.

- 69% of referrers indicated that three-quarters or more of their clients would not be able to access the services they need elsewhere if the local Women's Health Centre was not available
- 30% indicated that the Women's Health Centre was the only organisation in the local area providing the services that their clients needed
- 40% said that other providers in the area were already at capacity, or had extended waitlists

Representatives from NSW Government agencies who refer to Women's Health Centres rated the quality and appropriateness of service provided as 'Excellent' or 'Good', and two-thirds indicated that 75% or more of the clients they refer to Women's Health Centres would not be able to access the services that they need elsewhere.

All referrer comments highlighted the benefits of the unique Women's Health Program model, service quality, diversity and accessibility and integration with local service systems and communities.

Clients

Consistent themes in feedback from Women's Health Centre clients included:

- The service was more effective in meeting the client's needs than other services that they had accessed in the past with the trauma-informed approach noted as particularly crucial
- The service was effective in supporting recovery from complex trauma, particularly the health impacts of domestic and family violence and sexual violence
- The women-friendly space offered by the Women's Health Centre was important in creating a sense of safety for many clients
- Services and support provided to clients was effective in identifying and diverting clients from self-harm, helping them to leave abusive relationships, and to address and overcome addictions
- Addressing the health impacts of trauma supported clients' recovery and capacity to engage in family life and employment.

Proposed Investment & Benefits

Financial modelling undertaken for this Business Case, provides the first ever standardised and fully costed model for sustainable delivery of the Women's Health Program service model through Women's Health Centres. The model applies a unit-costing approach which focuses exclusively on the services, activity levels and infrastructure associated with delivering the Women's Health Program in each centre.

The cost-benefit analysis applied benefit value proxies to the major categories of presenting health issues identified for women attending Women's Health Centres: Physical/Medical Health, Emotional/Mental Health; Violence/Abuse. Selected benefit proxies are limited to direct costs to the NSW Government, associated with hospitalisations and other government support services

The most conservative estimate of benefits, applying a low 5% avoidance rate and a large 50% discount rate, indicates that the Women's Health Program will deliver \$33.9 million in savings to the NSW Government in 2022-23. Applying a sustainable rate of program funding to actual delivery in 2022-23, this equates to a minimum 78% return on investment.

Total avoided costs exclude the substantial and well-evidenced costs borne by individuals (women and children), communities, employers, and intergenerational impacts on children/family. These non-valued benefits are distributed more heavily towards disadvantaged groups, who make up the majority of Women's Health Centre clients.

Summary of Investment Scenarios

Projected levels of sustainable investment, which would ensure the continuity of the Women's Health Program, have been modelled under the three scenarios outlined below (costs and estimated savings are presented in 2023-24 dollars).

Scenario #	Goal	Description	Total Proposed Investment \$ (2023-24)	Estimated Costs Avoided \$ (2023-24)	Return on Investment % (2023-24)
1	Sustain activities, service levels and outcomes for the Women's Health Program which are currently contracted by Local Health Districts	Recalibrates costing for the current Women's Health Program to reflect the major structural adjustments that have occurred. Represents the minimum level of Women's Health Program funding required by Women's Health Centres to remain viable and continue operating this program.	\$19.06 million	\$32.6 million	71%
2	Sustain activities, service levels and outcomes for the Women's Health Program which are currently being delivered by Women's Health Centres	The estimated level of Women's Health Program funding required by Women's Health Centres to remain viable and sustain the levels of service delivery and outcomes that they are currently providing – over and above targets – to meet community needs. Provides a strong indication of immediate and acute health needs in local communities and it is strongly recommended that the Ministry of Health consider funding the Women's Health Program at this level.	\$19.97 million	\$35.6 million	78%
3	Expand and enhance activities and service levels for the Women's Health Program to address unmet need, population growth and emerging local health issues identified by each Women's Health Centre	Proposed enhanced investment in the Women's Health Program to address emerging demographic trends and both acute and emerging needs seen by Women's Health Centres in local communities. Subject to negotiation with the Ministry of Health and Local Health Districts, this level of investment would enable Women's Health Centres to sustainably expand service delivery in response to need.	\$30.86 million	\$56.4 million	83%

Outcomes framework for implementation

NSW Health's Commissioning for Better Value approach aims to shift the focus in health care from outputs to outcomes. The Women's Health sector recognises that consistent assessment of improvements in health outcomes is critical to demonstrating effectiveness and the ongoing value of services.

Women's Health Centres participated in a collaborative effort with the Ministry of Health to develop a standard outcome and reporting framework. Unfortunately, consistent roll out of this standard reporting framework across LHDs was hampered by the onset of COVID and, due to the nature of the core services provided and the resource limitations on current data capture in WHCs, and the performance indicators proposed were predominately output indicators.

However, despite COVID disruptions, the sector has made some progress in implementing both validated and non-validated tools to improve outcomes measurement.

As part of implementing the increased investment outlined in this business case, Women's Health Centres propose a new outcomes framework focusing on key presenting health issues, and standardised outcomes measurement tools. The proposed framework builds on previous collaborative work with the Ministry of Health. Sector-wide roll out of the standard outcomes framework would be led and supported by the peak body, Women's Health NSW.

Governance and Risk Management

Program Governance

Women's Health Centre CEO's/Managers/Coordinators have operational and financial responsibility for delivery and implementation of the Women's Health Program, with strategic oversight and governance provided by the board or management committee of each organisation.

Organisational Governance

All Women's Health Centres are registered with, and comply with the requirements of, the Australian Charities & Not-for-profits Commission (ACNC). All Women's Health Centres (and Women's Health NSW) are accredited health providers – some with commendation – and have completed multiple accreditation and review cycles. The 2017 review of Women's Health Centres conducted for the NSW Ministry of Health noted that this level of scrutiny is rare amongst non-government organisations.

Financial Management

The peak body, Women's Health NSW, provides ongoing support to the sector to maintain and strengthen financial management and governance standards. Sector wide approaches include: an induction program for new managers, ongoing training for managers and management committees, standardised policies and procedures, and a requirement for all organisations to maintain accreditation.

Staffing

Attraction and retention of skilled and qualified staff remains an issue across the NSW health sector. This proposal seeks to mitigate this by costing all professional staff at minimum SCHADS award pay grades and providing a contribution to staff training and professional supervision for Women's Health Program staff. Women's Health Centres also partner with Universities and RTOs to provide placements and promote employment opportunities in the sector.

Records Management and Cyber Security

In 2021, Women's Health NSW led a sector wide cyber security project including a critical risk assessment of each Women's Health Centre and roll-out of comprehensive policies and procedures, with accompanying training. Centres also took advantage of one-off Social Sector Support funding, provided by the NSW Government during COVID, to upgrade their IT infrastructure and security. This proposal incorporates an annual contribution to maintain IT resources and security infrastructure, based on a unit cost provision for staff funded under the Women's Health Program.

Conclusion

Women's Health Centres have been providing a unique model of integrated, accessible, community-based health care to women and children across NSW for more than 40 years.

This 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.

The Women's Health Program and the work of the NGO Women's Health Centres has become an essential part of the NSW primary integrated health care system. The Centres' extensive relationships and networks in local communities, and demonstrated commitment to sector-wide collaboration, make them highly effective partners with government, non-government, business and community to enhance health, safety and well-being outcomes for women and girls across NSW.

After 36 years without a structural funding adjustment, Women's Health Centres urgently require additional investment to sustain their skilled workforce and continue providing a contemporary community-based health service for women.

Analysis indicates that investment in the Women's Health Program delivers a substantial minimum 71% return on investment to NSW Government in the form of health care and other savings.

The critical investment in the Women's Health Program presented in this business case will yield health, social and economic benefits for women and children in NSW for years to come.



02

CASE FOR CHANGE

2.1 The challenge facing Women's Health Centres in NSW

KEY MESSAGES

- The Women's Health Program is a unique, integrated primary health care service model for women, delivered by a network of 20 community-based Women's Health Centres across NSW.
- The program provides evidence-based interventions to address both physical and mental health needs, as well as the health impacts of domestic and family violence and sexual violence on women and children, and a range of social determinants of health.
- The Women's Health Program grant provided by NSW Health, has not seen a real increase since 1986, despite major economic and social changes, and structural adjustments in the health sector over this period.
- The funding structure and resourcing for the Women's Health Program currently reflects the expectations for a 1980's era community-based health service.
- The Women's Health sector as a whole is no longer sustainable under current arrangements and has now reached a crisis point.
- Women's Health Centres are running unsustainable operating deficits, and are being forced to make skilled mental health, clinical and health education staff redundant and/or reduce services.
- Without additional investment, many Women's Health Centres will be forced to close, or substantially reduce services in the next 2 years.
- This Business Case presents a detailed proposal for increased investment to ensure the sustainability of the Women's Health Program and the well-established, community-based Women's Health Centre infrastructure.

2.1.1 The Women's Health Program

The Women's Health Program is a unique, integrated primary health care service model for women. The program provides evidence-based interventions to address both physical and mental health needs, as well as the health impacts of domestic and family violence and sexual violence on women and children, and a range of social determinants of health.

The program is delivered by the community-based Women's Health sector in NSW which operates through a network of 20 local, independently governed and administered not for profit organisations - 'Women's Health Centres'. Established in metro, regional and rural communities across NSW, Women's Health Centres have been providing these essential health care services, health education and support to women for over 40 years.

Women's Health organisations are members of Women's Health NSW, a member-governed peak body which provides leadership, coordination, training, representation and support for the sector. Women's Health NSW has designated Board representation from the Metro, Outer Metro, Rural and Specialist women's health organisations in the network.

Women's Health Centres receive both Government, and non-Government funding including donations and in-kind support from local businesses and community members. However, their primary source of funding is the Women's Health Program grant from NSW Health. The Women's Health Program was first funded by the Federal Government in 1974 and handed over to state governments in 1981. The current Women's Health Program – now funded through a designated Ministerially Approved Grant (MAG) in NSW - was established in 1986.

The total Women's Health Program grant is currently \$10.56 million (2022-23).

NSW Health administers the Women's Health Program grant through Local Health Districts (LHD) via a funding agreement with each Women's Health Centre that falls within their jurisdiction. The generic NSW Health funding agreement reflecting the Women's Health Program model and service components, is adapted by each LHD to reflect identified health needs in their local regions.

2.1.2 Structural Changes Since 1986

The population of NSW has grown by 55% in the 36 years since 1986¹ while increases in the Women's Health Program MAG have been limited to annual indexation and some adjustments for award-based salary increases. These increases have often fallen behind basic CPI.

Populations, demographics, health needs and community expectations have changed significantly over this period, along with awareness of the long-term health impacts and costs of mental illness, trauma, domestic and family violence, sexual violence, poor nutrition, physical inactivity and other social determinants of health.

Domestic and family violence has been widely acknowledged by governments as one of the most urgent health issues facing women; a trend that continues to worsen. More recently, the COVID-19 pandemic, successive natural disasters, reductions in bulk-billing, rising living costs and increased rates of homelessness have adversely impacted on both health, and access to health services. The need for accessible and affordable health services and effective, community-based approaches to early intervention and preventative health continues to increase, along with the costs of providing these services.

Women's Health Centres, through the Women's Health Program, provide direct support to an average of 50,000 women of all ages each year, the majority of whom are socio-economically disadvantaged and/or from priority health populations.

The 36 years since 1986 have seen major structural changes in all areas of health service delivery including staff qualifications, infrastructure requirements, governance and risk management, and reporting.

To maintain an effective, multi-disciplinary community-based health service, Women's Health Centres are now - justifiably - required to:

- attract and retain highly qualified, professional staff with skills and experience in evidence-based interventions, trauma-informed care and complex trauma resulting from violence and abuse
- provide and maintain IT hardware and software systems and appropriate cyber security
- meet high standards for organisational governance and oversight, administration and reporting
- maintain appropriate standards for health service accreditation
- collect a wide range of client and operational data for compliance and reporting to funding bodies and continuous improvement cycles.

Another significant change experienced by Women's Health Centres, and the community sector as a whole, is the scaling back of 'peppercorn' rent arrangements which were formerly provided by councils and other Government agencies. As a result many organisations are now paying, or will soon be required to pay, market rents.

Although annual indexation applied to the Women's Health Program grant has assisted with some cost increases over the period, it has not kept pace with these major structural adjustments. **Essentially, Women's Health Centres are now attempting to provide a contemporary health service, with a funding structure that reflects the expectations for a 1980's era community-based health service.**

Over this period, the NSW Government's approach to funding community-based health services has also shifted away from a 'core grant' model to a purchasing and service commissioning model. Rather than funding organisations, NSW Health and other Departments, seek to purchase services which target specific health issues and outcomes for each local community.

Women's Health Centres have developed and maintain a strong culture of 'making do' and have consistently sought to adapt and work within this changing environment. Across the sector, centres have:

- applied for additional sources of targeted program and project funding from the NSW and Federal governments
- accessed complementary revenue streams such as the NDIS, Medicare and other fee-for-service funding
- sought grants from community and philanthropic organisations
- attracted donations and in-kind support from businesses and individuals and undertaken fundraising efforts
- engaged volunteers and students to support service provision.

"In 1986, there was only one computer in the Women's Health Centre. Now, every staff member needs one and they have to be supported, maintained and replaced."

– Women's Health Centre Manager

However, these sources of funding and support are predominantly short-term or one-off, or come with restrictive eligibility criteria that does not allow for delivery of the integrated, social health care service model that Women's Health Centres offer.

Crucially, while the Women's Health Program MAG has not kept pace with structural changes, other short-term and one-off funding available to Women's Health Centres is also highly restrictive and insufficient to sustain the ongoing operations of Women's Health Centres.

2.1.3 Urgent Need for Investment in the Women's Health Program

The Women's Health sector as a whole is no longer sustainable under current arrangements and has now reached a crisis point.

NSW Health reports that, under current conditions, activity in the health sector is expected to double over the next decade². Despite this rapidly growing need for health services, and NSW Government policy priorities to enhance community-based health care, Women's Health Centres are being forced to make skilled mental health, clinical and health education staff redundant.

At least three quarters of Women's Health Centres currently have unsustainable operating deficits associated with the Women's Health Program. Our analysis found that total immediate deficits are equivalent to 37% of current Women's Health Program funding for these centres.

The deficits reflect the gap between 2022-23 Women's Health Program funding and baseline staff structure – including both direct delivery and support staff – required to deliver the core services and meet targets set by Local Health Districts. This year Centres are seeking to cover deficits by:

- making skilled clinical and health education staff redundant
- leaving critical positions vacant
- attempting to attract additional donations and fundraising
- drawing down on limited reserves

These deficits are not sustainable. Without the base level of additional investment proposed in this Business Case, many Women's Health Centres will be forced to close in the next 2 years, or reduce services to a point where there is no capacity to deliver Women's Health Program outcomes.

This Business Case presents a detailed proposal for increased investment to ensure the sustainability of the Women's Health Program and the well-established, community-based Women's Health Centre infrastructure.





2.2 Approach to the Business Case

This Business Case presents a detailed picture of the Women's Health Program service model, the range of health needs addressed, and evidence for the ongoing need for this unique integrated approach.

Financial modelling undertaken for the Business Case, provides the first ever standardised and fully costed model for sustainable delivery of the Women's Health Program service model through Women's Health Centres. The financial model applies a unit-costing approach which focuses exclusively on the services, activity levels and infrastructure associated with delivering the Women's Health Program in each centre.

An increased level of investment is proposed based on three scenarios, supported by a cost-benefit analysis of estimated savings (costs avoided) for NSW Government.

Three scenarios for sustainable investment in the Women's Health Program are proposed as follows:

- **Scenario 1** – Sustain activities, service levels and outcomes for the Women's Health Program which are currently contracted by Local Health Districts
- **Scenario 2** – Sustain activities, service levels and outcomes for the Women's Health Program which are currently being delivered by Women's Health Centres
- **Scenario 3** – Expand and enhance activities and service levels for the Women's Health Program to address unmet need, population growth and emerging local health issues identified by each Women's Health Centre

The business case also incorporates a proposed, streamlined outcomes framework and approach to outcomes measurement which would support accountability and enable ongoing assessment of the effectiveness of this investment.

2.3 Rationale for investment in Women’s Health

KEY MESSAGES

- Women in NSW continue to experience physical and mental health vulnerabilities at significantly higher rates than men across a wide range of indicators.
- Overall, women experience higher rates of psychological distress, poorer self-reported health status, higher rates of hospitalisation for self-harm, and are more likely to have multi-morbid chronic health conditions.
- Women experience a range of gender-based vulnerabilities, many connected with social determinants of health, that impact on their access to health services and overall health outcomes.
- Women are more likely to experience socio-economic disadvantage as a result of income inequality and their disproportionate role as caregivers.
- Social determinants of health related to, and exacerbated by, socio-economic disadvantage are closely associated with poor mental and physical health in women
- In NSW, women are hospitalised following domestic and family violence at more than 7 times the rate of men.
- 51% of women in their late twenties, 34% of women in their early forties and 26% of women in their sixties to early seventies report experiencing at least one type of sexual violence
- The adverse physical and mental health impacts of trauma associated with domestic and family violence, and sexual violence are serious, long-lasting and complex, and continue even after the violence has ceased.

2.3.1 Women’s Physical and Mental Health Indicators

Women in NSW continue to experience physical and mental health vulnerabilities at significantly higher rates than men across a range of indicators (see FIG 1).

In the 2020 NSW Population Health Survey³, 19.2% of women reported a ‘high or very high level of psychological distress’ on the K10 scale, compared with 14.2% of men. The rate is consistently higher for women in the lowest socio-economic quintile and has increased over the last decade.

Overall, women are more likely to report their health status as ‘poor’ or ‘very poor and longitudinal research consistently demonstrates the complex links between women’s mental and physical health. For example:

- domestic and family violence is closely linked to both physical and mental health issues resulting from trauma
- type 2 diabetes is associated with increased risk of anxiety, depression and psychological distress⁴
- comorbid depression and anxiety are associated with the onset of heart disease⁵
- among middle aged women, depression has been found to be a predictor of urinary incontinence⁶, stroke⁷ and the onset of arthritis⁸

Overall, women are also more likely than men to experience multi-morbidities (2 or more chronic physical and mental health conditions)⁹, which have been shown to increase health care costs and the likelihood of hospitalisation¹⁰. Multi-morbidity rates are highest amongst socio-economically disadvantaged women and common in women who have experienced domestic and family violence, interpersonal violence or sexual assault.

Health Indicator	NSW Females	NSW Males
Self-Rated Health Status – ‘Poor’ or ‘Very Poor’	5.9%	4.5%
Persons with 3 or more long-term health conditions	3.3%	2.6%
Persons Reporting High or Very High Levels of Psychological Distress (2018-20)	19.40%	14.2%
Mental Health Related Emergency Presentations – rate per 100,000 population (2020-21)	1607.3	1379.0
Intentional Self Harm Hospitalisations – rate per 100,000 population (2019/20)	109.8	66.5
Insufficient Physical Activity in Adults	42.3%	34.1%
Socio-economic Disadvantage – personal income below \$800 per week	49.0%	35.7%

FIG 1: NSW Key Health Indicators by Gender (Sources: ABS Census 2021; NSW HealthStats)

However, the research also identifies a range of protective factors associated with overall health in women of all ages including: physical activity, good nutrition including fruit and vegetable intake, healthy weight, social support, and access to health services including routine health screening and mental health ¹¹.

2.3.2 Social Determinants of Women’s Health

2.3.2.1 Social Determinants of Health

Women experience a range of gender-based vulnerabilities that impact on their access to health services and overall health outcomes including “unequal power relationships between men and women, social norms that decrease education and paid employment opportunities, an exclusive focus on women’s reproductive roles, and potential or actual experience of physical, sexual and emotional violence” ¹².

These vulnerabilities are connected to social determinants of health – non-medical factors that impact on health outcomes and overall well-being. They incorporate a broad range of social, economic, cultural and political factors including: income and social protection, food and housing security, education and employment, social inclusion and social connection, violence, health literacy, and access to affordable health services.

Gender – the ‘economic, social, political and cultural attributes and opportunities ascribed with being either female or male’ – is now well recognised globally as a social determinant of health. The literature identifies a range of gender related social determinants which have been shown to have a detrimental impact on women’s health including:

- Income inequality and more limited access to financial resources
- Women’s experience of domestic and family violence, and sexual violence
- Women’s capacity to play an active role in decision making around their health-care
- Lower levels of educational attainment
- Women’s disproportionate role as caregivers ¹³

2.3.2.2 Socio-economic Disadvantage

Socio-economic disadvantage is closely associated with a wide range of health risk factors and is well recognised as a key determinant of poor health outcomes. People in lower socio-economic groups are at greater risk of poor health, have higher rates of illness, disability and death, and live shorter lives than people from higher socio-economic groups. In Australia, total burden of disease rates, indicated by Disability Adjusted Life Years (DALY) are up to 1.6 times higher for individuals in the lowest socio-economic groups as for people in the highest socio-economic groups ¹⁴, driven by risk factors such as poor nutrition, obesity, physical inactivity, higher rates of smoking and risky alcohol consumption.

Women are more likely to experience socio-economic disadvantage as a result of income inequality and their disproportionate role as caregivers. For example, data from the 2021 Census revealed that:

- 49% of women in NSW have a personal income below \$800 per week, compared with 35.7% of men ¹⁵
- 25% of One-Parent families in Australia (81% of which are headed by women) have a household income below \$800 per week, compared with 13% of all households ¹⁶

Recent analysis from the Australian Longitudinal Study on Women’s Health found that social determinants of health related to, and exacerbated by, socio-economic disadvantage are closely associated with poor mental health in women including: lower education, income stress, being unemployed, not having a partner, limited social support, poor quality diet, physical inactivity, smoking and risky alcohol consumption ¹⁷. Risk factors for all chronic conditions in women were also shown to increase with socio-economic disadvantage ¹⁸.

2.3.2.3 Domestic and Family Violence & Sexual Violence

Women in Australia continue to experience increasingly high rates of domestic and family violence and sexual violence. In NSW, women are hospitalised following domestic and family violence at more than 7 times the rate of men, and are the victims of 88% of all incidents of sexual assault reported to NSW Police (see Fig 2).

Domestic and Family Violence / Sexual Assault	Females	Males
Domestic and Family Violence Related Hospitalisations rate per 100,000 population (2019/20)	15.9	2.2
Domestic Violence Related Assaults percentage of incidents reported to Police by gender of victim (2021/22)	67%	33%
Domestic Violence Related Assaults – 3 year change (2018-21)	3.1% increase	
Sexual Assault – percentage of incidents reported to Police by gender of victim (2021/22)	88%	12%
Sexual Assault – 3 year change (2018-21)	4.8% increase	

FIG 2: NSW Key Domestic and Family Violence and Sexual Assault Indicators by Gender (Sources: NSW HealthStats; BOCSAR Crime Statistics)

Recent analysis of data from the Australian Longitudinal Study of Women’s Health found that 51% of women in their late twenties, 34% of women in their early forties and 26% of women in their sixties to early seventies report experiencing at least one type of sexual violence. In the 5 years from 2017 to 2022, NSW Bureau of Crime Statistics (BOCSAR) data showed a 2.6% increase in domestic violence related assaults and a 7% increase in sexual assaults reported to police ¹⁹.

This is despite research suggesting that 87% of women who experience partner violence or sexual assault never contact police. Under-reporting of violence and hesitancy in seeking assistance is particularly pronounced amongst women from Aboriginal and Torres Strait Islander and CALD Backgrounds²⁰.

Women who have experienced sexual violence report worse physical and mental health including increased rates of chronic conditions and pain, sexually transmitted infections, gynaecological/urogenital issues, anxiety, depression and psychological distress²¹.

Disease burden estimates in Australia indicate that domestic and family violence contributes to 19% of suicide & self-inflicted injuries burden, 15% of depressive disorders burden, 17% of early pregnancy loss burden, 11% of anxiety disorders burden and 4% of alcohol use burden in women²²; many of these conditions result in presentations to emergency departments and subsequent hospitalisations of women.

Physical	Sexual and Reproductive
<ul style="list-style-type: none"> Acute or immediate physical injuries, such as bruises, abrasions, lacerations, punctures, burns and bites, as well as fractures and broken bones or teeth More serious injuries to the head, eyes, ears, chest and abdomen Gastrointestinal conditions, long-term health problems and poor health status, including chronic pain syndromes Death, including femicide and AIDS-related death 	<ul style="list-style-type: none"> Unintended/unwanted pregnancy Abortion/unsafe abortion Sexually transmitted infections, including HIV Pregnancy complications/miscarriage Vaginal bleeding or infections Chronic pelvic infection Urinary tract infections Fistula (a tear between the vagina and bladder, rectum, or both) Painful sexual intercourse Sexual dysfunction
Mental	Behavioural
<ul style="list-style-type: none"> Depression Sleeping and eating disorders Stress and anxiety disorders (eg. post-traumatic stress disorder) Self-harm and suicide attempts Poor self-esteem 	<ul style="list-style-type: none"> Harmful alcohol and substance use Multiple sexual partners Choosing abusive partners later in life Lower rates of contraceptive and condom use

Fig 3: Common Health Consequences of Violence Against Women (WHO 2021)²³

The adverse physical and mental health impacts associated with domestic and family violence and sexual violence and trauma are serious, long-lasting and complex, and continue even after the violence has ceased²⁴. Trauma also impacts on many other facets of women's lives and social determinants of health including their family and social relationships, work capacity, financial security and health behaviours.

Domestic, family and sexual violence costs NSW an estimated \$7.4 billion each year, based on 2015-16 figures²⁵. In the 2022-23 Budget, the NSW Government acknowledged the wide-ranging impacts of this violence on both women's health and economic participation through increased absenteeism, and decreased work performance and productivity. Women who experience domestic and family violence are also more likely to have lower incomes, fragmented work history, and to be employed in part-time or casual work²⁶.

The prevalence and health impacts of domestic and family violence and sexual assault highlight the need for accessible, holistic, trauma-informed health services that address the multi-faceted impacts of this trauma on women. Tangible assistance with immediate and acute needs, coupled with mental health services, emotional support and social interaction, and physical activity have all been shown to improve overall health outcomes for women who have experienced sexual violence²⁷.

2.4 Rationale for increased investment in the Women's Health Program

KEY MESSAGES

- The network of 20 Women's Health Centres across NSW provide direct support to address the health needs of over 50,000 women of all ages each year, the majority of whom are from socio-economically disadvantaged backgrounds and/or from priority health populations.
- The Women's Health Program offers a unique, integrated primary health care model that is able to address a wide range of physical and mental health needs for women, as well as the social determinants of health and the health impacts of violence against women. Key components of the Women's Health Program model include:
 - Mental health and well-being services - individual and group counselling, and therapeutic resilience work, social and emotional well-being and psychosocial support
 - Physical health and well-being services – chronic illness prevention and management, nutrition, complementary therapies and body work, reproductive and sexual health, cancer screening
 - Integrated care and referral – support to address the social determinants of health and the health effects of domestic and family violence and sexual violence
 - Health education and health promotion – to improve health literacy, promote healthy lifestyle choices and behaviours and equip women to participate in their own health care and well-being
- Women's Health Centres provide a safe, private and women-focused setting, and the assurance of being treated or supported by female staff. This is crucial to enabling access to health services for many women and is recognised in the literature as a positive contributor to women's health outcomes.
- Services are trauma informed - focused on safety, trust, collaboration and empowerment - and person centred – flexible and strengths based, treating each client as an individual, rather than focusing solely on their health 'conditions'.
- In a survey of referrers to Women's Health Centres, two-thirds of respondents reported that 75% or more of their clients would be unable to access the services they require if the Centres were not available.
- Over 40 years, Women's Health Centres have developed extensive infrastructure in the form of local knowledge, partnerships, connections and support. These networks allow for 'no-wrong door' service provision, facilitate effective integrated care, and maximise the impact of available funding by integrating the full range of Government and non-government support for clients.
- Community infrastructure, and the capacity to offer integrated 'no-wrong door' servicing, is highly valued by local communities and in all Government service commissioning efforts - and is difficult to replace.
- Women's Health Centres are 'providing a multitude of primary health and well-being services to a group of who may have otherwise only received care and support via the acute system'. The Program also contributes to reductions in the burden of disease associated with mental health, domestic and family violence, cancer and chronic disease.

2.4.1 A Unique Service Model

Women's Health Centres offer a unique, integrated primary health care model that is able to address a wide range of physical and mental health needs that women present with, as well as the social determinants of health and the health impacts of violence against women.

Key components of the Women's Health Program service model include:

- **Mental health and wellbeing services** - individual and group counselling, and therapeutic resilience work, social and emotional wellbeing and psychosocial support
- **Physical health and wellbeing services** – chronic illness prevention and management, nutrition, complementary therapies and body work, reproductive and sexual health, cancer screening
- **Integrated care and referral** – support to address the social determinants of health and the health effects of domestic and family violence and sexual violence
- **Health education and health promotion** – to improve health literacy, promote healthy lifestyle choices and behaviours and equip women to participate in their own health care and wellbeing

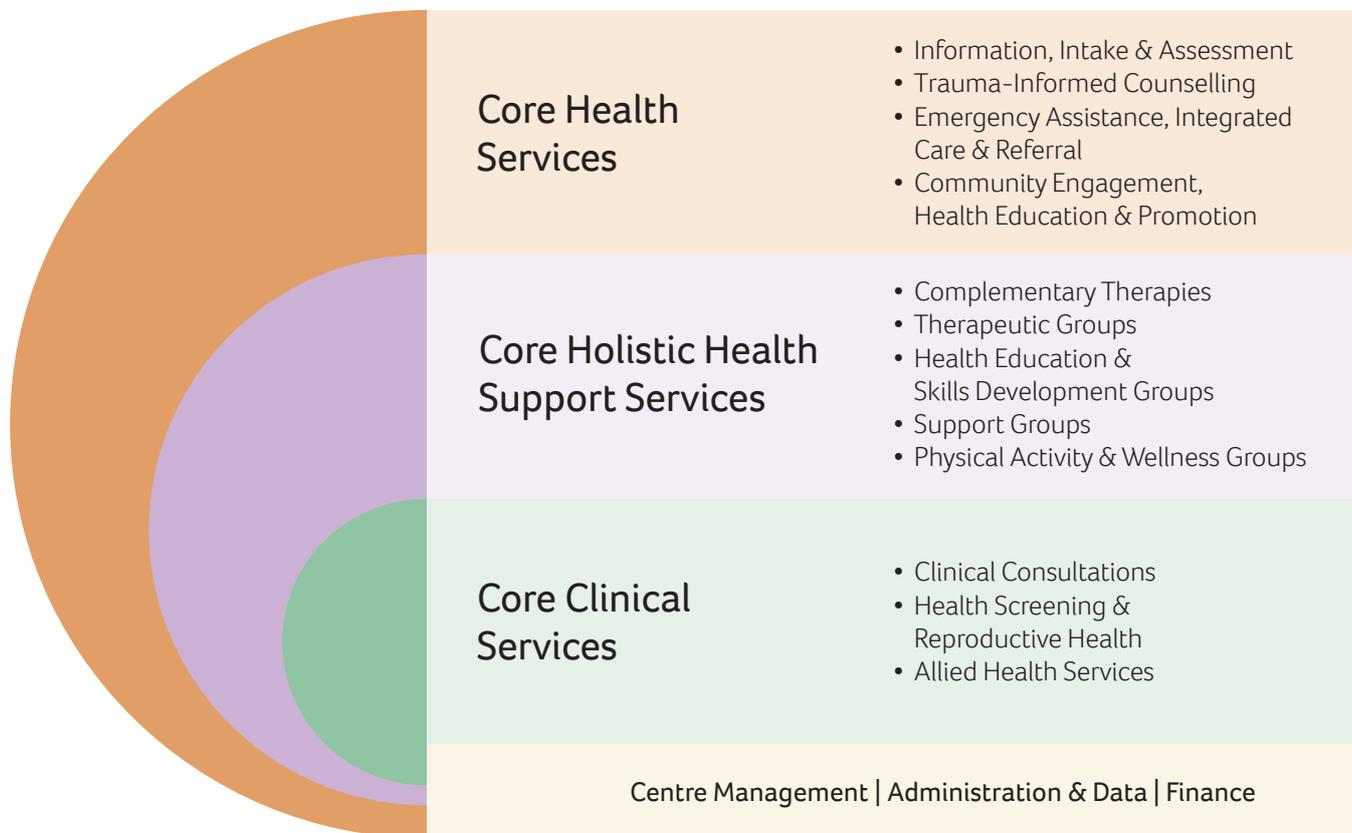


Fig 4 – Women’s Health Program: Core Service Model Components

A literature review on Women’s Health completed by Urbis in 2017²⁸ identified nine key service elements and enablers that have been found to positively affect women’s health outcomes:

1. Delivering quality care that is holistic in scope and recognises women’s overall physical, mental and emotional well-being
2. Empowering women and promoting their participation as ‘partners’ in their health care
3. Providing access to female physicians
4. Facilitating inclusive care, including culturally appropriate care
5. Creating safe, private and women-friendly spaces for women to access essential health services
6. Providing opportunities for single site service provision
7. Promoting continuity of care
8. Providing access to affordable health services
9. Adopting a life course approach to women’s health issues
10. Each of these are reflected in the Women’s Health Program service model and the approach to service delivery adopted by Women’s Health Centres. Services are trauma informed - focused on safety, trust, collaboration and empowerment - and person centred – flexible and strengths based, treating each client as an individual, rather than focusing solely on their health ‘conditions’.

Women’s Health Centres are well known, trusted and integrated within their local communities and have an in-depth understanding of local needs. While each Women’s Health Centre varies in terms of focus and size, all deliver components of the core Women’s Health Program service model in response to the health needs of women in their local area and priorities identified in partnership with LHDs.

In a survey of 90 professionals from Government and non-government organisations who refer to Women’s Health Centres, conducted during development of the business case, 65% indicated the ‘integrated, trauma-informed approach to servicing’ provided by the Women’s Health Centre as a reason for making the referral. Fig 5 shows the range of services sought by professionals referring women to Women’s Health Centres.

Services Sought when Referring Clients to Women’s Health Centres

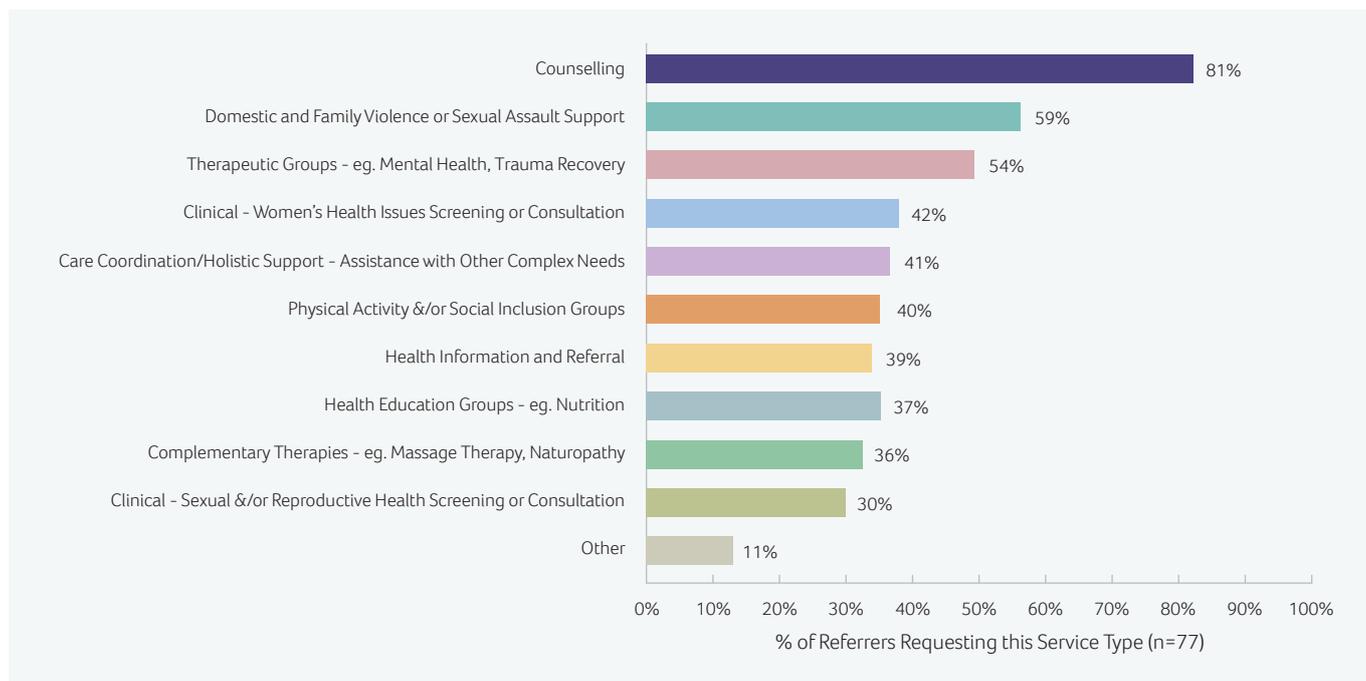


Fig 5 – Services Sought by Referrers when Referring Clients to Women’s Health Centres (Source – Women’s Health Centre Referrer Survey, 2022)

2.4.1.1 A Client Group with Complex Health Needs

The network of 20 Women’s Health Centres across NSW provide direct support to address the health needs of over 50,000 women of all ages each year, the majority of whom are from socio-economically disadvantaged and/or from priority health populations.

Primary referral pathways include LHD services and GPs, NSW Police, schools, and other funded non-government organisations providing family, crisis support, legal, cultural, and employment services. Women may also self-refer.

As services are provided free of charge, priority access is given to women on low incomes and those experiencing significant disadvantage; Aboriginal and Torres Strait Islander women; women from CALD Backgrounds, women experiencing domestic & family violence and/or sexual assault; and women with disabilities. Women from low-income and other priority backgrounds make up the majority of Women’s Health Centre clients. Of the 90 respondents to the Women’s Health Centre referrer survey, 73% indicated that the women they refer would be unable to pay a private provider for the services that they require.

Women present to Women’s Health Centres with a wide range of mental and physical health needs - most with multi-morbidities, which have been shown to significantly increase the likelihood of hospital admissions for women in all age groups²⁹. These immediate health needs are often combined with critical and acute personal and family circumstances associated with complex trauma and poor health status eg. domestic and family violence, sexual assault, addiction, financial and legal issues, and homelessness.

Women’s Health Centre Clients 2020-21 Age Distribution

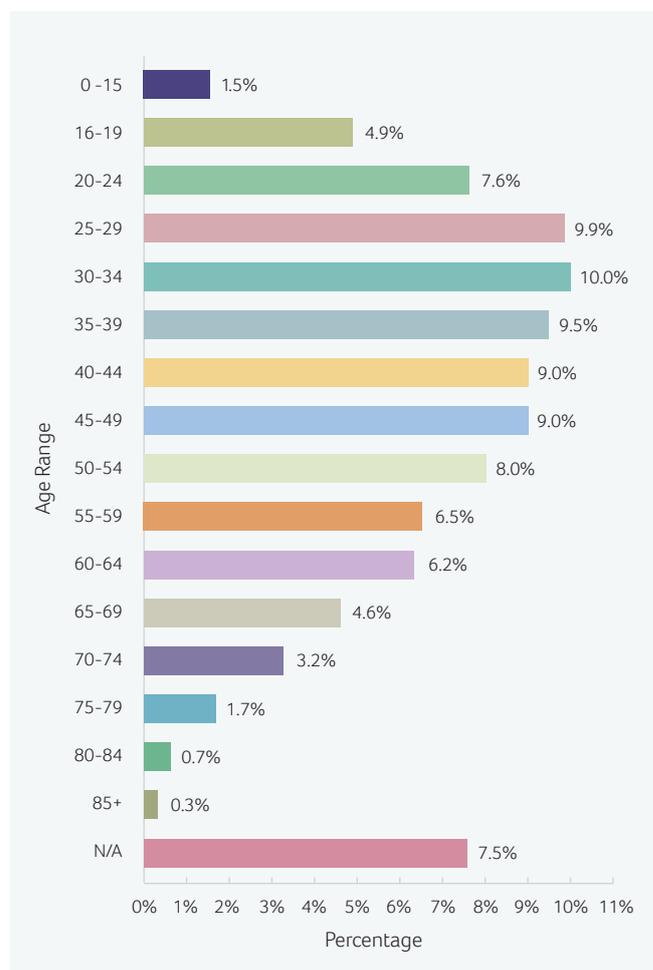


Fig 6 – Women’s Health Centre Clients 2020-21 Age Distribution

Women’s Health Centres 2020–21 – Prevalence of Presenting Health Issues

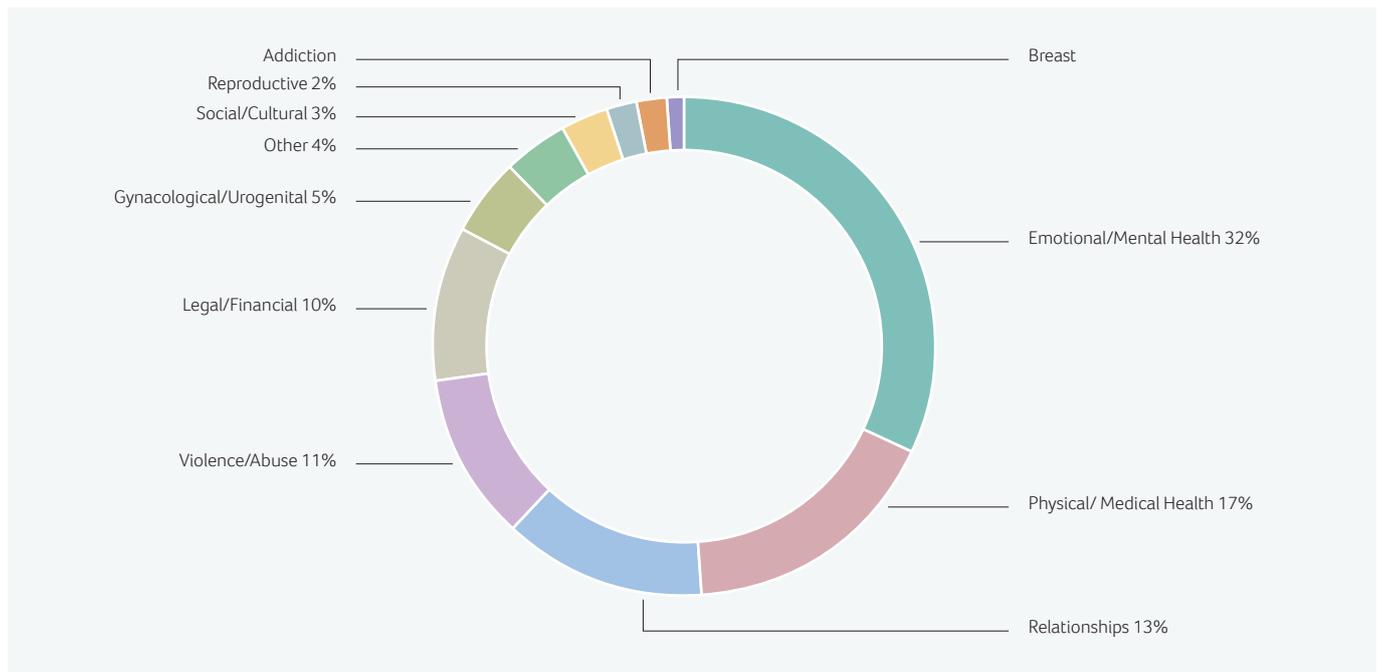


Fig 7 – Women’s Health Centres 2020-21 Prevalence of Presenting Health Issues

2.4.1.2 An Appropriate Setting

The safe, private and women-focused settings provided by Women’s Health Centres, and the assurance of being treated or supported by female staff is recognised within the literature as an element of service delivery that has positive impact on women’s health outcomes³⁰. This approach is relatively unique within the NSW health system yet is recognised as crucial to enabling access to health services for women, particularly for those who: are experiencing the health effects of trauma associated with domestic and family violence or sexual assault³¹; and those from Aboriginal and Torres Strait Islander and many CALD backgrounds^{32,33}.

The Women’s Health Referrer Survey indicated that professionals see significant value in the unique women-friendly settings provided by Women’s Health Centres. Of the 90 respondents:

- 83% indicated that a ‘women’s-only’ setting was the most appropriate option for the client that they chose to refer
- 61% indicated that the Women’s Health Centre provided a culturally appropriate service that their client required.

A school principal in a highly culturally diverse area of Sydney who was interviewed for this business case described the importance of the women’s-only setting for women in her school community as follows:

“99% of families in our school community are from non-English speaking backgrounds. Many are refugees and are traumatised by war in their home countries. Many of the women – mothers – are heavily restricted in their movements. Often the only places they are permitted to visit is the school, and the Women’s Health Centre – which is viewed as appropriate because only women are there. The Women’s Health Centre means they can get health care, and staff also come to the school regularly to do health workshops for these women.”

- Primary School Principal, Canterbury/Bankstown LGA

2.4.1.3 A Necessary Community Based Health Service

A 2017 Urbis report, commissioned by the NSW Ministry of Health found that Women's Health Centres are 'providing a multitude of primary health and well-being services to a group of women who may have otherwise only received care and support via the acute system'³⁴.

This finding was reinforced by the survey of 90 professionals and organisations who refer to Women's Health Centres:

- 43% of survey respondents indicated that most clients that they currently refer would not be able to access the services they need elsewhere if the Women's Health Centre was not available
- 26% of respondents indicated that at least three-quarters of their clients would be similarly unable to access the services they need.

When respondents were asked why they referred clients to the Women's Health Centre:

- 73% indicated that their clients would be unable to pay for the services and support they require
- 40% said that other providers in the area were already at capacity, or had extended waitlists
- 30% indicated that the Women's Health Centre was the **only** organisation in the local area providing the services that their clients needed

In the 2021 Future Health Report³⁵, NSW Health recognises that acute care is expensive and unsustainable given rising demand in the community and acknowledges the need both to increase investment in community care, and improve integration with primary care and non-government organisations.

During the recent COVID-19 lockdowns in NSW, Women's Health Centres played a key role in health promotion and support efforts in local communities. Staff provided health information to women and families in community languages, rapidly adapted service delivery to provide mental health services to women online, and remained open to provide essential services to women in immediate need.

The prevalence of mental health issues, psychological distress, domestic and family violence and sexual violence amongst women across NSW, most recently exacerbated by COVID-19, is seeing ever increasing – and often unmet – demand for essential health services, and mental health services in particular. Recent data released by the Australian Healthcare Index showed that in NSW, 24% of respondents (n=2,513) had sought treatment for mental health in the past 6 months. Of these, 19% had waited two or more months to receive support and, of those still waiting, almost 60% had been waiting for over three months. These indicators of unmet demand are supported by current waitlists for counselling and therapeutic services in Women's Health Centres, many of which extend to three months.

Over 40 years, Women's Health Centres have developed extensive infrastructure in the form of local knowledge, partnerships, connections and support, incorporating Government services and community organisations, businesses and community leaders. These networks allow for 'no-wrong door' service provision, facilitate effective integrated care, and maximise the impact of available funding by integrating the full range of Government and non-government support for clients. Wherever possible, no woman is turned away from a Women's Health Centre without receiving some form of assistance, information or referral.

Community network infrastructure, and the capacity to offer integrated 'no-wrong door' servicing, is highly valued by local communities and in all Government service commissioning efforts - and is difficult to replace.

2.4.1.4 Cost-Effective Outcomes

The 2017 Urbis report, commissioned by the NSW Ministry of Health found that Women's Health Centres are 'providing a multitude of primary health and well-being services to a group of women who may have otherwise only received care and support via the acute system'³⁶. The report noted that the Women's Health Program contributes to reductions in the burden of disease associated with mental health, domestic and family violence, cancer and chronic disease.

In addition, Urbis 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

Cost-benefit analysis and financial modelling undertaken for this Business Case indicates that the Women's Health Program, at current levels of servicing, delivers a minimum of \$33.9 million in savings (costs avoided) for the NSW Government alone.



“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 well-being 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.”³⁷

2.5 Strategic Alignment with Government Priorities

KEY MESSAGES

- The Women’s Health Program model and approach provides access to much needed trauma-informed mental health services outside of the acute care environment, as well as treatment, preventative health and health education services to women across their lifespan
- The program is closely aligned to key priorities across a range of current NSW Government health strategies and frameworks.
- Key Priorities include:
 - improving access to community care outside hospitals
 - strengthening service integration and co-ordination
 - addressing the social determinants of ill health
 - preventative health: improving health education and literacy so that people stay well for longer
 - improving service accessibility and outcomes for priority populations

2.5.1 Overview

The Women’s Health Program, delivered by Women’s Health Centres, provides a holistic and integrated approach to community-based health care for priority populations of women which addresses the social determinants of ill health.

The program provides access to much needed trauma-informed mental health services outside of the acute care environment, as well as preventative health and health education services to women across their lifespan which allow them to take an active role in their health and well-being and decisions around care.

In addition, the community network infrastructure, developed over 40 years by individual Women’s Health Centres, supports a ‘no-wrong door’ approach to servicing, and maximises the impact of both Women’s Health Program funding and other funding.

The Women’s Health Program model and approach is closely aligned to key priorities across a range of current NSW Government health strategies which include:

- improving access to community care outside hospitals
- strengthening service integration and co-ordination
- addressing the social determinants of ill health
- preventative health: improving health education and literacy so that people stay well for longer
- improving service accessibility and outcomes for priority populations

“Enhancing support for women’s health is crucial to improving the financial security and overall quality of life of women across New South Wales”

– NSW Budget 2022-23: Women’s Opportunity Statement



2.5.2 NSW Government: Strategic Health Priorities & Frameworks

2.5.2.1 NSW Premiers' Priorities

The Women's Health Program model and approach contributes to key Premiers' Priorities around health and is consistent with identified strategies.

PRIORITY: Reduce potentially preventable visits to hospital by 5% through to 2023 for people who can safely receive their care in the community.

Key strategies aligned to the Women's Health Program:

- Focus on providing healthcare in the community, particularly for people who have complex chronic health and social needs
- Help people to manage their health care needs, and stay healthy for as long as possible
- Support patients in the community using integrated approaches to care to reduce preventable visits to hospital

PRIORITY: Reduce the rate of suicide deaths in NSW by 20% by 2023

Key strategies aligned to the Women's Health Program:

- Promote a collaborative, co-ordinated and integrated approach to care which addresses mental health, drug and alcohol, domestic violence, sexual assault, disability and financial advice services.

2.5.2.1.1 NSW Human Services Outcomes Framework

The NSW Human Services Outcomes Framework is a cross agency framework for desired population outcomes to be achieved collectively by Government agencies and NGOs. The framework identifies priorities across seven Outcome Domains: Education & Skills, Economic, Health, Home, Safety, Empowerment, Social & Community connectedness.

The Women's Health Program contributes primarily to outcomes for women and families in domains 3, 5 and 6:

3. Health

Improve mental health and well-being

Improve individuals' access to the health care services they required

Keeping people healthy through proactive management and education

Improve Aboriginal health outcomes

5. Safety

All children are safe from harm

All people are safe from domestic and family violence

6. Empowerment

The customer is at the heart of decision making that affects them

Service design is determined by customer experience

Service provision is non-discriminatory and culturally appropriate

2.5.2.2 NSW Health - NSW Women's Health Framework (2019)³⁸

The NSW Women's Health Framework (2019) is a strategic framework for structuring health services in NSW that

“help women to meet their physical, emotional, social and economic potential by increasing opportunities for women and girls to experience better health and well-being at every stage of their lives”.

The Framework is based on the following six principles which are fully reflected in the Women's Health Program service model and approach:

- taking a holistic view of the health and well-being of women and girls
- recognising the social determinants of health and well-being
- taking a gendered approach and promoting health equity for all women
- adopting a life course approach
- empowering women and girls to play an active role in their health and well-being
- improving access and engagement in health services and programs for all women

2.5.2.3 NSW Health – Future Health: Guiding the next decade of care in NSW 2022–2032³⁹

The Future Health Report states that NSW Health currently spends over \$30 billion per annum on healthcare services in NSW, with 5% of this is invested in community or other care settings. On current trends, activity across the NSW health system is expected to double by 2031, due to:

- rising demand, at rates beyond that attributed to population growth, especially in mental health, diabetes and communicable diseases
- groups in the community experiencing poorer health outcomes and access to care (for example, people over age 75 and from lower socio-economic backgrounds), which is exacerbated by poor linkages in today's care model provided across the health system in NSW

In Future Health, NSW Health recognises the need to increase investment in community care and to improve integration with primary care and non-government organisations.

The Women's Health Service Program service model and approach is consistent with, and will directly support, many of the key strategies outlined in the Future Health framework including:

- **1.2 Bring Kindness and compassion into the delivery of personalised and culturally safe care**

The cultural safety and competency of our health services impacts health outcomes, experiences of care, and accessibility to services for different communities. For Aboriginal and culturally and linguistically diverse (CALD) communities, there is a strong desire to feel culturally respected and heard when attending health services, and to ensure care is culturally appropriate and safe.

- **1.3 Drive greater health literacy and access to information**

Health literacy and access to information are critical for empowering patients to make informed decisions. The ability to access, read, understand and use health-related information is essential to make informed health decisions. Low health literacy can limit someone's ability to fully participate in making decisions about their care.

- **2.2 Deliver more services in the home, community and virtual settings**

Enabling more services to be delivered in the home, community and virtually has the potential to:

- *improve physical and mental health outcomes for patients*
- *improve patient experience by offering care in a convenient and comfortable environment and supporting recovery and management outside the hospital*
- *provide alternative settings of care where there may be limited access e.g. for rural and remote communities*
- *drive person-centred care and provide personalised care and service options*
- *reduce frequent and unnecessary admissions*
- *improve accessibility and remove the impacts of travel e.g. cost, time, and distance*
- *realise longer term sustainability.*

- **2.4 Strengthen equitable outcomes and access for rural, regional and priority populations**

Person-centred approach will promote and support equity and inclusion in the design and delivery of care for our patients, particularly our priority populations. This includes, but is not limited to, rural and regional communities, Aboriginal and Torres Strait Islanders, people from culturally and linguistically diverse backgrounds (CALD), people with mental illness, people with disabilities, children and young people, victims of violence, abuse and neglect, refugees, and people in low socio-economic deciles.

- **3.4 Support healthy ageing ensuring people can live more years in full health and independently at home**

An increased focus on promoting positive health behaviours across the population, delivering early risk-based interventions, supporting people to manage chronic conditions, and being responsible for their own health across their lifespan, will not only help strengthen the opportunity for people to benefit from wellness no matter their age, but relieve some of the pressure on the system

- **3.7 Partner to address the social determinants of ill health in our communities**

There is widespread evidence of a strong relationship between health and social determinants of health. Social determinants of health such as income, education and housing can strengthen or undermine someone's health trajectory and outcomes. Therefore, NSW Health's efforts to support people to be healthy and well, and to address social determinants of health cannot be achieved in isolation and requires us to work collaboratively across health disciplines and with partner agencies and organisations.

2.5.2.4 NSW Health - Integrated Prevention and Response to Violence, Abuse and Neglect (IPARVAN) Framework (2019) ⁴⁰

The IPARVAN framework outlines a public health response to violence and abuse and neglect which promotes integrated service delivery at system, service and practice levels. Integrated responses are defined as 'the provision of service responses in accordance with a person-centred approach that provides seamless care across multiple services, adopts a multidisciplinary and trauma-informed approach, and is designed around the holistic needs of the individual throughout the life course'.

Women's Health Centres have significant expertise responding to the complex health needs of women who have experienced violence, abuse and neglect. The holistic Women's Health Program service model is particularly well suited to addressing the needs of women experiencing complex trauma associated with these issues. The model is aligned to the key system design principles outlined in the IPARVAN Framework including:

- Person and family-centred, holistic and seamless care – that prioritises the safety, well-being and unique needs and preferences of the person and their family.
- Minimising the impact of trauma and supporting recovery from trauma – via Trauma Informed Care
- Early intervention – to change the long term trajectory of chronic disease and adverse health outcomes for people who have experienced violence, abuse or neglect
- Equitable, accessible and consistent service responses
- 'No wrong door' – collaboration to support people and their families to access the most appropriate service responses.

2.6 Performance & Outcomes

KEY MESSAGES

- Women's Health Centres have achieved strong performance against Women's Health Program targets and KPIs set by Local Health Districts
- Over the last 3 years, 70% of Centres achieved overperformance against their KPI targets in 50% or more of the key outcomes focused KPIs, despite COVID disruptions.
- The unique, holistic Women's Health Program model allows Centres to provide services to women presenting with a broad range of health issues, many of which fall at the intersection of health outcomes and social outcomes identified as Government policy priorities
- Effective intervention, support, education and prevention activities provided through the Women's Health Program to address key presenting health issues is the foundation for achieving the sustained, desired improvements in both health and social outcomes
- Across the sector, Women's Health Centres anticipate that the proposed investment, providing sustainable funding to support staff, servicing and infrastructure, will further increase both their capacity and effectiveness to deliver health outcomes

2.6.1 Women's Health Program Performance

Women's Health Program KPIs for each Women's Health Centre are negotiated with Local Health Districts in response to local priorities and reflected in individual funding agreements. Each KPI has both a target and an actual value, enabling sector-wide performance to be considered.

An assessment of Women's Health Centres against available outcomes and performance data for the last 3 years showed that almost 70% achieved overperformance against their KPI targets in 50% or more of the key outcomes focused KPIs (see Fig 8). It is important to note that these reporting years were all impacted by COVID which placed restrictions on many face-to-face programs, and the KPIs were generally not adjusted to reflect this impact.

Considering the disruptions of the last three years, this strong performance is a demonstration of the capacity and resilience of Women's Health Centres and their staff, to support clients and deliver outcomes under challenging conditions.

Women's Health Centre	3-Year Outcomes KPI Data (2019-20 to 2021-22)		
	Targets (count)	Actual exceeded Target (count)	Actual exceeded Target (%)
Women's Centre for Health & Well-being (Albury/Wodonga)	10	6	60%
Bankstown Women's Health Centre	29	9	31%
Blacktown Women's and Girls' Health Centre	30	26	87%
Blue Mountains Women's Health and Resource Centre	22	18	82%
Central Coast Community Women's Health Centre	13	9	69%
Central West Women's Health Centre	10	4	40%
Coffs Harbour Women's Health Centre	2	1	50%
Cumberland Women's Health Centre	9	5	56%
Fairfield Women's Health Centre (jointly auspiced by Bankstown & Liverpool)	24	18	75%
Illawarra Women's Health Centre	12	8	67%
Leichhardt Women's Community Health Centre	18	9	50%
Liverpool Women's Health Centre	26	20	77%
Shoalhaven Women's Health Centre	6	1	17%
Sydney Women's Counselling Centre	24	24	100%
WILMA Women's Health Centre	33	16	48%

Fig 8: Women's Health Centres - performance against outcomes KPIs 2019-20 to 2021-22)



2.6.2 Women's Health Program Outcomes

The 2017 Urbis report, commissioned by the NSW Ministry of Health found that Women's Health Centres are 'providing a multitude of primary health and well-being services to a group of women who may have otherwise only received care and support via the acute system'⁴¹.

In particular, this report noted that Women's Health Centres and the Women's Health Program contribute to the following State and Commonwealth health priorities:

- reducing mental health related burden of disease
- reducing domestic and family violence related burden of disease
- reducing cancer-related burden of disease
- preventing or delaying chronic disease

The unique, holistic Women's Health Program model allows Centres to provide services to women presenting with a broad range of health issues, many of which fall at the intersection of health outcomes and social outcomes identified as Government policy priorities. For example, women – particularly from lower socio-economic backgrounds – who present with trauma and mental health issues from domestic and family violence, are often facing economic challenges and also have immediate needs for support with safety, housing, food security and child welfare.

The complex, cross-sectional nature of these issues means that outcomes inevitably sit across the policy remits of multiple Government departments and funding streams and Women's Health Centres leverage established local knowledge and connections to provide women with access to the full range of available supports.

However, effective intervention, support, education and prevention activities provided through the Women's Health Program to address key presenting health issues is the foundation for achieving the sustained, desired improvements in both health and social outcomes.

Sustainable funding levels for the Women's Health Program proposed in this business case, would ensure Women's Health Centres are able to, at a minimum:

- continue meeting current KPIs set by Local Health Districts (Scenario 1)
- sustain the strong performance demonstrated over the last three years (Scenario 2)

Based on identified benefit proxies for interventions targeting the top presenting health issues - Emotional/Mental Health, Physical/Medical Health, Violence/Abuse, and Relationships (which account for 75% of all presentations) - we estimate that the Women's Health Program currently delivers a minimum of \$33.9 million per annum in avoided costs for the NSW Government.

Across the sector, Women's Health Centres also anticipate that the proposed investment, providing sustainable funding to support staff, servicing and infrastructure, will further increase both their capacity and effectiveness to deliver health outcomes. This will be achieved through:

- improved ability to attract, support, develop and retain a full cohort of professional staff;
- reduced risk of staff burnout from working long hours and the need to cover multiple roles;
- greater ability to leverage other sources of funding from a stable base and deliver more integrated health services to clients;
- improved economies of scale, with greater capacity to partner with other agencies including NSW Health, Department of Communities and Justice and PHNs to manage short-term project priorities and single worker programs;
- improved capacity to collect, report and analyse data on client outcomes and adapt to emerging needs.



2.7 Stakeholder & Community Support

KEY MESSAGES

- Stakeholder consultation of organisations and individuals who refer to Women’s Health Centres indicates that these services are considered an essential part of local health service infrastructure.
 - 69% of referrers indicated that three-quarters or more of their clients would not be able to access the services they need elsewhere if the local Women’s Health Centre was not available
 - 30% indicated that the Women’s Health Centre was the only organisation in the local area providing the services that their clients needed
 - 40% said that other providers in the area were already at capacity, or had extended waitlists
- Representatives from NSW Government agencies who refer to Women’s Health Centres rated the quality and appropriateness of service provided as ‘Excellent’ or ‘Good’, and two-thirds indicated that 75% or more of the clients they refer to Women’s Health Centres would not be able to access the services that they need elsewhere.
- All referrer comments highlighted the benefits of the unique Women’s Health Program model, service quality, diversity and accessibility and integration with local service systems and communities.
- Consistent themes in feedback from Women’s Health Centre clients included:
 - The service was more effective in meeting the client’s needs than other services that they had accessed in the past with the trauma-informed approach noted as particularly crucial
 - The service was effective in supporting recovery from complex trauma, particularly the health impacts of domestic and family violence and sexual violence
 - The women-friendly space offered by the Women’s Health Centre was important in creating a sense of safety for many clients
 - Services and support provided to clients was effective in identifying and diverting clients from self-harm, helping them to leave abusive relationships, and to address and overcome addictions
 - Addressing the health impacts of trauma supported clients’ recovery and capacity to engage in family life and employment

Stakeholder consultation for this business case included a survey of 90 professionals across Government and non-Government organisations who refer to each of the 20 Women’s Health Centres, along with a small number of follow up interviews.

Results of client feedback and satisfaction surveys undertaken by Women’s Health Centres were also reviewed, along with other evidence of community engagement including partnerships and donations.

Interviews were also conducted with representatives from the NSW Ministry of Health.

2.7.1 Referrers

The 90 respondents to the Referrer Survey represented organisations who refer to all 20 Women’s Health Centres across NSW.

Services provided by Women’s Health Centres were viewed as essential.

- 43% of respondents indicated that **most** clients that they currently refer would not be able to access the services they need elsewhere if the Women’s Health Centre was not available
- 26% of respondents indicated that at least three-quarters of their clients would be similarly unable to access the services they need.
- 73% indicated that their clients would be unable to pay a private provider for the services and support they require
- 30% indicated that the Women’s Health Centre was the **only** organisation in the local area providing the services that their clients needed
- 40% said that other providers in the area were already at capacity, or had extended waitlists

Respondents indicated that their positive association with Women’s Health Centres was a key factor when making referrals.

- 71% indicated that they had good, established relationships with the Women’s Health Centre
- 71% indicated that the Women’s Health Centre has a good reputation in the local community

Respondents reported a high level of satisfaction with the quality of service provided by Women’s Health Centres.

	% Rating as ‘Excellent’ or ‘Good’
Ease of making referrals	94%
Timely response to referrals	92%
Quality and Appropriateness of service provided to the client	96%
Appropriateness of the referrals that the Women’s Health Centre made to other support services (as required)	97%
Communication about the client’s needs or progress (where appropriate)	92%

Services provided appear to be highly valued by stakeholders. Respondents working across the NSW health, justice and social systems - in both Government and non-government organisations - expressed strong support for Women’s Health Centres. Comments highlighted the benefits of the unique service model, service quality, diversity and accessibility and integration with local service systems and communities.

Of note, approximately 20% of respondents to the Referrer Survey conducted for this business case were staff from NSW Government services, including NSW Health, NSW Police, Cancer Institute of NSW, and NSW Public Schools. Of these, 94% rated the quality and appropriateness of service provided to clients by the Women’s Health Centre as ‘Excellent’ or ‘Good’, and two-thirds indicated that 75% or more of the clients they refer to Women’s Health Centres would not be able to access the services that they need elsewhere.

A sample of respondent comments is shown in Fig 9.

“Women’s Health Centres are an excellent one-stop-shop model for women, especially vulnerable women and youth.”

Counsellor, NSW Health

“A very important and safe service for women of all cultural backgrounds in the SWSLHD area.”

Registered Midwife/Nurse,
Liverpool Hospital

“The (Women’s) health centre is well known for supporting women in the community. It has great programs for women who are isolated, to access social/ well-being groups activities. The service is always willing to provide support and assistance as able. It is an essential service in the community. A place where women can feel at home and comfortable.”

Social Worker, Community Health Transitional Aged Care Program, NSW Health

“Lovely staff who provide a cultural safe place for women, out reach clinics are excellent in providing services closer to home for women”

Senior Palliative Care Worker, NSW Health

“WHC (Women’s Health Centre) is a place that women from CALD communities find it welcoming and easy to access, understanding, people who speak their language. They feel they can talk about private issues and will not have problem.”

Bilingual Community Education Coordinator,
NSW Health

“This Women’s Health Centre plays a vital role in the local area servicing victims of domestic and family violence”

Team Leader Domestic Violence, NSW Police

“WHCs are safe space for women. It is welcoming for women. The quality of service is high and workers are dedicated with long standing history of working on women’s issues. The centres achieve a lot with little resourcing. The role they play in improving health outcomes of women and indeed the entire community is sometimes understated”

Multicultural Advisor, Cancer Institute NSW

“Our local centre is very involved in the community & offers high quality groups and counselling to local women.”

Manager, Eastlakes Family Support Service

“Local WHC provide a service to us by having existing groups in priority CALD, Aboriginal and low socio-economic & disadvantaged populations that we can access to provide education about the BreastScreen NSW program. They assist by referring their clients to BreastScreen NSW local services. We do not have the resources to do all of this on our own and reaching out and having partnerships with key stakeholders such as WHC is imperative to reach these populations.”

Manager, BreastScreen NSW

“The Counsellors at Sydney Women’s Counselling Centre have lots of experience supporting women with complex issues. Our clients, particularly those who have experienced DV, want to talk to someone who is focused on women’s issues. The private ATAPs funded services provide some support, but it’s all with private counsellors who don’t have the same experience with the really complex needs that my clients have. The waiting list is also too long at other places in the area. For example, I recently referred a client with post natal depression to a health/hospital program, but the waiting list was over 6 months. I’m now referring her to Sydney Women’s Counselling Centre to get her the support that she needs sooner.

Case Worker, St George Family Services

“Women’s Health Centres provide very specialist services. They are holistic, understand the particular needs of our client groups of marginalised women and are client centred. Often our clients are very anxious about service seeking and I feel confident when referring to a Women’s Health Centre, that their issues will be understood and responded to appropriately. WHCs, are part of a local community and system and as such have a role to play in both the response to the individual but also knowing the community in which they operate, and being able to advocate for the client group at that level.”

Bonnie Support Services

“ALBURY-WODONGA Women’s Centre for Health & Well-being have been amazing. Both in my current role at Gateway Health and my previous role at Centre Against Violence. They have provided excellent Family Violence counselling for victim survivors of family violence. They provide reasonably priced counselling for women who would otherwise not be able to access this support. There is a large gap in the local area in terms of affordable Family Violence counselling which the Women’s Centre supports to fill. Without this service clients in my region would be majorly negatively impacted- and be facing high financial costs for counselling or excessive waitlists (12 months +). For women who have been impacted by Family Violence they are already suffering financial impacts, this would create further barriers to them receiving support”.

Family Violence Case Manager,
Gateway Health

“Shoalhaven Women’s Health Centre is very open & flexible, especially to warm referrals & connecting women to other supports in the community”

Case Worker, YWCA Domestic Violence
Intervention Service

“The service provided is excellent. Particularly for disadvantaged, homeless and CALD clients.”

General Practitioner, Gandangara Aboriginal
Health Service

“WHC are limited in resources and funding to support the needs within the community as the need in the community is greater and ongoing. Increase in funding is needed to ensure WHC have the appropriate and relevant resources to support the community in need.”

OOHC Case Manager, Creating Links

“Detour House has relied on services at Leichhardt Women’s Centre for at least 10 years. Their services have helped hundreds of homeless women who come into our service as a result of homelessness, mental health, DV and trauma.”

Case Manager, Detour House

“Our local centre is very involved in the community & offers high quality groups and counselling to local women.”

Manager, Eastlakes Family Support Service

“Women’s Health Centres are important for woman seeking support independently or in a group setting and our local one is mindful of the needs of women in our local area - provide a great health/support outlet.”

Domestic Violence Case Manager, Macarthur Case Management Services

“Client feedback has been very positive. Long standing staff at this organisation which is great for clients relationship and trust building. Long standing service within the community with growing numbers is this particular LGA, particularly CALD clients.”

Coordinator, Turning Point Camden



Fig 9 – Women’s Health Centres Referrer Survey: Respondent Comments

2.7.2 Clients

In addition to assessing health outcomes, Women's Health Centres undertake regular surveys of client experience and satisfaction. Client feedback from these surveys indicates strong support for the service and approach taken by Women's Health Centres. Consistent themes in client feedback include:

- The service was more effective in meeting the client's needs than other services that they had accessed in the past with the trauma-informed approach noted as particularly crucial;
- The service was effective in supporting recovery from complex trauma, particularly the health impacts of domestic and family violence, and sexual violence;
- The women-friendly space offered by the Women's Health Centre was important in creating a sense of safety for many clients;
- Services and support provided to clients was effective in identifying and diverting clients from self-harm, helping them to leave abusive relationships, and to address and overcome addictions;
- Addressing the health impacts of trauma supported clients' recovery and capacity to engage in family life and employment.

Fig 10 provides a sample of feedback from Women's Health Centre clients.

"The first step was hard to make because I really didn't know what kind of help I would be getting here. I realized that I was physically and mentally and sexually abused and how deeply I was affected. I knew nothing about the outside world. I'm a much stronger person now, no one can control my life. I feel free, I can breathe now. I'm doing things that I never done before. I'm back to school, I have taken up a computer course. I feel confident. I'm full of talents that I never knew I had. This Centre has helped me in so many ways. I'm free now".

"Often I didn't want to hear certain things. Counselling involved a lot of hard work on my part. Sometimes I would go ahead in leaps and bounds other times I seemed to go backwards and sometimes I felt I was stagnating. After reading this you might think why bother? I will tell you why: I am off my anti-depressant medication. I no longer put all my energy into thinking of ways to kill myself. My energy is now put into my life and making it what I want it to be. I no longer have to listen to those voices that tell me I'm not a good person. For the most part they are gone and if I hear them creeping up again I can refute them. I no longer feel I have to do for others and put up with certain things, I can now do for myself. I now know it's okay and healthy to express my anger and what healthy unhealthy relationships are. I now know I am a worthwhile person with a lot of great qualities. Thank you to everyone at the Centre for making it possible for me to make this journey."

"There is a great need in the community for a service such as this. It took me 20 years to find this one".

"I am a woman who has had mental illness for quite a few years. I have used not only this service but many other services. While I have had to learn to manage my illness and addictions I would have found it very hard to be in a mixed rehabilitation/counselling as the vulnerability I had and the fears I had to overcome were not ones I could easily face or express around men. It is vital that women who are suffering from addictions, domestic and emotional violence have a place of refuge and respite that is safe and has some serenity".

"I've had a lot of negative past experiences with men and it's really important for me to have a safe women's only space to feel comfortable and safe to come to work on my past abuse and with help be stronger and contribute more to my community"

“I have been a patient of Dr Laura Brien’s at the Coffs Harbour Women’s Health Centre for about a year now. This vital community health service quite literally saved my life.

After visiting numerous doctors over countless months for severe symptoms within my female reproductive area and feeling unheard, dismissed and not taken seriously I visited the Coffs Harbour Women’s Health Centre in the desperate hope they would have a better understanding of the symptoms I was experiencing due to their focus on women’s health. With the help and care of Dr Laura Brien, who took the time to listen to me as the person who knows my body best and knowing that something was wrong, we discovered I was suffering from stage 3C Ovarian Cancer. Unfortunately had I been taken more seriously by the previous doctors I’d visited it could have been caught a lot earlier before spreading, been less life threatening and more easily treatable. Unfortunately because of the stage it was found I had to endure 6 months of gruelling chemotherapy, countless hospital stays and procedures and undergo a radical hysterectomy as a 40 year old woman.

I’m so incredibly grateful to Dr Brien for helping me not only finally diagnose my symptoms but also help to arrange countless referrals to oncologists, surgeons and other services required for my ongoing treatment. She, along with the team at the clinic, have been a constant support and place of safety and understanding as I went through one of the most terrifying moments of my life. This support played such an enormous role in my healing.

This specialised service is vital for women and every community. General health services, especially within regional areas, cannot adequately service or understand the specialised area of women’s health. This has been my direct experience. The level of care and understanding is unique and will save women’s lives, as it did mine. It is crucial that specialised services like this, that care for and protect the women of our community are funded and operated in parallel to more general health services and are accessible and affordable to all women from all backgrounds.”

“Without this service I would have resorted to self-harm....I am grateful”.



“Counselling has helped me understand the reasons for my drug abuse and to be able to monitor and minimise my use”.

“Places like this are very valuable, they provide women with the skills for life. Therefore better citizens, more productivity, better families, better human beings. It’s a win win for all”.

“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”.

“I’m hoping to return to volunteer work before paid work after 10 years of PTSD. Years of other treatments did nothing. Here my life has changed significantly in a year”.

“Counselling here has helped me rise above the noise a lifetime of abuse makes, to see myself separately and engage all the skills I already have. Not reinventing the wheel, just rediscovering it. In 35 years of counselling this is the only place which treated me and not just all the problems abuse left me with”.

“Services like these are very difficult to find. Trauma is a long term situation that Medicare’s 10 session rebates does not adequately cover. Most psychologists I’ve seen also are not trauma informed (they are) CBT specialists that do not adequately address the prevailing issues present in trauma survivors. Having a therapist who is trauma informed has made a significant difference, which could be felt almost immediately. Trauma survivors may not have the financial ability to afford ongoing therapy so services here are so important in supporting us in our healing journey”.

“This service is one of a kind. Never have I come across one that works so well with woman from trauma background. It is very specialised work, dealing with us in crisis, highly stressful circumstances and in survival mode. As I was unemployed battling to find work for a long term period; I was facing homelessness + severe anxiety + depression it was incredibly hard to think clearly and make wise decisions. Through this service I have become whole, am in a stable environment & dealing with the scars as I heal. There is no way I could have accessed this service if it was not for free”.

“This Centre is a wonderful and vital service for women in NSW. Discussing this service with friends and family interstate, they are incredulous that this isn’t a more widespread offering to women in other areas . For many years I have attempted to seek help for certain personal issues and generally there are no services, long wait lists or are unaffordable. This is a godsend and much appreciated”.

Fig 10 – Women’s Health Centres Client Feedback

2.7.3 NSW Ministry of Health

Ministry of Health staff interviewed for this business case expressed support for Women’s Health Centres. Staff requested that the following items be addressed in the business case:

1. Clarification of the Women’s Health Program service model and a clear outcomes framework to demonstrate links with health priorities

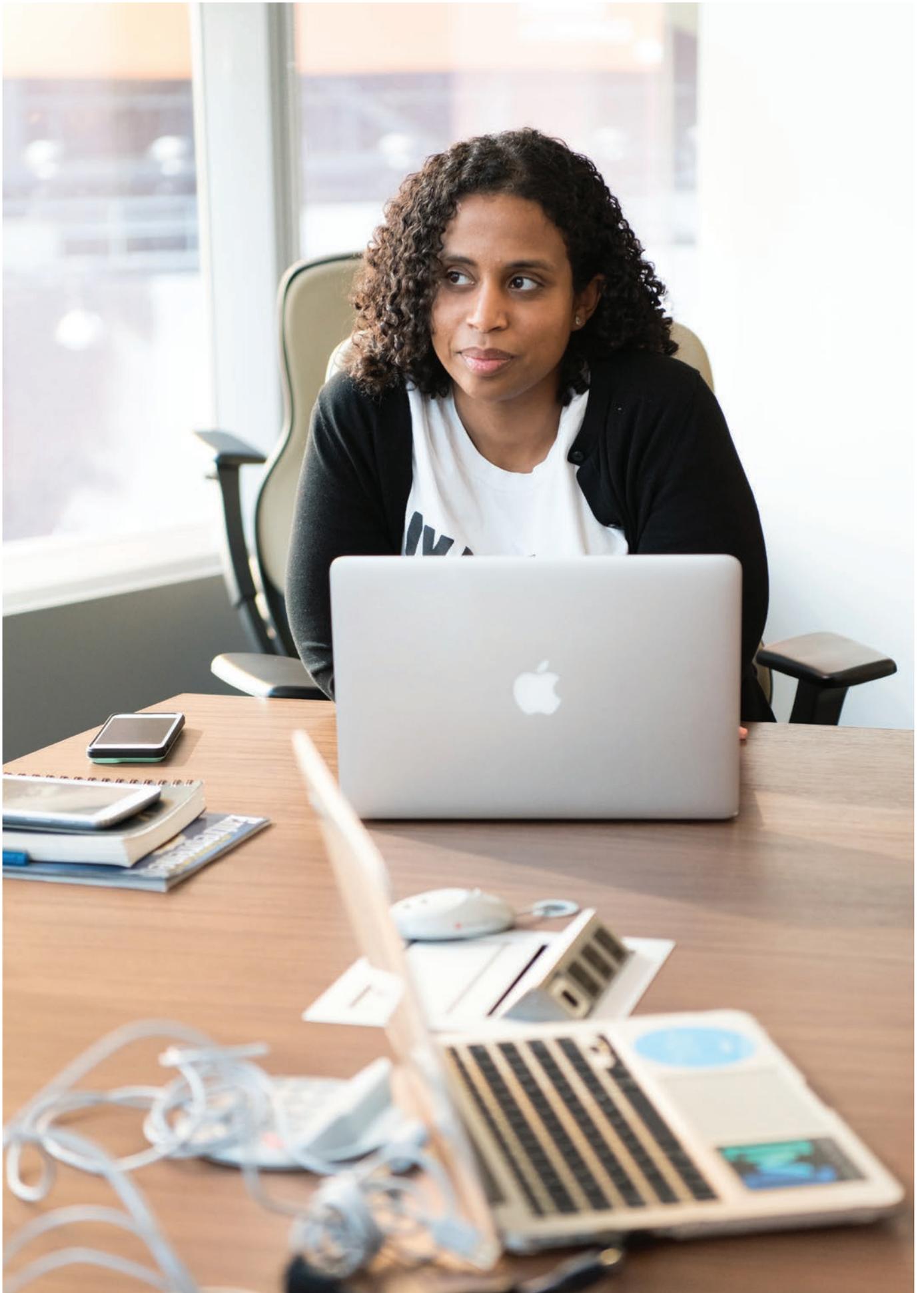
This has been addressed with presentation of the full service model detailing each component of the Women’s Health Program, and a proposed outcomes measurement framework linked to key presenting health issues.

2. The unique ‘collective’ arrangement, whereby the program is funded and operated through 20 individual organisations, requires assurance of good Governance and management processes

Section 4.2: Governance and Risk Management provides details of governance, accreditation and financial management processes in Women’s Health Centres. Appendix B also provides links to annual reports, financial statements and activity reports provided to the ACNC by each organisation.

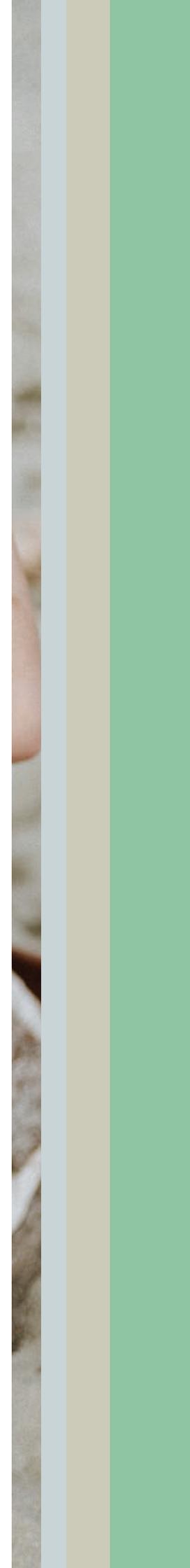
3. Effective IT Systems and cyber security are crucial and Women’s Health Centres must demonstrate capacity in this area

Section 4.2: Governance and Risk Management provides details of actions taken by the sector to address risks related to IT systems and cyber security. As this is part of the major structural changes that have occurred during the past 36 years, appropriate investment in IT systems, support and security is also incorporated into the sustainable costing methodology.





03



ANALYSIS OF THE PROPOSAL

3.1 The Base Case

KEY MESSAGES

- Current funding of the Women's Health Program for all Women's Health Centres is unsustainable.
- Our analysis found that, despite implementing cost saving measures such as redundancies and leaving critical positions vacant, total immediate operating deficits are equivalent to approximately 37% of current Women's Health Program funding.
- Without additional investment, **many Centres will be forced to close in the next 2 years**, or significantly reduce services.

Current funding of the Women's Health Program for all Women's Health Centres is unsustainable. Despite this rapidly growing need for health services, and NSW Government policy priorities to enhance community-based health care, Women's Health Centres are being forced to make skilled mental health, clinical and health education staff redundant.

At least three quarters of Women's Health Centres currently have immediate operating deficits associated with the Women's Health Program. The deficits reflect the gap between 2022-23 Women's Health Program funding and baseline staff structure required to deliver core services to meet targets set by Local Health Districts.

This year Centres are seeking to cover deficits by:

- making skilled clinical and health education staff redundant
- leaving critical positions vacant and either reducing services, or relying on remaining staff to work extended unpaid hours
- attempting to attract additional donations and fundraising
- drawing down on limited reserves

Our analysis found that, despite implementing cost saving measures such as redundancies and maintaining vacancies, total immediate operating deficits are equivalent to approximately 37% of current Women's Health Program funding.

These deficits are not sustainable. Without the additional investment proposed in this business case, many Women's Health Centres will be forced to close in the next 2 years, or reduce services to a point where there is no capacity to deliver program outcomes.

3.2 Information about the Proposal

KEY MESSAGES

- The proposed investment in the Women's Health Program covers the 20 Women's Health Centres operating across 11 NSW Local Health Districts and as well as the sector co-ordination and support services provided by the peak body, Women's Health NSW.
- Services to be delivered with the proposed investment in the Women's Health Program will continue to vary by Centre and location, reflecting community needs and the current priorities identified by each Local Health District in existing funding agreements.

3.2.1 Women's Health Program - Locations

The proposed investment in the Women's Health Program covers the 20 Women's Health Centres operating across 11 NSW Local Health Districts, as well as the sector co-ordination and support services provided by Women's Health NSW (overseen directly by the Ministry of Health).

NSW Local Health District	Women's Health Centre	Key NSW Local Government Area(s) Served
Central Coast LHD	Central Coast Women's Health Centre	Central Coast
Hunter New England LHD	Hunter Women's Centre	Newcastle
Illawarra Shoalhaven LHD	Illawarra Women's Health Centre	Wollongong; Shellharbour
	Shoalhaven Women's Health Centre	Shoalhaven
	WAMINDA - South Coast Women's Health and Welfare Aboriginal Corporation (Specialist Aboriginal Service)	Shoalhaven
Mid North Coast LHD	Coffs Harbour Women's Health Centre	Coffs Harbour
Murrumbidgee LHD	Women's Centre for Health & Well-being Albury-Wodonga	Albury
	Wagga Women's Health Centre	Wagga Wagga
Nepean Blue Mountains LHD	Blue Mountains Women's Health and Resource Centre	Blue Mountains; Lithgow
	Penrith Women's Health Centre	Penrith
Northern NSW LHD	Lismore Women's Health & Resource Centre	Lismore
South Western Sydney LHD	Bankstown Women's Health Centre	Canterbury-Bankstown
	Fairfield Women's Health Services	Fairfield
	Liverpool Women's Health Centre	Liverpool
	W.I.L.M.A Women's Health Centre	Campbelltown
Sydney LHD	Leichhardt Women's Community Health Centre	Inner West
	Sydney Women's Counselling Centre (Specialist Counselling Service)	Specialist service accessed by clients from Greater Sydney area
Western Sydney LHD	Blacktown Women's & Girls Health Centre	Blacktown
	Cumberland Women's Health Centre	Cumberland
Western NSW	Central West Women's Health Centre	Bathurst
Ministry of Health	Women's Health NSW	Statewide



3.2.2 Women’s Health Program Scope of Services

Services to be delivered with this proposed investment in the Women’s Health Program will continue to vary by Centre and location, reflecting community needs and the current priorities identified by each Local Health District in existing funding agreements.

Full details of the required investment, range of services and proposed activity levels to be delivered by each Women’s Health Centre under this proposal are provided at Appendix B.

The following table provides a detailed description of each component of the full, integrated Women’s Health Program Service Model:

WOMEN’S HEALTH PROGRAM SERVICE MODEL	
SERVICE TYPE	DESCRIPTION
CORE SERVICES	
Information, Intake & Assessment	<p>Includes:</p> <ul style="list-style-type: none"> Initial contact with, and triage of, all women who call or attend the Women’s Health Centre. Detailed Intake Assessment to identify presenting health issues, background and current circumstances, safety and needs, and determine the most appropriate interventions
Trauma-Informed Counselling	<p>A broad range of evidence-based counselling modes to address women’s mental and emotional health including:</p> <ul style="list-style-type: none"> Acceptance and Commitment Therapy, Dialectical Behavioural Therapy Narrative Therapy Behavioural Therapy Cognitive Behavioural Therapy Systemic Therapy Solution – focused Therapy Psychotherapy Trauma Specialisation <p>The most commonly addressed issues relate to violence and abuse, emotional trauma, grief and/or loss, relationships, self-esteem, and suicide.</p>
Emergency Assistance, Integrated Care & Referral	<p>Includes:</p> <ul style="list-style-type: none"> Emergency assistance that meets the urgent needs of women whose safety or health is at risk Advocacy and coordination of other supports and services to address the social determinants of ill health for women with complex or higher intensity needs. ‘Active holding’ of clients who are waiting to access services or supports Supported referrals to external health and social care services within the community including: <ul style="list-style-type: none"> alcohol and other drug services child and family services domestic violence/sexual assault services medical and counselling services accommodation services legal/financial other community health and support services
Community Engagement, Health Education & Promotion	<p>Provision of health information that aims to address women’s health literacy regarding the determinants of their health as well as their more immediate health issues. Services include:</p> <ul style="list-style-type: none"> Information sessions – designed to raise awareness of particular illness-inducing conditions faced by women (e.g. violence and various forms of abuse), were directed towards women in the general population attending schools, shopping centres, service clubs or community events Health Education – activities that target individual women or groups, and aim to provide health literacy and personal skills about particular health issues to enable women to make decisions that support their health and well-being (e.g. nutrition, sleep management, sexual health) Outreach – to specific groups of women who might not attend a women’s health centre (e.g. Aboriginal, non-English speaking, or older women, or women with particular health issues) to enhance their knowledge and/or skills about health issues Health Promotion – activities focused beyond the level of individual women and groups of women, in order to address social structures and social determinants that impact on women’s health

WOMEN'S HEALTH PROGRAM SERVICE MODEL

SERVICE TYPE

DESCRIPTION

CORE HOLISTIC SUPPORT SERVICES

Complementary Therapies	May include Massage, Nutrition, Acupuncture, Naturopathy provided by female practitioners. Health issues addressed are those most commonly associated with trauma and PTSD including: mental and emotional issues, gastrointestinal and musculoskeletal complaints, pain, tiredness and chronic fatigue.
Therapeutic Groups	Structured, multi-session groups led by professional counsellors that aim to support healing or management of emotional and mental health issues. Key presenting health issues addressed by Therapeutic Groups relate to violence and abuse, self-esteem, trauma and depression.
Health Education & Skills Development Groups	Provide health information and build women's health literacy to improve their knowledge and skills to better manage health, well-being and illness. Groups are delivered by a range of professionals including counsellors, GPs, nurses and allied health staff, many in partnership with other Government and non-government organisations. They address a wide variety of health issues based on identified needs including: nutrition, body image and emotional eating, living with chronic pain, managing stress, respectful relationships, parenting skills, menopause
Support Groups	Provide knowledge, life-skills and social support to empower particularly marginalised women – including Aboriginal, CALD and socially isolated women – to take control of their health. Some also address issues related to relationships, violence and abuse, and physical health.
Physical Activity & Wellness Groups	Provide opportunities and encouragement for women to engage in physical movement to enhance their mental and emotional well-being and reduce the risk of developing chronic illnesses. Physical activity groups feature relaxation, meditation and yoga, cardiovascular fitness, strength and balance training.

CORE CLINICAL SERVICES

Women's Health Clinical Consultations	Provided by a Women's Health General Practitioner and/or Women's Health Nurse
Health Screening & Reproductive Health	Includes Cervical Screening, Long Acting Reversible Contraceptives, gynaecological and care provided by a Women's Health General Practitioner or Women's Health Nurse
Allied Health Services	May include Psychology, Physiotherapy and Dietetics, provided by female practitioners



3.3 Projected Costs

KEY MESSAGES

- Financial modelling undertaken for this Business Case, provides the first ever standardised and fully costed model for sustainable delivery of the Women's Health Program service model through Women's Health Centres.
- The model applies a unit-costing approach which focuses exclusively on the services, activity levels and infrastructure associated with delivering the Women's Health Program in each centre.
- Projected levels of sustainable investment, which would ensure the continuity of the Women's Health Program, have been modelled under the three scenarios:
 - **Scenario 1** - Sustain activities, service levels and outcomes for the Women's Health Program which are **currently contracted** by Local Health Districts | Proposed Investment in 2023-24 of \$19.06 million
 - **Scenario 2** - Sustain activities, service levels and outcomes for the Women's Health Program which are **currently being delivered** by Women's Health Centres | Proposed Investment in 2023-24 of \$19.97 million
 - **Scenario 3** - Expand and enhance activities and service levels for the Women's Health Program to address unmet need, population growth and emerging local health issues identified by each Women's Health Centre | Proposed Investment in 2023-24 of \$30.86 million

3.3.1 Methodology – Sustainability Approach

Financial modelling undertaken for this Business Case, provides the first ever standardised and fully costed model for sustainable delivery of the Women's Health Program service model through Women's Health Centres.

The financial model applies a unit-costing approach which focuses exclusively on the services, activity levels and infrastructure associated with delivering the Women's Health Program in each centre.

In assessing sustainability, we have reviewed the current operations and approach of each Women's Health Centre and the sector as a whole. Key considerations included:

- The complex needs of the client group accessing Women's Health Centres, many with urgent health needs and multiple presenting issues
- Minimum Award conditions and pay grades to attract and retain professional staff with the skills needed to effectively deliver the services
- Standard workloads to minimise extended unpaid hours and reduce risk of staff burnout
- The operational requirements of providing an accessible, drop-in support service for women with urgent needs
- Recognition of the part-time employment arrangements which allow Women's Health Centres to provide a multi-skilled workforce
- Support staff required to ensure effective governance and administration of these services
- Recognition of new requirements that have emerged since 1986 including accreditation, information technology and security and expanded insurance, along with diminished access to 'peppercorn' rent arrangements
- Reasonable costs of maintaining basic infrastructure at current market rates

Sustainability assumptions and standardised rates applied throughout the modelling are documented and fully transparent - see Appendix A for full details.

3.3.2 Projected Costs

Projected levels of sustainable investment, which would ensure the continuity of the Women's Health Program, have been modelled for the sector as a whole and for individual Women's Health Centres, under three scenarios:

Scenario 1: Sustain activities, service levels and outcomes for the Women's Health Program which are currently contracted by Local Health Districts

- Recalibrates costing for the current Women's Health Program to reflect the major structural adjustments that have occurred
- Represents the minimum level of Women's Health Program funding required by Women's Health Centres to remain viable and continue operating this program.
- Scenario 1 is the base level of funding required for the Women's Health Program to continue.

Scenario 2: Sustain activities, service levels and outcomes for the Women's Health Program which are currently being delivered by Women's Health Centres

- This reflects the minimum level of Women's Health Program funding required by Women's Health Centres to remain viable and sustain the levels of service delivery and outcomes that they are currently providing – over and above targets – to meet community needs.
- Scenario 2 provides a strong indication of immediate and acute health needs in local communities and it is strongly recommended that the Ministry of Health consider funding the Women's Health Program at this level.

Scenario 3: Expand and enhance activities and service levels for the Women's Health Program to address unmet need, population growth and emerging local health issues identified by each Women's Health Centre

- This reflects both unmet and emerging need in local communities identified by Women's Health Centres. It indicates the scale of investment required to address current waitlists, turn-aways and unmet need, as well as allowing for expansion of the unique service model to growing, vulnerable populations.
- We encourage the Ministry of Health, in consultation with Local Health Districts, to consider Scenario 3 and the potential for enhancing Women's Health Program funding to this level in each local area.

Sustainable delivery costs for each scenario have been calculated based on 2022–23 rates, with indexation of 5% applied to show funding required for 2023–24.

No indexation has been applied to the forward years, 2024–25 or 2025–26. As per current practice, it is assumed that proposed funding in the forward years would be escalated at an appropriate rate determined by NSW Government.

Projected costs for each modelled scenario are outlined below.

3.3.2.1 SCENARIO 1 – Sustain activities, service levels and outcomes for the Women's Health Program which are currently contracted by Local Health Districts

The proposed Scenario 1 investment in the Women's Health Program is the baseline investment required for Women's Health Centres to continue operating sustainably, and delivering the services and outcomes currently contracted under this program by NSW Local Health Districts.

Annual indexation applied to the program has not kept pace with the major structural changes and other expectations for health services that have emerged over the last 36 years. Scenario 1 recalibrates costing for the current Women's Health Program to reflect these major structural adjustments.

Modelling for this scenario applies the standardised sustainability assumptions to the current (2022–23) level of activity and desired outcomes for the Women's Health Program, reflected in individual contracts with Local Health Districts. Due to significant variability in the format of local funding agreements, activity levels for some service components have been estimated based on demonstrated delivery reported to NSW Health over the life of current contracts.

3.3.2.1.1 Scenario 1 – Proposed Investment

Scenario 1 modelling indicates that the total funding of \$10.56 million for the Women's Health Program in 2022–23 fell short by approximately \$7.53 million.

Applying indexation of 5% to both costs and the existing Women's Health Program grant, Scenario 1 proposes an increase in recurrent program funding of \$7.97 million in 2023–24, which would bring the total annual Women's Health Program grant to \$19.06 million.

Cost benefit modelling estimates that this investment would result in a minimum of \$32.6 million in avoided costs for NSW Government in 2023–24, representing a return on investment of 71%.

Scenario 1 modelling for the Women's Health Program at 2023–24 rates is shown below. Our modelling assumes that indexation would be determined annually by the NSW Government and NSW Health, and applied to each of the forward years as per standard funding arrangements.

SCENARIO 1	% of Total	Estimated Full Cost (2022-23 Rates) \$	Proposed 2023-24 \$	Proposed 2024-25 \$	Proposed 2025-26 \$
EXPENSES					
Salaries & Wages (including on-costs)					
Direct Service Delivery	49%	\$8,835,621	\$9,315,400	\$9,354,529	\$9,354,529
Management, Community Partnerships & Capacity Building	15%	\$2,730,499	\$2,878,781	\$2,890,889	\$2,890,889
Administration & Support	12%	\$2,251,661	\$2,373,928	\$2,383,902	\$2,383,902
Total Salaries & Wages	76%	\$13,817,781	\$14,568,109	\$14,629,320	\$14,629,320
Total Program Costs & Operating Expenses	24%	\$4,274,624	\$4,488,355	\$4,488,355	\$4,488,355
SCENARIO 1: TOTAL SUSTAINABLE DELIVERY COST		\$18,092,405	\$19,056,465	\$19,117,675	\$19,117,675
Less: Current Women's Health Program Grant		\$10,561,074	\$11,089,128	\$11,089,128	\$11,089,128
SCENARIO 1: Additional Investment in Women's Health Program		\$7,531,331	\$7,967,337	\$8,028,547	\$8,090,014

Women's Health Centre	Current WHP Grant (2022-23)	Estimated Sustainable Funding (2022-23)	Proposed 2023-24 (\$)*	Proposed 2024-25 (\$)*	Proposed 2025-26 (\$)*
1. Albury - Women's Centre for Health & Wellbeing Albury-Wodonga	\$307,700	\$707,619	\$745,469	\$748,011	\$750,564
2. Bankstown Women's Health Centre	\$514,102	\$719,959	\$758,260	\$760,632	\$763,014
3. Blacktown Women's & Girls Health Centre	\$681,200	\$997,402	\$1,050,584	\$1,053,995	\$1,057,420
4. Blue Mountains Women's Health and Resource Centre	\$546,000	\$1,152,639	\$1,214,157	\$1,218,159	\$1,222,177
5. Central Coast Community Women's Health Centre	\$751,300	\$1,543,781	\$1,625,900	\$1,630,977	\$1,636,075
6. Central West Women's Health Centre	\$282,845	\$586,120	\$617,369	\$619,370	\$621,379
7. Coffs Harbour Women's Health Centre	\$427,525	\$1,019,834	\$1,073,685	\$1,076,629	\$1,079,586
8. Cumberland Women's Health Centre	\$438,300	\$741,156	\$780,711	\$783,282	\$785,864
9. Fairfield Women's Health Services (jointly auspiced by Bankstown & Liverpool)	\$408,996	\$788,927	\$830,997	\$833,700	\$836,414
10. Hunter Women's Centre	\$577,000	\$684,195	\$720,745	\$723,155	\$725,576
11. Illawarra Women's Health Centre	\$594,000	\$1,243,142	\$1,309,588	\$1,314,004	\$1,318,438
12. Leichhardt Women's Community Health Centre	\$863,200	\$1,161,210	\$1,223,211	\$1,227,269	\$1,231,344
13. Lismore Women's Health & Resource Centre	\$382,635	\$808,064	\$851,210	\$854,035	\$856,871
14. Liverpool Women's Health Centre	\$881,902	\$1,436,479	\$1,513,128	\$1,518,097	\$1,523,087
15. Penrith Women's Health Centre	\$607,306	\$910,719	\$959,228	\$962,289	\$965,364
16. Shoalhaven Women's Health Centre	\$323,700	\$595,414	\$627,130	\$629,134	\$631,145
17. Sydney Women's Counselling Centre (Specialist)	\$408,282	\$851,694	\$897,179	\$900,165	\$903,165
18. W.I.L.M.A Women's Health Centre	\$618,800	\$812,735	\$856,103	\$858,915	\$861,739
19. Wagga Women's Health Centre	\$404,081	\$650,704	\$685,423	\$687,671	\$689,929
20. WAMINDA - South Coast Women's Health and Welfare Aboriginal Corporation	\$279,500	\$327,525	\$344,640	\$345,401	\$346,165
21. Women's Health NSW (Peak Body)	\$262,700	\$353,087	\$371,748	\$372,784	\$373,825
TOTAL SCENARIO 1	\$10,561,074	\$18,092,405	\$19,056,465	\$19,117,675	\$19,179,142

* Proposed estimates for forward years are presented in 2023-24 dollars. Salaries & Wages costs also include legislated Superannuation Guarantee increases. See Appendix B (Supplementary Publication) for full details of the required investment under Scenario 1 for each individual Women's Health Centre.

3.3.2.2 SCENARIO 2 – Sustain activities, service levels and outcomes for the Women’s Health Program which are currently being delivered by Women’s Health Centres

The proposed Scenario 2 investment in the Women’s Health Program reflects the investment required for Women’s Health Centres to continue operating sustainably and delivering services and outcomes at current levels.

Many Women’s Health Centres are attempting to provide additional counselling and other health services to address extensive needs in their communities. This is currently being achieved by

- professional staff working extended hours;
- engagement of volunteers; and
- by applying donations and other one-off grants.

Scenario 2 reflects both Local Health District priorities for the Women’s Health Program and local adaptations being made by Women’s Health Centres to meet current community needs. Where recent delivery has been impacted by COVID restrictions on face to face servicing, contracted rates of service delivery have been applied to Scenario 2.

Modelling for this scenario applies the standardised sustainability assumptions to current levels of activity and outcomes delivered by Women’s Health Centres under the Women’s Health Program.

3.3.2.2.1 Scenario 2 – Proposed Investment

Scenario 2 modelling indicates that the full cost of Women’s Health Program services currently being delivered by Women’s Health Centres in 2022-23 is approximately \$18.96 million.

Applying indexation of 5% to both modelled costs, and the existing Women’s Health Program grant, Scenario 2 proposes an increase in recurrent program funding of \$8.88 million in 2023-24, which would bring the total annual Women’s Health Program grant to \$19.97 million.

This level of investment would enable Women’s Health Centres sustain the levels of service delivery and outcomes that they are currently providing – over and above targets - to meet community needs.

Cost benefit modelling estimates that this investment would result in a minimum of \$35.6 million in avoided costs for NSW Government in 2023-24, representing a return on investment of 78%.

Scenario 2 modelling for the Women’s Health Program at 2023-24 rates is shown below. Our modelling assumes that indexation would be determined annually by the NSW Government and NSW Health, and applied to each of the forward years as per standard funding arrangements.



SCENARIO 2	% of Total	Estimated Full Cost (2022-23 Rates) \$	Proposed 2023-24 \$	Proposed 2024-25 \$	Proposed 2025-26 \$
EXPENSES					
Salaries & Wages (including on-costs)					
Direct Service Delivery	51%	\$9,579,260	\$10,099,418	\$10,141,840	\$10,184,441
Management, Community Partnerships & Capacity Building	14%	\$2,730,499	\$2,878,781	\$2,890,889	\$2,903,047
Administration & Support	12%	\$2,251,661	\$2,373,928	\$2,383,902	\$2,393,917
Total Salaries & Wages	77%	\$14,561,420	\$15,352,128	\$15,416,631	\$15,481,405
Total Program Costs & Operating Expenses	23%	\$4,397,569	\$4,617,447	\$4,617,447	\$4,617,447
SCENARIO 2: TOTAL SUSTAINABLE DELIVERY COST		\$18,958,988	\$19,969,575	\$20,034,078	\$20,098,852
Less: Current Women's Health Program Grant		\$10,561,074	\$11,089,128	\$11,089,128	\$11,089,128
SCENARIO 2: Additional Investment in Women's Health Program		\$8,397,914	\$8,880,447	\$8,944,950	\$9,009,724

Women's Health Centre	Current WHP Grant (2022-23)	Estimated Full Cost (2022-23)	Proposed 2023-24 (\$)*	Proposed 2024-25 (\$)*	Proposed 2025-26 (\$)*
1. Albury - Women's Centre for Health & Wellbeing Albury-Wodonga	\$307,700	\$747,329	\$787,311	\$790,005	\$792,710
2. Bankstown Women's Health Centre	\$514,102	\$761,186	\$801,700	\$804,227	\$806,764
3. Blacktown Women's & Girls Health Centre	\$681,200	\$1,187,813	\$1,251,227	\$1,255,370	\$1,259,530
4. Blue Mountains Women's Health and Resource Centre	\$546,000	\$1,189,494	\$1,252,992	\$1,257,135	\$1,261,296
5. Central Coast Community Women's Health Centre	\$751,300	\$1,607,519	\$1,693,050	\$1,698,359	\$1,703,690
6. Central West Women's Health Centre	\$282,845	\$631,042	\$664,706	\$666,882	\$669,066
7. Coffs Harbour Women's Health Centre	\$427,525	\$1,022,328	\$1,076,304	\$1,079,248	\$1,082,204
8. Cumberland Women's Health Centre	\$438,300	\$804,302	\$847,250	\$850,064	\$852,890
9. Fairfield Women's Health Services (jointly auspiced by Bankstown & Liverpool)	\$408,996	\$806,197	\$849,191	\$851,955	\$854,730
10. Hunter Women's Centre	\$577,000	\$844,715	\$889,896	\$892,929	\$895,975
11. Illawarra Women's Health Centre	\$594,000	\$1,268,459	\$1,336,248	\$1,340,745	\$1,345,261
12. Leichhardt Women's Community Health Centre	\$863,200	\$1,161,210	\$1,223,211	\$1,227,269	\$1,231,344
13. Lismore Women's Health & Resource Centre	\$382,635	\$820,061	\$863,842	\$866,703	\$869,576
14. Liverpool Women's Health Centre	\$881,902	\$1,502,283	\$1,582,484	\$1,587,722	\$1,592,982
15. Penrith Women's Health Centre	\$607,306	\$910,719	\$959,228	\$962,289	\$965,364
16. Shoalhaven Women's Health Centre	\$323,700	\$610,928	\$643,477	\$645,540	\$647,611
17. Sydney Women's Counselling Centre (Specialist)	\$408,282	\$910,969	\$959,637	\$962,849	\$966,074
18. W.I.L.M.A Women's Health Centre	\$618,800	\$841,118	\$886,010	\$888,930	\$891,863
19. Wagga Women's Health Centre	\$404,081	\$650,704	\$685,423	\$687,671	\$689,929
20. WAMINDA - South Coast Women's Health and Welfare Aboriginal Corporation	\$279,500	\$327,525	\$344,640	\$345,401	\$346,165
21. Women's Health NSW (Peak Body)	\$262,700	\$353,087	\$371,748	\$372,784	\$373,825
TOTAL SCENARIO 2	\$10,561,074	\$18,958,988	\$19,969,575	\$20,034,078	\$20,098,852

* Proposed estimates for forward years are presented in 2023-24 dollars. Salaries & Wages costs also include legislated Superannuation Guarantee increases.

Appendix B (Supplementary Publication) for full details of the required investment under Scenario 2 for each individual Women's Health Centre.



3.3.2.3 SCENARIO 3 – Expand and enhance activities and service levels for the Women’s Health Program to address unmet need, population growth and emerging local health issues identified by each Women’s Health Centre

Scenario 3 envisages an increased investment in the Women’s Health Program which would enable Women’s Health Centres to sustainably expand and/or enhance service delivery in their local area, where a need has been identified.

Scenario 3 estimates reflect demographic trends and both acute and emerging needs reported by each Women’s Health Centre based on, for example: current waitlists for counselling appointments, numbers of women turned away from services, identified gaps in availability of local services, emerging demographic trends and population growth, and increases in the complexity of presenting health issues.

Modelling for this scenario applies the standardised sustainability assumptions to this proposed expanded and/or enhanced level of activity and desired outcomes for the Women’s Health Program.

3.3.2.3.1 Scenario 3 – Proposed Investment

Scenario 3, applied across the entire Women’s Health Program, would require a total investment of approximately \$30.86 million in 2023-24.

Applying indexation of 5% to both modelled costs, and the existing Women’s Health Program grant, Scenario 3 proposes an increase in recurrent program funding of \$19.74 million in 2023-24, which would bring the total annual Women’s Health Program grant to \$30.86 million.

Subject to negotiation with Local Health Districts, this level of investment would enable Women’s Health Centres to sustainably expand service delivery in response to acute and emerging needs, and population growth in their local communities.

Cost benefit modelling estimates that this investment would result in a minimum of \$56.4 million in avoided costs for NSW Government in 2023-24, representing a return on investment of approximately 83%.

Scenario 3 modelling for the Women’s Health Program at 2023-24 rates is shown below. Our modelling assumes that indexation would be determined annually by the NSW Government and NSW Health, and applied to each of the forward years as per standard funding arrangements.

SCENARIO 3	% of Total	Estimated Full Cost (2022-23 Rates) \$	Proposed 2023-24 \$	Proposed 2024-25 \$	Proposed 2025-26 \$
EXPENSES					
Salaries & Wages (including on-costs)					
Direct Service Delivery	58%	\$16,874,685	\$17,790,993	\$17,865,729	\$17,940,779
Management, Community Partnerships & Capacity Building	9%	\$2,730,499	\$2,878,781	\$2,890,889	\$2,903,047
Administration & Support	12%	\$3,485,112	\$3,674,356	\$3,689,791	\$3,705,291
Total Salaries & Wages	79%	\$23,090,296	\$24,344,130	\$24,446,409	\$24,549,118
Total Program Costs & Operating Expenses	21%	\$6,203,484	\$6,513,658	\$6,513,658	\$6,513,658
SCENARIO 3: TOTAL SUSTAINABLE DELIVERY COST		\$29,293,779	\$30,857,788	\$30,960,067	\$31,062,775
Less: Current Women's Health Program Grant		\$10,561,074	\$11,089,128	\$11,089,128	\$11,089,128
SCENARIO 3: Additional Investment in Women's Health Program		\$18,732,705	\$19,768,661	\$19,870,939	\$19,973,648

Women's Health Centre	Current WHP Grant (2022-23)	Estimated Full Cost (2022-23)	Proposed 2023-24 (\$)*	Proposed 2024-25 (\$)*	Proposed 2025-26 (\$)*
1. Albury - Women's Centre for Health & Wellbeing Albury-Wodonga	\$307,700	\$1,153,201	\$1,214,963	\$1,219,188	\$1,223,430
2. Bankstown Women's Health Centre	\$514,102	\$1,268,969	\$1,336,763	\$1,341,238	\$1,345,732
3. Blacktown Women's & Girls Health Centre	\$681,200	\$1,187,813	\$1,251,227	\$1,255,370	\$1,259,530
4. Blue Mountains Women's Health and Resource Centre	\$546,000	\$1,540,904	\$1,623,265	\$1,628,740	\$1,634,237
5. Central Coast Community Women's Health Centre	\$751,300	\$2,503,280	\$2,636,929	\$2,645,667	\$2,654,441
6. Central West Women's Health Centre	\$282,845	\$1,141,976	\$1,202,898	\$1,206,836	\$1,210,790
7. Coffs Harbour Women's Health Centre	\$427,525	\$1,463,085	\$1,540,766	\$1,545,428	\$1,550,109
8. Cumberland Women's Health Centre	\$438,300	\$804,302	\$847,250	\$850,064	\$852,890
9. Fairfield Women's Health Services (jointly auspiced by Bankstown & Liverpool)	\$408,996	\$1,131,948	\$1,192,250	\$1,196,065	\$1,199,896
10. Hunter Women's Centre	\$577,000	\$844,715	\$889,896	\$892,929	\$895,975
11. Illawarra Women's Health Centre	\$594,000	\$3,975,002	\$4,187,477	\$4,201,609	\$4,215,802
12. Leichhardt Women's Community Health Centre	\$863,200	\$2,020,544	\$2,128,700	\$2,136,042	\$2,143,414
13. Lismore Women's Health & Resource Centre	\$382,635	\$1,036,435	\$1,091,781	\$1,095,411	\$1,099,056
14. Liverpool Women's Health Centre	\$881,902	\$2,027,596	\$2,135,820	\$2,142,869	\$2,149,947
15. Penrith Women's Health Centre	\$607,306	\$1,492,566	\$1,572,216	\$1,577,388	\$1,582,582
16. Shoalhaven Women's Health Centre	\$323,700	\$1,381,231	\$1,454,889	\$1,459,622	\$1,464,375
17. Sydney Women's Counselling Centre (Specialist)	\$408,282	\$1,639,421	\$1,727,217	\$1,733,215	\$1,739,239
18. W.I.L.M.A Women's Health Centre	\$618,800	\$1,055,093	\$1,111,430	\$1,115,120	\$1,118,824
19. Wagga Women's Health Centre	\$404,081	\$830,443	\$874,836	\$877,792	\$880,761
20. WAMINDA - South Coast Women's Health and Welfare Aboriginal Corporation	\$279,500	\$327,525	\$344,640	\$345,401	\$346,165
21. Women's Health NSW (Peak Body)	\$262,700	\$450,044	\$473,939	\$475,375	\$476,818
TOTAL SCENARIO 3	\$10,561,074	\$29,293,779	\$30,857,788	\$30,960,067	\$31,062,775

* Proposed estimates for forward years are presented in 2023-24 dollars. Salaries & Wages costs also include legislated Superannuation Guarantee increases. Appendix B (Supplementary Publication) for full details of the required investment under Scenario 3 for each individual Women's Health Centre.

3.4 Cost-benefit Analysis

KEY MESSAGES

- Cost-benefit analysis applies benefit value proxies to the major categories of presenting health issues identified for women attending Women’s Health Centres: Physical/Medical Health, Emotional/Mental Health; Violence/Abuse
- Selected benefit proxies are limited to direct costs to the NSW Government, associated with hospitalisations and other government support services
- The most conservative estimate, applying a low 5% avoidance rate and a large 50% discount rate, indicates that the Women’s Health Program will deliver \$33.9 million in savings to the NSW Government in 2022-23.
- Applying a sustainable rates of program funding for current delivery, this equates to a minimum 78% return on investment.
- Total avoided costs exclude the substantial and well-evidenced costs borne by individuals (women and children), communities, employers, and intergenerational impacts on children/family.
- These non-valued benefits are distributed more heavily towards disadvantaged groups, who make up the majority of Women’s Health Centre clients.

The 2017 Urbis report noted that Women’s Health Centres are ‘providing a multitude of primary health and well-being services to a group of women who may have otherwise only received care and support via the acute system’⁴².

Services provided under the Women’s Health Program deliver improvements in health to women accessing the services, to their children and families, and extended benefits to the wider community.

For the purpose of this assessment, we have confined the estimated value of benefits to the avoidance of future costs to NSW Government only, achieved through effective delivery of interventions targeting key presenting issues for Women’s Health Program clients.

3.4.1 Benefit Value Proxies

To estimate benefits from the services, we have used cost saving proxies directly related to the four major categories of presenting health issue identified for women attending Women’s Health Centres.

Presenting Health Categories	Proxy Benefit Value
Physical/Medical Health	Cost of one medical care hospitalisation
Emotional/Mental Health	Cost of one mental health hospitalisation
Violence/Abuse	Annual cost of the impact of violence on health, justice and other service costs
Relationships	None selected

We have chosen to be conservative in our estimation by not selecting a proxy for the ‘Relationships’ health issue as we identify that it has a significant degree of overlap with both Emotional/Mental Health and Violence/Abuse and which is not easy to disaggregate. Our assumption is that service provision is generating a reduction in future health and other costs to NSW Government.

3.4.2 Benefit Rates

Using 2020-21 presenting health issue data from Women’s Health Centres, the four categories of health issues identified above account for almost three-quarters of all presenting health issues and therefore relate to the majority of service provision that influences positive outcomes for clients.

Health Issue	Total Presentations	% Share
Emotional/Mental Health	66,083	32.1%
Physical/Medical Health	34,064	16.5%
Relationships	26,349	12.8%
Violence/Abuse	22,502	10.9%
Legal/Financial	20,496	10.0%
Gynaecological/Urogenital	10,456	5.1%
Other	8,910	4.3%
Social/Cultural	6,713	3.3%
Reproductive	4,666	2.3%
Addiction	4,145	2.0%
Breast	1,580	0.8%
Total	205,964	100.0%

A high proportion of women present to Women’s Health Centres with multi-morbidities which have been shown to significantly increase the likelihood of hospital admissions for women in all age groups⁴³. For each presenting health issue, we have devised a proxy benefit value equal to the avoided cost of care and hospitalisation, typically associated with each presenting health issue:

Presenting Health Issue	Proxy Avoided Cost	Cost per day per person	Average days stay per person	Annual cost per person	Cost per incident
Physical/Medical Health ^	Cost of one medical care hospitalisation				\$4,820
Violence/Abuse *	Annual cost of the impact of violence on health, justice and other services			\$22,960	
Emotional/Mental Health #	Cost of one mental health hospitalisation	\$875	13.3	\$11,638	

3.4.2.1 Primary Data Sources

The following primary data sources were used to establish the value of these benefit proxies:

Productivity Commission (2022), 'Report on Government Services 'Services for Mental Health - Data table' (Section 13A), Australian Government Productivity Commission, released 1 February 2022.

- Productivity Commission identifies cost of inpatient care ranging \$874.80 - \$1489.02 per inpatient bed day and 13.3 days average length of stay for inpatient mental health treatment (public hospital acute) in NSW. 2019-20 data.
- Assume \$875 for inpatient bed day cost

* KPMG (2016), The cost of violence against women and their children in Australia, KPMG for Commonwealth Department of Social Services, May 2016

- KPMG 2016 identifies Commonwealth, state and territory governments bear 19 per cent of total costs (\$21.7 billion x 19% = \$4.1 billion) associated with the impact of family and domestic violence on women and children. Costs are attributable to the impact on the broader services system, including the health, justice, and human services sectors.
- Assume 50% of costs attributable to states/territories and 28% share for NSW (KPMG 2016 identifies NSW incidence at 28% of national states/territories).
- Assume 25,000 annual FDV incidents in NSW (KPMG 2016 cites "NSW's reported criminal incidents of domestic violence related assault has marginally increased from approximately 26,750 incidents in 2010-11 to 28,940 in 2014-15.")

^ Productivity Commission (2022), Report on Government Services 'Public Hospitals - Data Table' (Section 12A), Australian Government Productivity Commission, released 1 February 2022.

Productivity Commission identifies 'recurrent cost per weighted separation' of \$4820 in NSW in 2019-20. This cost is the average cost of providing care for an admitted patient (overnight stay or same day) adjusted for casemix. Casemix adjustment takes account of variation in the relative complexity of the patient's clinical condition and of the hospital services provided, but not other influences on length of stay.

3.4.3 Avoided Costs for NSW Government

Our analysis has applied the rates for each benefit proxy to total annual presentations of health issues to Women's Health Centres as follows:

Presenting Health Issue Category	Proxy Avoided Cost	Annual cost per person	Total annual presentations to Women's Health Centres in 2020-21
Physical/Medical Health*	Cost of one medical care hospitalisation	\$4,820	34,064
Violence/Abuse^	Annual cost of the impact of violence on health, justice and other service costs	\$22,960	22,502
Emotional/Mental Health#	Cost of one mental health hospitalisation	\$11,638	66,083

3.4.3.1 Calculation of Benefits

Avoided costs for NSW Government from the Women's Health Program could range as high as \$290 million if a 20% avoidance rate and no discounting of benefits was applied.

However, our conservative approach uses a low 5% avoidance rate and a large 50% discount rate to produce the estimate of avoided costs.

These conservative assumptions imply that:

- the Women’s Health Program achieves a 5% reduction in hospitalisations and other acute care and support that would otherwise have resulted from these presenting issues; and
- NSW Government realises savings equivalent to just 50% of the costs typically associated with this volume of presentations to hospitals and/or other government support services.

This conservative estimate indicates a final avoided cost to NSW Government of \$33.9 million per annum (2022-23 dollars), based on the current, actual levels of Women’s Health Program service delivery and outcomes (Scenario 2).

Presenting Health Issue Category	Avoided Costs per annum (2022-23)		
	Avoidance rates		
	5%	10%	20%
Physical/Medical Health	\$8,209,424	\$16,418,848	\$32,837,696
Violence/Abuse	\$25,832,296	\$51,664,592	\$103,329,184
Emotional/Mental Health	\$38,452,046	\$76,904,091	\$153,808,183
Total Avoided Cost	\$72,493,766	\$144,987,531	\$289,975,063
25% Discount Rate	\$54,370,324	\$108,740,648	\$217,481,297
50% Discount Rate	\$36,246,883	\$72,493,766	\$144,987,531
Final Avoided Cost	\$33,875,591		
Social discount rate	7%		

3.4.3.2 Sensitivity

This cost avoidance analysis using three proxy benefit value estimates potentially includes an overstatement of costs due to the generalisation of health cost estimates (costs averaged across health conditions) and the possibility of overlap between categories in some client instances (for example, impact of violence and mental health hospitalisation being related and therefore double counted in some individual cases). To overcome this potential overstatement, avoided costs have been scaled down by 25% and 50% to demonstrate that, even with the application of a high discount factor, there remains a large, avoided cost to the NSW Government.

This avoided cost analysis also contains a sensitivity analysis. Three levels of positive benefit outcomes have been identified (5%, 10% and 20%). The 5% benefit level has been selected for the avoided cost calculation to represent the most conservative assumption for benefit value.

Women’s Health Centres have a strong track record of client outcomes that suggest the actual rates of avoidance for these cost on an annual basis is likely to be much higher than 5%.

NSW Treasury advises that a real social discount rate of 7% be applied to the future service delivery benefits. This rate has been applied to the annual benefits described above.

3.4.4 Funding Scenarios - Estimated Benefits and ROI

Avoided costs to NSW Government were calculated based on actual Women’s Health Program service delivery in 2021-22. Estimated benefits therefore relate to activity levels and outcomes envisaged under Scenario 2.

Benefits and avoided costs for other scenarios have been estimated based on the relative proportion of direct service delivery salaries and wages. As current program funding is not considered to be sustainable, we present the rate of return on investment based on the proposed level of sustainable funding under each scenario.

The following table shows proposed program costs and minimum estimated avoided costs at 2023-24 rates, assuming indexation of 5% from 2022-23.

	Proposed Women’s Health Program Funding (2023-24)	Estimated Minimum Avoided Costs for NSW Government (2023-24)	Annual Return on Investment
Scenario 1	\$19,056,465	\$32,576,000	71%
Scenario 2	\$19,969,575	\$35,571,000	78%
Scenario 3	\$30,857,788	\$56,338,000	83%

Our most conservative estimates suggest that every \$1 invested in the Women’s Health Program achieves a minimum of \$1.71 in avoided costs for NSW Government.



3.4.5 Non-Valued Benefits

Our approach to valuing the benefits of Women’s Health services only recognises a part of the full benefits of the services. It specifically considers costs borne directly by the NSW Government.

The presented benefits are a significant under-assessment of the total avoided costs achieved through primary health services because the value calculation generally excludes the substantial and well-evidenced costs borne by individuals (women and children), communities, employers, and intergenerational impacts on children/family.

The exclusion of these non-valued benefits adds further to the conservative nature of the benefits value estimated.

Best practice valuation of social benefits would ideally measure both avoided costs for governments and the value of improved subjective well-being for individual clients. As part of this proposal for sustainable investment, Women’s Health NSW is proposing an outcomes framework and approach to outcomes measurement that would enable more comprehensive measurement and reporting of well-being values going forward.

3.4.6 Benefit Distribution

The network of 20 Women’s Health Centres across NSW provides direct support to address the health needs of over 50,000 women of all ages each year.

Women’s Health Centres have a client base representing more highly disadvantaged groups in the community. This includes women and children from lower socio-economic backgrounds, as well as those experiencing further levels of disadvantage including Aboriginal and Torres Strait Islander women and women from CALD backgrounds.

Together, these groups are the most prevalent service users and are provided with preferential access to Women’s Health services.

As government cost savings do not distinguish the profile of service users, it is important to note that the non-valued benefits described above are distributed more heavily towards disadvantaged groups within the community.

Therefore, Women’s Health Centre service users deliver a more significant relative value impact from these services, compared with the general population.

3.4.7 Recurrent Funding

As this proposal supports a business case for annual recurrent funding, we have identified single year benefit rather than a series of funding contract year benefits. Our assumption is that the positive annual benefit return relative to the proposed annual funding costs remains consistent throughout the life of the funding contract. Given the stability of service delivery and strong outcomes against the existing NSW Health KPI measures, this is a valid assumption for the benefit/cost assessment.

This benefit/cost analysis has been prepared with reference to the guidance contained in NSW Government TPP17-03 (Guide to Cost-Benefit Analysis) and TPP18-06 (Business Case Guidelines).

3.4.8 Future Client Volume

Any future annual rate of increase in client volumes (and therefore a corresponding increase in the value of client and government benefits) that exceeds the annual rate of funding increase agreed within the future funding contract, will result in the benefit to cost ratio continuing to rise and generate further net benefit to government.

Options for future client volume management are potentially to:

1. Cap client numbers and/or occasions of service at a growth rate that does not exceed any annual real funding rate increase.
2. Build into the contract an annual real funding increase metric based on the increased rate of clients or target occasions of service.

3.5 Financial Health & Support

Proposed levels of investment will enable each Women’s Health Centre to deliver the Women’s Health Program sustainably over the next 3 years.

Appendix B (Supplementary Publication) provides links to financial statements and annual information statements for each Women’s Health organisation.



04



IMPLEMENTATION CASE

4.1 Outcomes Framework

KEY MESSAGES

- NSW Health's Commissioning for Better Value approach aims to shift the focus in health care from outputs to outcomes.
- The Women's Health sector recognises that consistent assessment of improvements in health outcomes is critical to demonstrating effectiveness and the ongoing value of services.
- Women's Health Centres participated in a collaborative effort with the Ministry of Health to develop a standard outcome and reporting framework.
- Consistent roll out of this standard reporting framework across LHDs was hampered by the onset of COVID and, due to the nature of the core services provided and the resource limitations on current data capture in WHCs, and the performance indicators proposed were predominately output indicators.
- Despite COVID disruptions, the sector has made some progress in implementing both validated and non-validated tools to improve outcomes measurement.
- As part of implementing the increased investment outlined in this business case, Women's Health Centres propose a new outcomes framework focusing on key presenting health issues, and standardised outcomes measurement tools.
- The proposed framework builds on previous collaborative work with the Ministry of Health
- Sector-wide roll out of the standard outcomes framework would be led and supported by the peak body, Women's Health NSW.

4.1.1 Collaborative Work with the Ministry of Health

The 2017 Mapping Project of Women's Health Centres recommended that the Ministry of Health, Local Health Districts and Women's Health Centres develop mechanisms for systematic and standard reporting for the Women's Health Program. Women's Health NSW worked collaboratively with Ministry of Health and LHD representatives to form a Working Group to progress this outcomes work.

The Ministry engaged an external consultant (Improvement Foundation) to develop a collection of performance indicators and an accompanying data dictionary that reflects the core services delivered by Women's Health Centres. As part of this project, the consultant reviewed the current LHD reporting requirements for WHCs and found considerable variation across LHD reporting requirements.

A standard set of indicators was proposed to provide a consistent approach to capturing the core services, while still giving adequate information to LHDs. Consistent roll out of this standard reporting framework across LHDs was hampered by the onset of COVID and, due to the nature of the core services provided and the resource limitations on current data capture in Women's Health Centres, the performance indicators proposed were predominately output indicators.

Collaborative work with the Ministry of Health on development of a consistent outcomes framework for the Women's Health Program is expected to recommence in 2023.

4.1.2 Going Forward - Proposed Outcomes Framework & Reporting

NSW Health's Commissioning for Better Value approach aims to shift the focus in health care from outputs to outcomes. The Women's Health sector recognises that consistent assessment of improvements in health outcomes is critical to demonstrating effectiveness and the ongoing value of services.

COVID disruptions hampered collaborative work with the Ministry of Health to develop standard outcomes focused measures for the Women's Health Program, roll-out of a consistent KPI framework to Local Health Districts, and implementation of outcome assessment processes and tools across Women's Health Centres.

Despite this, Women's Health Centres have made some progress with the introduction of both validated and non-validated tools to assess a range of Patient Reported Outcomes Measures (PROMs) and Patient Reported Experience Measures (PREMs).

Patient Reported Outcomes Measures (PROMs) - directly reported by the patient without interpretation by a clinician or anyone else and pertain to the patient's health, quality of life, or functional status associated with care, treatment, support or education delivered.

Patient Reported Experience Measures (PREMs) - questions asking service receivers to describe what happened during their experience with health-related services. Beneficial to understanding areas for continuous improvement in service delivery.

EXAMPLE: Sydney Women's Counselling Centre

Sydney Women's Counselling Centre provides trauma-informed, integrated counselling for clients with complex co-occurring D&FV, Mental Health issues, and Child and Adult Sexual Assault issues. The longer-term counselling program continues to provide regained stability and increased personal capacity to better manage clients' own mental health, domestic & family violence and past trauma, and PTSD.

Validated Tools

Validated outcome measurement tools (K10 and DASS21) are used to track PROMs. Results from 2021-22 are shown below:

K10	Result following # Sessions						
	Initial	10	20	50	75	100	125
Average Score	42	19	17	8	6	5	3
% Improvement from Initial		54%	59%	81%	86%	89%	93%

K10	Result following # Sessions						
	Initial	10	20	50	75	100	125
Average Score	46	17	17	10	6	4	3
% Improvement from Initial		63%	62%	79%	86%	91%	93%

Non-Validated Tool

Sydney Women's Counselling Centre also uses a non-validated survey to assess both PROMs and PREMs relating to key presenting issues. 2021-22 results from this survey (shown below) indicate that clients experienced significant short-term and medium-term improvements in health and wellbeing.

The degree to which Counselling has helped you to:	Significantly	Moderately	Not at all	NA
Actively Solve Problems	71%	29%	0%	
Reduce Unhelpful Behaviours	67%	33%	0%	
Manage Depression Better	74%	24%	2%	
Manage Anxiety Better	79%	21%	0%	
Improve Relationships	81%	17%	2%	
Improve Capacity to Engage in Work/ Study	74%	26%	0%	
Improve Parenting Skills	90%	10%	0%	
Manage Financial Situation Better	52%	40%	7%	
Manage Overall Health Better	67%	33%	0%	
Be Less Reliant on Meds/Hospital Admissions	24%	12%	2%	62%
Feel Safer from Violence	86%	14%	0%	
Engage Better with Social Supports	67%	33%	0%	
Improve your understanding of D&FV	88%	12%	0%	
Improve your understanding of the Impacts of D&FV on Yourself/Children	89%	16%	0%	
Improve the level of Safety for Yourself / Children from D&FV	81%	19%	0%	
Leave an Abusive Relationship	68%	32%	0%	
Seek Police Intervention for D&FV	45%	55%	0%	
Engage with Other D&FV Services	68%	32%	0%	
Manage Your Life Better After Leaving D&FV Relationship	81%	19%	0%	

With the investment in sustainable resourcing outlined in this business case, and in consultation with the Ministry of Health, Women’s Health Centres propose to build on previous collaborative work developing an outcomes framework for the program.

Led and supported by the peak body, Women’s Health NSW, Women’s Health Centres will undertake a sector wide roll-out of an agreed outcomes and measurement framework which focuses on the key presenting health issues - Physical/Medical Health, Emotional/Mental Health, Domestic and Family Violence/Abuse, and Relationships.

A potential approach to this outcomes framework for the Women’s Health Program is shown in Fig 11. PROMs and PREMs for these outcomes would be assessed with a mix of appropriate validated tools and a standard non-validated tool (based on high-quality tools currently in use) to be implemented across the sector (see Fig 12).

Reporting against a standard outcomes framework and an agreed set of measures would strengthen accountability, streamline funding agreements and contract management at Local Health District level and enable the Ministry of Health to better assess the overall health outcomes from the program.

The Women’s Health sector fully supports this proposed approach and will welcome further discussions with the Ministry of Health on an agreed outcomes framework.



Presenting Issue	Short-Term Outcomes	Medium-Term Outcomes	Longer-Term Impacts
Physical/Medical Health	<ul style="list-style-type: none"> Improvement in knowledge about health condition and preventative strategies Improvement in action readiness to prevent or improve health condition 	<ul style="list-style-type: none"> Improvement in health condition Maintenance of improvements in health condition 	<ul style="list-style-type: none"> Reduction, or delay, in future hospitalisations
Mental Health	<ul style="list-style-type: none"> Improved awareness and understanding of mental health and well-being Increase in skills to manage mental health and well-being 	<ul style="list-style-type: none"> Improved rates of self-reported mental health and wellbeing Improved resilience and capacity to manage mental health 	<ul style="list-style-type: none"> Decreased risk of future mental health issues, hospitalisations and suicide
Domestic and Family Violence & Sexual Abuse (includes high proportion of presenting issues initially recorded as 'Relationships')	<ul style="list-style-type: none"> Improved awareness and understanding of domestic and family violence and sexual abuse on both primary victim and children Improved confidence and capacity to leave an abusive relationship and be safe 	<ul style="list-style-type: none"> Improved capacity to manage mental and physical health impacts of violence and abuse Increased capacity to overcome social and economic impacts of violence and abuse 	<ul style="list-style-type: none"> Reduction in future victimisation Avoidance of future health and social impacts of victimisation

Fig 11: Women’s Health Program Outcomes for Key Presenting Issues

Proposed outcome assessment tools for the Women's Health Program

<p>Validated Tools</p>	<ul style="list-style-type: none"> • Depression Anxiety and Stress Scale-21 (DASS-21) - a set of three self-report scales containing 21 items designed to measure the emotional states of depression, anxiety and stress. • Global Assessment of Functioning (GAF) - is a numeric scale used by mental health clinicians and physicians to subjectively rate the impact of psychosocial symptoms on day-to-day life. • Kessler 10 Psychological Distress Scale (K10) - a simple measure of psychological distress. The scale involves 10 questions about emotional states each with a five-level response scale. • Personal Well-being Index (PWI) - contains seven items of satisfaction, each one corresponding to a quality of life domain: standard of living, health, achieving in life, relationships, safety, community-connectedness, and future security. 	<p>Applicability for presenting issues</p> <ul style="list-style-type: none"> • Emotional/Mental Health: DASS21; GAF; K10; PWI • Physical/Medical Health: PWI • Domestic and Family Violence/ Sexual Abuse & Relationships: DASS21; GAF; K10; PWI • Financial/Legal/Social: PWI
<p>Non-Validated Tools</p>	<p>A single client survey tool, implemented across all Women's Health Centres (with tailoring of language for specific services, where required), which addresses the following:</p> <p>Outcomes</p> <ul style="list-style-type: none"> • Has your knowledge about your health or other conditions improved? • Are you more ready to take action to improve your health or other condition (such as suggested actions, goals, referrals to additional supports etc)? • Are you taking more actions to improve your health or other conditions? • Has your health or other condition improved? • Have you been able to maintain improvements in your health or other condition? <p>Experiences</p> <ul style="list-style-type: none"> • Did you find these services inclusive and easy to access? • How well understood did you feel? • How comfortable did you feel discussing your health, feelings and experiences? • How satisfied were you with the quality of advice and guidance you received? 	<p>Applicable to all clients, regardless of presenting issue.</p>

Fig 12: Proposed Outcome Assessment tools for the Women's Health Program



4.2 Governance & Risk Management

KEY MESSAGES

- **Program Governance:** Women's Health Centre CEO's/Managers/Coordinators have operational and financial responsibility for delivery and implementation of the Women's Health Program, with strategic oversight and governance provided by the board or management committee of each organisation.
- **Organisational Governance:** All Women's Health Centres are registered with, and comply with the requirements of, the Australian Charities & Not-for-profits Commission (ACNC). All Women's Health Centres (and Women's Health NSW) are accredited health providers - some with commendation - and have completed multiple accreditation and review cycles
- **Financial Management:** The peak body, Women's Health NSW, provides ongoing support to the sector to maintain and strengthen financial management and governance standards. Sector wide approaches include: an induction program for new managers, ongoing training for managers and management committees, standardised policies and procedures and a requirement for all organisations to maintain accreditation.
- **Staffing:** attraction and retention of skilled and qualified staff remains an issue across the NSW health sector. This proposal seeks to mitigate this by costing all professional staff at minimum SCHADS award pay grades and providing a contribution to staff training and professional supervision for Women's Health Program staff. Women's Health Centres also partner with Universities and RTOs to provide placements and promote employment opportunities in the sector.
- **Records Management and Cyber Security:** In 2021, Women's Health NSW led a sector wide cyber security project including a critical risk assessment of each Women's Health Centre and roll-out of comprehensive policies and procedures, with accompanying training. Centres also took advantage of one-off Social Sector Support funding, provided by the NSW Government during COVID, to upgrade their IT infrastructure and security. This proposal incorporates an annual contribution to maintain IT resources and security infrastructure, based on a unit cost provision for staff funded under the Women's Health Program.

4.2.1 Women's Health Program Governance

Under this proposal, the Women's Health Program will continue to be delivered through the network of 20 independently governed Women's Health Centres throughout NSW, with central coordination and support provided by the peak body, Women's Health NSW.

As per current arrangements, it is envisaged that the Ministry of Health via Local Health Districts, would negotiate program performance and outcome targets for individual Women's Health Centres and manage and monitor funding agreements. NSW Ministry of Health would directly oversee and manage the funding agreement and sector development grant provided to the peak body.

The CEO/Manager/Coordinator in each Women's Health Centre will have operational responsibility for delivery and implementation of the Women's Health Program, with strategic oversight and governance provided by the board or management committee of each organisation.

Women's Health Centres have demonstrated a strong history of compliance with contract and reporting requirements set by NSW Health. Quarterly performance reports for delivery of the Women's Health Program will continue to be provided to NSW Health, along with full acquittals of program expenditure at the end of each financial year.

4.2.2 Governance of Women's Health Centres

All Women's Health Centres are registered with, and comply with the requirements of, the Australian Charities & Not-for-profits Commission (ACNC). Requirements include governance standards relating to responsible persons, compliance with laws and financial transparency. Centres submit audited financial reports and information statements to the ACNC each year.

In addition to meeting minimum ACNC requirements, all Women's Health Centres (and Women's Health NSW) are accredited organisations, some with commendation, under either the Quality Improvement Council Standards (QICS), the Australian Service Excellence Standards (ASES), the Royal Australian College of General Practice (RACGP) or the Te Wana Quality Improvement Program. Accreditation processes assess key dimensions of organisational management, service delivery and quality including:

- Planning (Strategic & Business Planning)
- Governance (Standards, Policies, Data & Knowledge Management, Risk Management)
- Financial and Contract Management
- People (Human Resources, Workplace Health & Safety, Cultural Inclusion)
- Partnerships & Collaboration
- Communication
- Service Outcomes
- Consumer Outcomes

Women's Health Centres throughout NSW have completed multiple, three year accreditation and review cycles and have demonstrated an ongoing commitment to maintaining high standards and continuous quality improvement. Accreditation is now a requirement for organisations to be members of Women's Health NSW.

The 2017 review of Women's Health Centres conducted for the NSW Ministry of Health noted that this level of scrutiny is rare amongst non-government organisations.

4.2.3 Financial Management

The peak body, Women's Health NSW, provides ongoing support to the sector to maintain and strengthen financial management and governance standards. Women's Health NSW has developed a full orientation and induction course for all new Women's Health Centre managers which addresses financial and contract management, governance, internal controls and fraud mitigation. New managers are also 'buddied' with an experienced manager from another Women's Health Centre to provide ongoing mentoring and support.

On rare occasions where governance and financial issues have been identified, the sector has demonstrated strong capacity and willingness to respond effectively and implement controls to reduce future risk. Issues have been addressed by management committees in full collaboration with Local Health Districts and Women's Health NSW. Risk mitigation measures introduced across the sector, based on learnings from previous incidents, have included:

- new policies and procedures for financial management
- a requirement for all Women's Health Centres to maintain accreditation
- additional training for managers and management committee members
- engagement of a forensic auditor to deliver workshops on financial management and fraud mitigation at the Women's Health NSW conference

Additional investment in the Women's Health Program proposed in this business case includes a contribution to the cost of accreditation, governance and risk management, training and sector wide support from the peak body to ensure that these standards are maintained.

4.2.4 Staffing

Attraction and retention of qualified staff with the necessary skills to work with clients experiencing complex health issues, is an ongoing issue across the whole NSW health sector.

In Women's Health Centres, the chronic lack of funding over many years has also seen staff working extended hours and performing multiple roles in order to sustain basic service provision.

The proposed investment in the Women's Health Program seeks to mitigate this, and maintain high standards of service provision by:

- costing all professional staff at minimum pay grades under the SCHADS Award, rather than relying on legacy pay rates; and
- providing a contribution to staff training and professional supervision for Women's Health Program staff.

In addition, Women's Health Centres have active partnerships with Universities and other Registered Training Organisations to provide work placements for students studying across a range of health and related disciplines including Psychology, Social Work, Medicine, Nursing, Counselling and Community Services Management. Supervised student placements offer valuable experience in trauma-informed work with complex clients, while enabling Women's Health Centres to extend service delivery capacity and promote employment opportunities available in the sector.

4.2.5 Records Management and Cyber Security

The requirement for effective management of electronic records and cyber security is a major structural change that has taken place over the last 36 years. Up to date and properly maintained IT infrastructure is needed in all health services, supported by effective policies and procedures. This has been recognised as a key area of concern by both NSW Health and Women's Health Centres.

In 2021, Women's Health NSW responded to this, successfully applying for a NSW Social Sector Transformation Grant for a sector wide cyber security project. The project, undertaken in partnership with external IT consultants, Sydney LHD ICT staff and the esafety Commissioner included:

- assessment of identified best practice standards for IT systems and security under ISO & IRAP
- identification & costing a range of equipment & systems for best practice cyber security
- identification of tools for Critical Risk Assessment & Critical Risk Management
- engagement with the Women's Health sector to collate current policy, practice & systems
- development of comprehensive written material to support best practice policy & procedures, including a 'Cyber Security Risk Scorecard' for each Women's Health Centre
- development of transition plans to upgrade hardware/software solutions in each Women's Health Centre, coupled with rollout of a comprehensive training and knowledge package.

On the basis of these findings, Women's Health Centres have updated their policies and practices and rolled out training to management committees, managers and staff. Centres also took advantage of one-off Social Sector Support funding, provided by the NSW Government during COVID, to upgrade their IT infrastructure and security.

The proposed investment in the Women's Health Program outlined in this business case seeks to ensure ongoing risk mitigation in this area, and maintain high standards across the sector by:

- incorporating an annual contribution to IT resources and support, based on a unit cost provision for staff funded under the Women's Health Program
- engaging a central IT project resource within the peak body, Women's Health NSW, to provide ongoing sector-wide support with IT, data management and cyber security.

We note that Women's Health Centres operating within the South Western Sydney LHD have secured support from NSW Health to assist with managing and operating their IT systems and infrastructure. This arrangement could be reviewed by NSW Ministry of Health and considered for broader implementation across other Local Health Districts.

4.2.6 Engagement with Government

Prior to COVID, Women's Health NSW was an active participant on the NSW Health NGO Advisory Committee and engaged the sector in a range of projects associated with the Committee's 3 year strategic plan including: improving commissioning, outcomes frameworks and strengthening communication with Government. This work was delayed with the onset of COVID, but has recently resumed.

During the COVID period, Women's Health Centres also played a key role in supporting local communities with up to date health information, education and practical support. Women's Health NSW was part of the Ministry of Health's monthly NGO Community of Practice and supported rapid dissemination of information throughout the sector. This support was acknowledged in NSW Parliament in October 2021 by the Member for Bankstown. Women's Health NSW and Women's Health Centres report that the communication protocols and processes established through COVID have significantly improved their capacity to effectively engage with NSW Health at all levels.

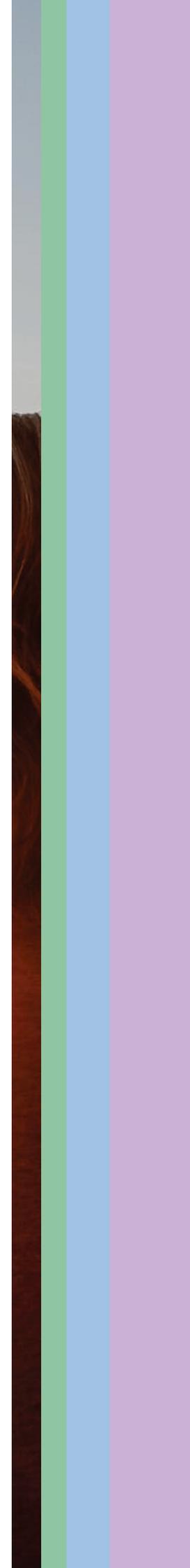
At a local level, Women's Health Centre managers report meeting regularly with their Local Health District NGO Contract Managers to review operations and performance and to discuss emerging local needs and priorities. Local priorities identified by LHDs are reflected in individual funding agreements, accounting for some of the variation in the range of services provided by the Women's Health Centres.

Many Centres actively work with Local Health Districts to assist with community and preventative health service delivery by, for example, providing clinic space and administrative and promotional support for NSW Health Nurses to delivery women's health checks and screening. Several Centres have also provided secondment opportunities for NSW Health staff to expand their skills in community-based health.



"I'm a much stronger person now, no one can control my life. I feel free, I can breathe now. I'm doing things that I never done before. I'm back to school, I have taken up a computer course. I feel confident. I'm full of talents that I never knew I had. This Centre has helped me in so many ways. I'm free now".

05



CONCLUSION

Women's Health Centres have been providing a unique model of integrated, accessible, community-based health care to women and children across NSW for more than 40 years.

This 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.

The Women's Health Program and the work of the NGO Women's Health Centres has become an essential part of the NSW primary integrated health care system. The Centres' extensive relationships and networks in local communities, and demonstrated commitment to sector-wide collaboration, make them highly effective partners with government, non-government, business and community to enhance health, safety and well-being outcomes for women and girls across NSW.

After 36 years without a structural funding adjustment, Women's Health Centres urgently require additional investment to sustain their skilled workforce and continue providing a contemporary community-based health service for women.

Analysis indicates that investment in the Women's Health Program delivers a substantial minimum 71% return on investment to NSW Government in health care and other savings.

The critical investment in the Women's Health Program presented in this business case will yield health, social and economic benefits for women and children in NSW for years to come.



06



6.2 APPENDIX B

Detailed Proposal Costings for
Individual Women's Health Centres
Women's Health Program.

Presented as a Supplementary Publication

APPENDICES

6.1 APPENDIX A – Financial Modelling Assumptions

A. SERVICE DELIVERY MODEL

Calculation of the number of FTE professional staff needed to deliver each component of the service model is based on standardised session lengths and estimated no-show rates.

Standardised no-show rates reflect the operational realities of working with a predominantly socio-economically disadvantaged client group, many of whom are experiencing significant complex trauma and/or threats to their safety as a result of Domestic & Family Violence. Whilst Centres work to keep these rates low through appointment confirmations and reminders, safety considerations for women are paramount and may limit capacity to make direct contact via phone, SMS or email.

Table 1 shows standardised session lengths, no-show rates and indicative professional roles applied to each service component in the model.

Service Component	Standardised Session Length	Standardised No-Show Rate*	Indicative Professional Roles assigned to Delivery
Core Services			
Intake & Assessment	1.25 hours	NA	Intake & Assessment Counsellor
Trauma-Informed Counselling	1.25 hours	17%	Counsellor
Emergency Assistance, Integrated Care & Referral	1.5 hours	17%	Integrated Care Coordinator
Core Holistic Services			
Complementary Therapies	1 hour	5%	Massage Therapist; Acupuncturist; Naturopath; Nutritionist
Therapeutic Groups	2.5 hours	NA	Counsellor
Health Education & Skills Development Groups	2 hours	NA	Counsellor; Complementary Therapist; Practice Nurse or Nurse Practitioner; Health Promotion Officer
Support Groups	2 hours	NA	Counsellor
Physical Activity Groups	1.25 hours	NA	Group Instructor
Core Clinical Services			
Women's Health Clinical Consultations	0.5 hours	5%	Women's Health GP Practice Nurse or Nurse Practitioner
Health Screening & Reproductive Health Procedures	0.75 hours	5%	Women's Health GP Practice Nurse or Nurse Practitioner
Allied Health – Psychology	1 hour	17%	Psychologist
Allied Health – Other	1 hour	5%	Dietitian; Physiotherapist

Table 1: Standards for Women's Health Program Service Components

B. SALARIES & ON-COSTS

Calculation of Full-Time Equivalent (FTE) Staff Costs required to deliver the service model was based on the following key assumptions:

- Standardised pay rates for each role as per the following Modern Awards:
 - Social, Community, Home Care and Disability Services Industry (SCHCADS) Award for permanent employees; or
 - Nurses Award [MA000034] for permanent employees
- Full-Time hours of 38 hours per week or 35 hours per week – based on actual employment arrangements in each Women’s Health Centre
- Staff available to provide services for 46 weeks per annum
- On-costs including:
 - Loadings for Superannuation, Long Service Leave and Annual Leave Loading as required by legislation or Award provisions
 - 3% Workers Compensation Insurance premium
 - 2% Training Levy

C. STAFF ROLES & FUNCTIONS

There is significant variation in current job titles, roles and employment arrangements across the Women’s Health sector.

To prepare a standardised model, a suite of generic roles and functions were developed based on an analysis of existing staff schedules across the 20 Women’s Health Centres and informed by consultation regarding required skills and level of responsibility associated with each.

Standard utilisation rates for direct service delivery (percentage of total time allocated to direct work with clients) were similarly applied to each role, based on industry benchmarks and operational expertise.

Table 2 shows Award Classifications and Utilisation Rates for each identified role/function used in the model:

Roles / Functions	Award Classification & Pay Grade	Utilisation Rate
Direct Service Delivery		
Client Contact Officer	SCHCADS – Grade 4, Pay Point 4	100%
Intake & Assessment Counsellor	SCHCADS – Grade 5, Pay Point 3	50%
Counsellor	SCHCADS – Grade 5, Pay Point 3	66%
Senior Counsellor	SCHCADS – Grade 5, Pay Point 3	50%
Integrated Care Coordinator	SCHCADS – Grade 5, Pay Point 3	66%
Massage Therapist	SCHCADS – Grade 5, Pay Point 3	66%
Naturopath	SCHCADS – Grade 5, Pay Point 3	70%
Acupuncturist	SCHCADS – Grade 5, Pay Point 3	66%
Group Instructor	SCHCADS – Grade 5, Pay Point 3	80%
Health Education/Promotion/Community Development Officer	SCHCADS – Grade 5, Pay Point 3	100%
Women’s Health General Practitioner	NA – Medicare Funded*	80%
Women’s Health Nurse	NURSES AWARD - Registered Nurse Grade 4, Level 3	70%
Women’s Health Nurse Practitioner	NURSES AWARD - Registered Nurse Grade 5, Level 5	66%
Psychologist	NA – Medicare/ATAPS Funded*	66%
Physiotherapist	SCHCADS – Grade 6, Pay Point 3	66%
Dietitian	SCHCADS – Grade 6, Pay Point 3	70%
Management & Support		
Women’s Health Centre Manager	SCHCADS – Grade 8, Pay Point 3	100%
Administration, Data & Compliance	SCHCADS – Grade 4, Pay Point 4	100%
Finance Officer	SCHCADS – Grade 5, Pay Point 3	100%
Site Manager/Team Leader	SCHCADS – Grade 6, Pay Point 3	100%

Table 2: Women’s Health Program - Standardised Award Classifications and Utilisation Rates

* NOTE - Professional staff whose services can be funded via a Medicare or ATAPS rebate are EXCLUDED from Salaries & Wages calculations.

D. OPERATING EXPENSES

Variable operating expenses have been calculated on a unit cost basis using approximate market rates and linked to one of the following metrics (as appropriate):

- number of FTE staff required for service delivery
- number of sessions provided
- number of service delivery sites

In addition, reflecting the prevalence of part-time employment arrangements which enable the sector

to provide multi-disciplinary expertise, a part-time loading equivalent to 50% of FTE has been applied to operating expenses which typically vary based on headcount.

Fixed operating expenses including Insurance, Compliance and Accreditation have been estimated and applied based on an analysis of average rates across the Women's Health sector.

Table 3 shows metrics used to calculate per annum operating expenses in the model.

Expense Type	Unit Cost	Metric
Occupancy Costs		
Rent	\$350	per m2 (Sydney Metro & Surrounds)
m2 Estimates: Office & Consult: 15m2 per FTE; Common Area & Facilities: 40m2 per Site; Group & Training Room: 40m2 per Site	\$300	per m2 (Regional Areas)
Utilities – Electricity, Gas, Water, Rates	20%	Of Rent
Repairs & Maintenance	5%	Of Rent
Cleaning & Garbage	10%	Of Rent
Security	2%	Of Rent
Communications & IT		
Computers	\$1,200	Per FTE * PT Loading
IT Support, Software & Cyber Security	\$800	Per FTE * PT Loading
Mobile Telephone	\$320	Per FTE
Internet & Website	\$2,400	Per site
Office Telephone	\$6,000	Per site
Staff Costs		
Professional Supervision	\$2,400	Per Direct Delivery FTE * PT Loading
HR & Recruitment	\$500	Per FTE
Program Delivery Costs		
Client Amenities, Consumables & Venue Hire	\$10	Per Group Session
Complementary Therapies – Massage Supplies & Laundry	\$7	Per Session
Complementary Therapies – Other	\$3	Per Session
Medical Equipment & Consumables	\$5	Per Clinical Consultation
Clinical Support Levy	\$15	Per Clinical Consultation
Brokerage to Support Women in Crisis with Emergency Needs	2.5%	Of Operating Expense (exc Sundries)
Insurance & Compliance		
Public & Product Liability	\$3,000	Fixed
Professional Indemnity	\$4,000	Fixed
Building Contents	\$1,500	Per Site
Volunteer Accident Insurance	\$200	Fixed
Cyber Security Insurance	\$2,000	Fixed
Medical Indemnity (for Clinical Services only)	\$4,000	Fixed
Accreditation	\$5,500	Fixed
Audit	\$5,000	Fixed
Legal	\$1,000	Fixed
Governance & Risk Management	\$2,500	Fixed
Other Sundry Office & Operating Costs	10%	Of Operating Expenses

Table 3: Women's Health Program – Standardised Unit Cost Metrics

REFERENCES

- 1 ABS (1987), Census of Population and Housing 1986; Canberra & ABS (2022), Census of Population and Housing 2021, Canberra
- 2 NSW Health (2022), Future Health: Guiding the next decade of care in NSW 2022-2032, NSW Government
- 3 Centre for Epidemiology and Evidence (2020), HealthStats NSW, Sydney: NSW Ministry of Health, Available at: <https://www.healthstats.nsw.gov.au/#/r/104576> Accessed: 22/09/2022
- 4 Ducat L, Philipson LH, Anderson BJ. (2014), The mental health comorbidities of diabetes. *JAMA*. 2014 Aug 20;312(7):691-2. doi: 10.1001/jama.2014.8040. PMID: 25010529; PMCID: PMC4439400.
- 5 Berecki-Gisolf J, McKenzie SJ, Dobson AJ, McFarlane A & McLaughlin D. (2013), A history of comorbid depression and anxiety predicts new onset of heart disease, *Journal of Behavioral Medicine*, 36(4): 347-53.
- 6 Mishra GD, Barker MS, Herber-Gast GC & Hillard T. (2015), Depression and the incidence of urinary incontinence symptoms among young women: Results from a prospective cohort study. *Maturitas*, 81(4): 456-61.
- 7 Jackson CA & Mishra GD. (2013), Depression and risk of stroke in midaged women: A prospective longitudinal study. *Stroke*, 44(6): 1555-60.
- 8 Mishra et al (2015), *ibid*
- 9 AIHW (2020), AIHW analysis of detailed microdata from ABS (2019) Microdata: National Health Survey, accessed 7 February 2020.
- 10 Dobson A, Forder P, Hockey R, Egan N, Cavenagh D, Waller M, Xu Z, Anderson A, Byrnes E, Barnes I, Loxton D, Byles J & Mishra G. (2020), The impact of multiple chronic conditions: Findings from the Australian Longitudinal Study on Women's Health, Report prepared for the Australian Government Department of Health, May 2020.
- 11 Women's Health Australia (2019), *ibid*.
- 12 World Health Organization, Health Topics: Women's Health; URL [<https://www.who.int/health-topics/women-s-health>] accessed 28 Sept 2022
- 13 Urbis (2017b), Mapping of NSW Women's Health Centres – Literature Review, commissioned by NSW Ministry of Health
- 14 AIHW (2018), Australian Burden of Disease Study 2018: Interactive data on risk factor burden, URL: <https://www.aihw.gov.au>
- 15 ABS (2022), Census of Population and Housing: Income and work data summary 2021, Canberra, Released June 2022
- 16 ABS (2022), *ibid*
- 17 Women's Health Australia (2019), Australian Women's Longitudinal Study: Submission to the Productivity Commission of Inquiry into Mental Health, 5 April 2019
- 18 Jackson CA, Dobson AJ, Tooth LR, & Mishra GD. (2016). Lifestyle and socio-economic determinants of multimorbidity patterns among mid-aged women: A longitudinal study. *PLoS One*, 11(6): e0156804.
- 19 ABS (2016), Personal Safety Australia 2016, Australian Bureau of Statistics, Canberra
- 20 Douglas, H (2022), National Domestic and Family Violence Bench Book 2022, Melbourne Law School, University of Melbourne
- 21 Townsend, N., Loxton, D., Egan, N., Barnes, I., Byrnes, E., & Forder, P. (2022). A life course approach to determining the prevalence and impact of sexual violence in Australia: Findings from the Australian Longitudinal Study on Women's Health (Research report, 14/2022). ANROWS.
- 22 AIHW (2018) Australian Burden of Disease Study 2018: Interactive data on risk factor burden, URL: <https://www.aihw.gov.au>
- 23 World Health Organization & Pan American Health Organization. (2012). Understanding and addressing violence against women : intimate partner violence. World Health Organization. <https://apps.who.int/iris/handle/10665/77432>
- 24 Holden L, Dobson A, Byles J, Loxton D, Dolja-Gore X, Hockey R, Lee C, Chojenta C, Reilly N, Mishra G, McLaughlin D, Pachana N, Tooth L & Harris M. (2013). Mental Health: Findings from the Australian Longitudinal Study on Women's Health. Report prepared for the Australian Government Department of Health, May 2013
- 25 KPMG (2016), The Cost of Violence Against Women and their Children in Australia – Final Detailed Report, commissioned by the Australian Department of Social Services
- 26 NSW Government (2022), NSW 2022-23 Women's Opportunity Statement
- 27 Townsend et al (2022) *ibid*
- 28 Urbis (2017b), *ibid*
- 29 Dobson A et al (2020), *ibid*
- 30 Urbis (2017b), *ibid*
- 31 Salter, M., Conroy, E., Dragiewicz, M., Burke, J., Ussher, J., Middleton, W., Vilenica, S., Martin Monzon, B., & Noack-Lundberg, K. (2020). "A deep wound under my heart": Constructions of complex trauma and implications for women's well-being and safety from violence (Research Report, 12/2020). Sydney: ANROWS
- 32 Carnovale, Angela (2011) It Goes with the Territory – The views of ACT women from CALD Backgrounds about health and well-being information, Women's Centre for Health Matters, ACT
- 33 Sen, Gita & Östlin, Piroška & George, Asha & Ramos, Silvina. (2007). Unequal, unfair, ineffective and inefficient gender inequity in health: why it exists and how we can change it - Final Report to the World Health Organisation Commission on Social Determinants of Health, September 2007
- 34 Urbis (2017a), Mapping of NSW Women's Health Centres – Final Report, commissioned by NSW Ministry of Health
- 35 NSW Ministry of Health (2022), Future Health: Guiding the next decade of care in NSW 2022-2032 Report, NSW Government
- 36 Urbis (2017a), Mapping of NSW Women's Health Centres – Final Report, commissioned by NSW Ministry of Health
- 37 Urbis (2017a), *ibid*
- 38 NSW Health (2019), Women's Health Framework 2019, NSW Government
- 39 NSW Health (2022), *ibid*
- 40 NSW Health (2019), Integrated Prevention and Response to Violence Abuse and Neglect Framework, NSW Government
- 41 Urbis (2017a), *ibid*
- 42 Urbis (2017a), *ibid*
- 43 Dobson et al (2020), *ibid*.



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