

NSW Women's Health Centres

Enhancement Funding Collective Impact

WOMEN'S HEALTH NSW INCORPORATED
OCTOBER 2026

Acknowledgement of Country

The Women's Health NSW office sits on Gadigal and Wangal land, but our work takes place on unceded Aboriginal lands across NSW.

We pay respect to elders, past and present, as the traditional custodians of the lands on which we work and live today.

CONTENT

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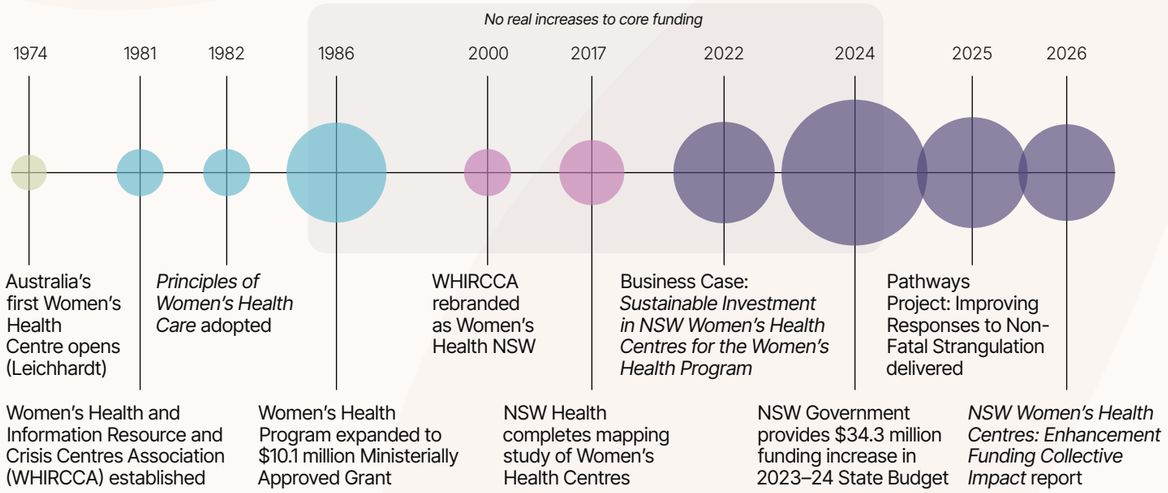
Executive Summary



WOMEN'S HEALTH NSW ENHANCEMENT FUNDING:
COLLECTIVE IMPACT REPORT

The NSW Government's $34.3 million Enhancement Funding investment in women's health has stabilised NSW Women's Health Centres, rebuilt essential service infrastructure and expanded access to integrated physical and mental health care and support for women most in need.

This report presents a snapshot of work done by Women's Health Centres since the 2023–24 Enhancement Funding was released – using the investment to rebuild their workforce and systems, develop and expand services, and deliver more accessible health care for women in NSW.



Restoring a Sustainable Foundation for the Women's Health Sector

Women's Health Centres provide a locally responsive, multidisciplinary primary health care model that combines physical and reproductive health care, counselling, casework, prevention and health education. Women-focused settings, female practitioners and trauma-informed care create safe and supportive environments and accessible pathways into services for women who may otherwise delay treatment or remain unsupported. Women's Health NSW strengthens this model through statewide coordination, professional development, shared resources, and advocacy.

In 2022, after 36 years without a real increase in core operational funding, the sector faced a serious sustainability crisis. At least three-quarters of NSW Women's Health Centres were operating with unsustainable deficits, skilled staff were being made redundant, and several Centres faced closure. A 2022 Business Case prepared for the sector estimated that services already being delivered by the sector cost approximately $18.96 million annually, compared with a core grant of $10.56 million in that same year.

The NSW Government's additional $34.3 million investment over four years, enabled Centres to address this accumulated underinvestment. Centres filled vacancies, improved employment conditions, strengthened supervision and training, and introduced intake, administrative and coordination roles. These changes improved workforce stability and freed clinical and therapeutic staff to spend more time supporting women. Investment in secure electronic records, accreditation, governance and safer premises also strengthened service quality and continuity of care.

Collectively, Women's Health Centres have delivered on the stated aims of the investment by:

- stabilising and increasing staffing
- reducing counselling waitlists
- providing healthcare and counselling services to more women
- responding to demographic changes and population growth.

In 2025-26, Women's Health Centres supported approximately 27,000 women to address over 256,000 presenting issues.

Women in priority health populations benefited the most from the investment in Enhancement Funding. In 2025–26, the demographic profile of Women's Health Centre clients included:

- 69% on a low income, pension or government benefit;
- 19% from culturally and linguistically diverse backgrounds;
- 7% Aboriginal or Torres Strait Islander women; and
- 13% were women with disability.

2025–26

All Women's Health Centres expanded counselling and mental health services, and significantly reduced waitlists.



5.9% ↑

The population of NSW is projected to grow by 5.9% over the next five years.

Many women in these priority populations face intersecting barriers to accessing services including cost, transport, language, cultural safety, caring responsibilities and complex trauma. Accessible, free and low-cost care, bilingual workers, culturally responsive programs and trusted community relationships help to overcome these barriers.

Enhancement Funding enabled Women's Health Centres to expand both service capacity and the range of care available. More women now have access to sexual and reproductive health, support for chronic pain, specialist treatment for pelvic pain and urogenital issues, trauma-informed counselling and coordinated assistance with the impacts of domestic, family and sexual violence, housing, financial and legal issues.

All Women's Health Centres expanded counselling and mental health services, and significantly reduced waitlists. Collectively, Centres delivered 34,200 mental health interventions in 2025–26 – a 30% increase on pre-Enhancement levels

Centres also expanded their capacity to support the growing number of women presenting with more complex health needs, delivering 28,900 casework and advocacy occasions of service, up 53% on pre-Enhancement levels.

Prevention and early intervention services, which had been substantially reduced prior to Enhancement Funding, were restored as core Women's Health Program services. In 2025-26, Women's Health Centres delivered:

- 43,000 health promotion, information and referral occasions of service; and
- 2,300 cervical screening appointments.

Participation in group-based services also increased by 140% compared with pre-Enhancement levels, with 61,650 occasions of service across groups and health education workshops provided in 2025–26. These services play a key role in improving health literacy among women and the community more broadly, while providing an accessible entry point into clinical care, counselling, and other health services.

Across NSW, Enhancement Funding enabled Centres to establish additional sites, develop new partnerships, and expand outreach services in schools, social housing, crisis accommodation and community organisations. This expansion made health services accessible to more women in their local community and provided support to many women who may otherwise have had their health needs unaddressed, or addressed only via acute care in the public hospital system.

"The Enhancement Funding has not simply enabled us to deliver 'additional' services. It has provided the workforce and service capacity required to deliver a contemporary, integrated women's health model at a scale that better reflects community need, with women able to access clinical, psychosocial, domestic family and sexual violence support, and preventative health through a coordinated service."

– CEO CENTRAL COAST
COMMUNITY WOMEN'S HEALTH CENTRE

These outcomes are exceptional given that, prior to the Enhancement Funding, most NSW Women's Health Centres had provided care for more than four decades without any meaningful increases to core funding.

The sector has demonstrated what can be achieved with a strategic investment in community-based women's health services and is now returning an estimated $1.88 in benefits to the NSW Government for every $1 invested.

Enhancement Funding is currently due to end in 2026–27.

The need for ongoing investment in women's health care remains. This is in no small part due to:

- **The population of NSW is projected to grow** by 5.9% over the next five years.
- Women are presenting with increasingly **complex and intersecting health and social needs**, requiring more intensive assessment, coordinated care and sustained support.
- **Rates of domestic, family and sexual violence against women are growing** at an alarming rate, with serious long-lasting impacts on women's physical and mental health.
- **Award wages have only increased** by 12.48% since 2023–24, while inflation has seen prices rise by an average of 3% per annum. Further increases are expected in the coming years.

To sustain the significant achievements of the last three years, and the improvements in access to health care for women, the sector now needs ongoing funding certainty.

The enhanced level of funding must continue in 2027–28 as part of Women's Health Centres' core grant, with appropriate annual indexation for wage increases and costs.

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Background

The NSW Women's Health Program

NSW Women's Health Centres are a collaborative network of 21 local, independently governed and administered not-for-profit organisations. All Women's Health Centres are members of Women's Health NSW, a member-governed peak body which provides leadership, coordination, training, and representation for the sector, and supports effective collaboration and resource sharing across the network.

NSW 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'.

Core funding for Women's Health Centres is provided through the Women's Health Program, funded by NSW Health. A unique, integrated and multi-disciplinary 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, family and sexual violence, and a range of social determinants of health.

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

- **Mental health and wellbeing services** – individual and group counselling, and therapeutic resilience work, social and emotional wellbeing and psychosocial support
- **Physical and medical health and wellbeing services** – chronic illness prevention and management, nutrition, complementary therapies and body work, reproductive and sexual health and 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.

Established in metro and regional communities across NSW, the network of Women's Health Centres have been providing these essential health care services, health education and support to women through the Women's Health Program for over 45 years.

A 2017 report prepared for the Ministry of Health concluded that Women's Health Centres were 'providing a multitude of primary health and wellbeing 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 2022 survey of 90 referrers to Women's Health Centres across NSW – 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.

The Crisis Facing Women's Health Centres in 2022

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 remains the Women's Health Program Ministerially Approved Grant (MAG) from NSW Health, which commenced in 1986.

Between 1986 and 2022, annual increases in the MAG had been limited to indexation and some adjustments for award-based salary increases. Despite a 55% increase in the NSW population, growing demand and complexity of client needs, and major structural changes in health service delivery, Women's Health Centres had not received a real increase in their core operational funding for 36 years.

Essentially, Women's Health Centres were attempting to provide a contemporary health service with a funding structure that reflected the expectations for a 1980s era community-based health service. Reflecting on the scale of the change she had witnessed in the sector, one long-serving Women's Health Centre Manager noted at the time:

> *"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."*

Attempting to adapt and work within this changing environment, Women's Health Centres had developed a strong culture of 'making do' by applying for short-term and one-off project funding, community and philanthropic grants and donations, and engaging volunteers and students to support service provision. Existing staff were also working extended hours of unpaid overtime to meet demand, resulting in high levels of vicarious trauma and burnout.

By 2022 the Women's Health Sector had reached a crisis point. With the total 2022–23 Women's Health Program MAG sitting at just $10.56 million, at least three quarters of the Centres had unsustainable operating deficits associated with the Women's Health Program. Centres were being forced to make skilled mental health, clinical and health education staff redundant, and several were facing imminent closure.

The Business Case for Sustainable Investment

In 2022 Women's Health NSW commissioned i-exchange Australia to prepare a Business Case for Sustainable Investment in Women's Health Centres.

Financial modelling undertaken for the Business Case was based on a detailed analysis of the operations of each Women's Health Centre and the sector as a whole. It provided the first ever standardised and fully costed model for sustainable delivery of the holistic, multi-disciplinary Women's Health Program service through Women's Health Centres, which took into account:

- **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 required 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
- **The part-time employment arrangements** which allow Women's Health Centres to provide a multi-skilled workforce
- **Support staff required** to ensure effective governance, risk management, and administration of the 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
- **The reasonable costs** of maintaining basic infrastructure at current market rates.



78% > 88%

Conservative modelling in 2022 suggested sustained investment in the Women's Health Program would deliver a 78% return on investment to NSW Government. **This report shows the Women's Health Program delivered an 88% return on investment.**

Modelling indicated that the full cost of Women's Health Program services that were already being delivered by Women's Health Centres in 2022 was approximately $18.96 million – almost 80% more than the $10.56 million grant provided that year.

Conservative cost benefit modelling in 2022 estimated that this investment in sustaining the Women's Health Program would deliver a 78% return on investment to NSW Government – **$1.78 in avoided costs for every $1.00 invested.**

The NSW Government Response – Enhancement Funding

The NSW Government responded to the Business Case in the 2023–24 Budget, announcing an additional investment of $34.3 million over four years for the Women's Health Program. This equated to a total of $100 million over five years.

While only guaranteed until 2026–27 this enhancement to the core Ministerially Approved Grant was welcomed by the Women's Health Centres and the women across NSW who access their services every year.



A total of $100 million over five years

Women's Unique Health Needs

Women experience a range of gender-based inequities 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" [1].

These inequities are connected to social determinants of health – non-medical factors that impact on health outcomes and overall wellbeing. 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 [2]:

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

> Social determinants of health related to, and exacerbated by, socioeconomic disadvantage, are closely associated with poor mental and physical health in women.

Overall, women are more likely to report their health status[a] 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 distress [3]
- comorbid depression and anxiety are associated with the onset of heart disease[4]
- among middle aged women, depression has been found to be a predictor of urinary incontinence[5], stroke[6] and the onset of arthritis[7]

Women are also more likely than men to experience multi-morbidities (2 or more chronic physical and mental health conditions)[8], which have been shown to increase health care costs and the likelihood of hospitalisation[9]. Multi-morbidity rates are highest amongst socio-economically disadvantaged women and more common in women who have experienced domestic and family violence, interpersonal violence or sexual assault.

a Self-rated health status captures physical health, mental wellbeing, functional capacity and the effects of socio-economic circumstances. It has been found to be a reliable measure of overall health and a predictor of subsequent illness and mortality.



WOMEN'S HEALTH SNAPSHOT

Gender Bias in Healthcare

Australian research and testimony from women consistently points to gender-bias, lack of awareness or minimisation of symptoms by medical professionals.

The Australian Government's 2024 End Gender Bias in Healthcare survey found that over 50% of participants felt they were treated 'very' or 'extremely differently' in healthcare settings due to their gender, and more than 60% were dissatisfied with the amount of information shared with them by the health professional.

This experience was particularly pronounced for sexual and reproductive health and chronic pain, with women reporting:

- symptoms not being believed
- the intensity of pain being underestimated
- inadequate explanations or investigation of their symptoms
- disrespect during intimate examinations
- their preferences not being respected[10].

Enhancement Funding in Action



The NSW Government's additional $34.3 million investment in community Women's Health Centres has saved women's lives and directly improved the lives of NSW women most in need.

Women's Health Centres deliver free, accessible, place-based care within their local communities. The safe, private and women-focused settings, and the assurance of being treated or supported by female staff is relatively unique within the NSW health system, but crucial to providing access to health services for women, particularly those who: are experiencing the health effects of trauma associated with domestic and family violence or sexual assault ; and those from Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) backgrounds.

Women's Health Centres prevent women from needing more acute, more complex, and more costly care by intervening early and closer to home. This support takes pressure off the public health system. In 2025–26, Women's Health Centres provided direct support to 27,000 women across NSW to address more than 256,000 presenting issues. With most women accessing services coming from low income and other priority populations, the NSW Government's investment in women's health has directly improved the lives of women most in need across NSW.

Since 2023–24, Enhancement Funding has enabled Women's Health Centres to remain open and operate more sustainably. Collectively, Women's Health Centres have delivered on the stated aims by:

- stabilising and increasing staffing
- reducing counselling waitlists
- providing healthcare and counselling services to more women
- responding to demographic changes and population growth.

These outcomes are exceptional given that, prior to the Enhancement Funding, most NSW Women's Health Centres had provided care for more than four decades without any meaningful increases to core funding.

This report presents a snapshot of NSW Women's Health Centres' collective work since 2023–24, and the impact of this investment on the health and wellbeing of women in NSW.

"Enhancement funding has strengthened our Centre's workforce, facilities, technology, outreach, partnerships and range of health, wellbeing and support services – leading to significant growth in service delivery. It has also enabled the Centre to reach women who experience barriers such as financial hardship, transport difficulties, caring responsibilities, cultural and language barriers and limited access to mainstream services. Continued funding is essential to ensure the Centre can sustain the significant growth in services and respond to the increasing and complex needs of women across South Western Sydney."

– CEO, LIVERPOOL WOMEN'S HEALTH CENTRE

"Enhancement Funding is not an add-on to our service delivery; it is essential to our core business. It has enabled our Centre to reach more women, respond quickly to emerging community need, and provide integrated health care, support and education for women who face the greatest barriers to accessing mainstream services. Sustaining this funding is critical to maintaining these gains, preventing women from falling through service gaps, and ensuring the Centre can continue to deliver trauma-informed, culturally safe and equitable care grounded in the social determinants of health."

– CEO, LEICHHARDT WOMEN'S COMMUNITY HEALTH CENTRE

NSW Women's Health Centres — Age Range of Clients 2025-26

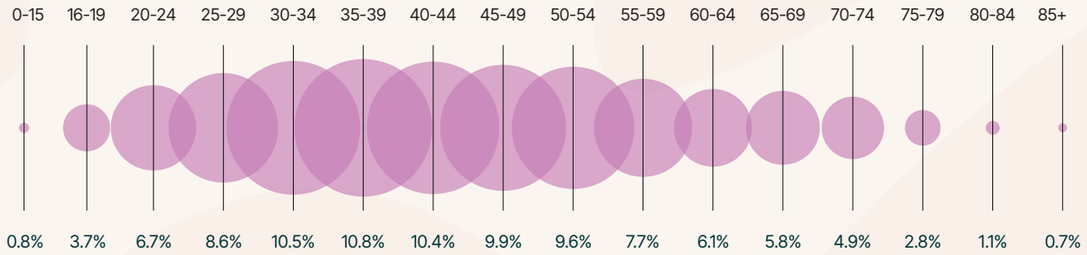


FIG 1 – AGE RANGE OF NSW WOMEN'S HEALTH CENTRE CLIENTS, 2025–26

NSW Women's Health Centres - Presenting issues 2025–26

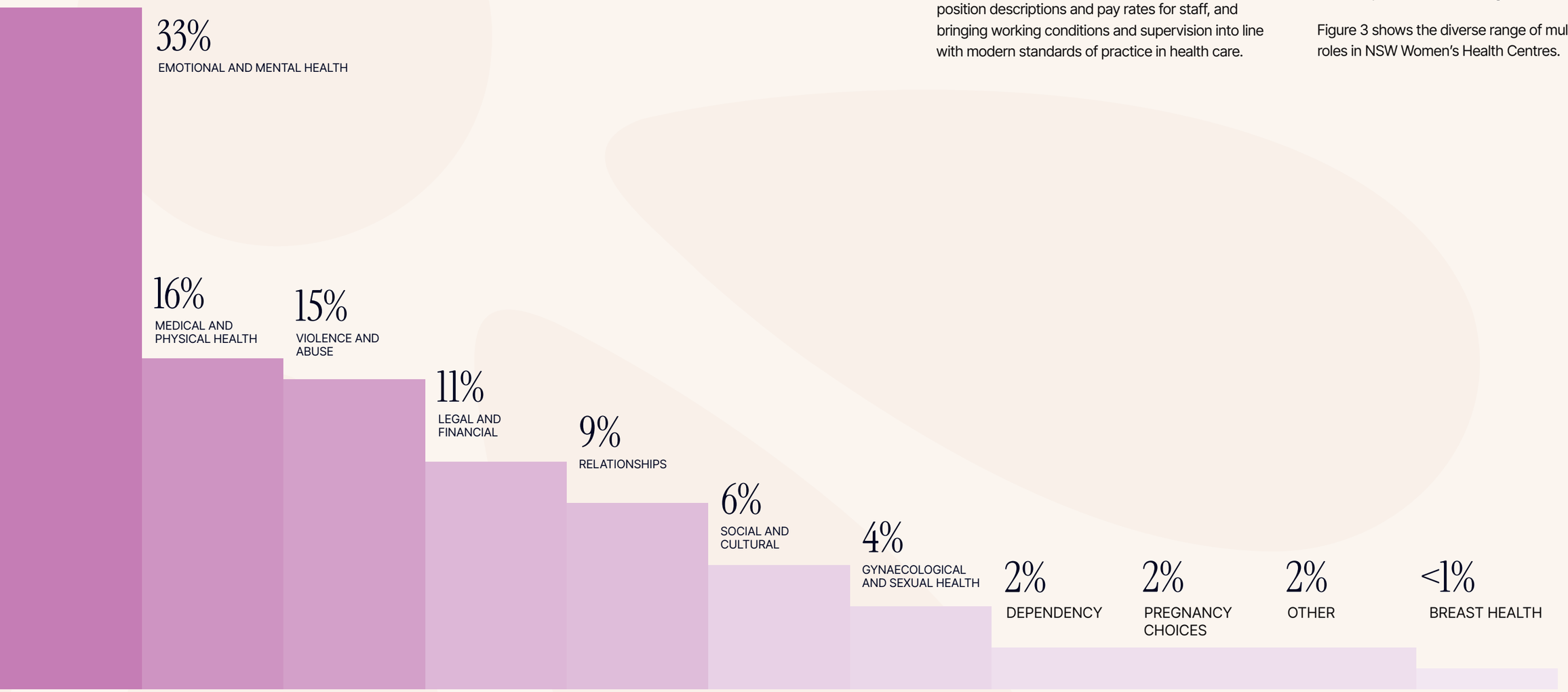


FIG 2 – PRESENTING ISSUES OF WOMEN ATTENDING NSW WOMEN'S HEALTH CENTRES, 2025–26

Rebuilding the Women's Health Infrastructure

After 36 years of underinvestment, many Women's Health Centres had to make difficult decisions about where to direct their first year of Enhancement Funding in 2023–24.

Each Centre identified the issues that were most urgent for their site and made targeted investments in their workforce, systems, and other critical infrastructure. This included basic upgrades and refurbishments to office and clinical spaces to make them fit for purpose, replacing obsolete IT equipment and systems, restructuring and filling vacant positions, standardising position descriptions and pay rates for staff, and bringing working conditions and supervision into line with modern standards of practice in health care.

The investment in these often small, but significant, changes ensured that Women's Health Centres had the staff, systems and resources required to provide a contemporary health service for women.

Investing in the Workforce

The Business Case reported on the extent to which expectations for the Women's Health workforce had changed since 1986. Originally staffed by a minimal number of part-time workers doing multiple roles, Women's Health Centres now provide a professionally staffed, multi-disciplinary health care service for women. To do this, Centres must attract and retain highly qualified, clinical and therapeutic staff with skills and experience in evidence-based interventions, trauma-informed care and complex trauma resulting from violence and abuse.

Figure 3 shows the diverse range of multi-disciplinary roles in NSW Women's Health Centres.

FIG 3 – MULTIDISCIPLINARY ROLES IN NSW WOMEN'S HEALTH CENTRES

PRACTICE AREA

Physical & Reproductive Health Care

DIVERSE ROLES ACROSS WOMEN'S HEALTH CENTRES

- Female General Practitioners
- Women's Health Nurses
- Registered Nurses
- Practice Nurses
- Nurse Practitioners
- Midwives
- Dieticians
- Women's Health Physiotherapists

PRACTICE AREA

Mental Health

DIVERSE ROLES ACROSS WOMEN'S HEALTH CENTRES

- Psychologists
- Clinical Psychologists
- Generalist Counsellors
- Trauma Counsellors
- Domestic and Family Violence Counsellors
- Sexual Assault and Childhood Sexual Abuse Counsellors
- Child and Adolescent Trauma Counsellors
- Drug and Alcohol Counsellors



PRACTICE AREA

Integrated Care & Case Work

DIVERSE ROLES ACROSS WOMEN'S HEALTH CENTRES

- Social Workers
- Case Managers
- Domestic and Family Violence Case Workers
- Court Advocacy Workers
- Aboriginal and Multicultural Specialist Court Advocacy Workers
- Financial Counsellors
- Intake Officers

PRACTICE AREA

Multicultural and Bilingual Support

DIVERSE ROLES ACROSS WOMEN'S HEALTH CENTRES

- Bilingual Workers and Counsellors
- Multicultural Specialist Case Managers and Advocacy Workers

PRACTICE AREA

Complementary Therapies

DIVERSE ROLES ACROSS WOMEN'S HEALTH CENTRES

- Trauma Specialist Massage Therapists
- Naturopaths
- Traditional Chinese Medicine Practitioners
- Art Therapists
- Dance Movement Therapy Practitioners

PRACTICE AREA

Aboriginal Health and Cultural Support

DIVERSE ROLES ACROSS WOMEN'S HEALTH CENTRES

- Aboriginal Primary Health Care Workers
- Healing Counsellors
- Aboriginal Specialist Support and Advocacy Workers

PRACTICE AREA

Clinical, Practice, and Organisational Leadership

DIVERSE ROLES ACROSS WOMEN'S HEALTH CENTRES

- Counselling Team Leaders
- Casework Team Leaders
- Mental Health Team Leaders
- Clinical Leads
- Policy and Practice Advisers
- Organisational Leadership



PRACTICE AREA

Group Programs

DIVERSE ROLES ACROSS WOMEN'S HEALTH CENTRES

- Group Facilitators
- Program Coordinators
- Young Women's Program Workers

PRACTICE AREA

Health Education, Promotion and Community Development

DIVERSE ROLES ACROSS WOMEN'S HEALTH CENTRES

- Health Promotion Officers
- Health Educators
- Community Development Workers
- Health Promotion Group Facilitators



Prior to the Enhancement Funding, Women's Health Centres were struggling to attract and remunerate these professional staff, while those who remained were required to juggle multiple roles and faced unsustainable workloads, high-stress and burnout. Enhancement Funding provided the first opportunity in decades for Women's Health Centres to address these urgent and critical workforce issues.

Stabilisation and restructuring of the workforce was an immediate priority for all Women's Health Centres, and most took a systemic approach to doing so. By providing longer-term financial certainty, the Enhancement Funding enabled Centres to:

- recruit staff to positions that had previously been left vacant in order to manage deficits
- transition some existing frontline staff from part-time to full-time hours, and from casual to permanent positions
- improve staff retention and recruitment by standardising job descriptions and pay grades
- recruit intake, administrative and coordination support staff to improve efficiency and free up clinical and therapeutic staff to spend more time with clients
- provide dedicated training, professional development, and clinical supervision for their staff.

Investing in training and professional development for staff was a key strategic focus for the entire Women's Health Sector. This improved capacity to attract and retain staff, provided expanded career pathways, and ensured that staff have the skills and capacity to support the growing number of women presenting with complex needs.

EXAMPLES OF ACTION

Illawarra Women's Health Centre

The Centre used Enhancement Funding to bring the grading and salaries of all existing staff into line with the SCHADS Award, ensuring that the Centre remained competitive with other parts of the community and health sectors. For the first time, staff in frontline roles were also provided with external professional supervision, which decreased the impact of vicarious trauma and led to a significant reduction in sick leave.

Bankstown Women's Health Centre

Enhancement Funding allowed the Centre to expand its professional workforce, better distribute psychology and counselling workloads, and improve staff wellbeing and service quality with clinical supervision and training. Staff now have access to professional development in trauma-informed practice, cultural safety and humility, clinical governance, risk management, accreditation and outcomes measurement. These investments have built a more sustainable, better-supported workforce with greater capacity to meet the needs of women in the community.

Central West Women's Health Centre

Enhancement Funding enabled the Centre to build flexibility and capacity into its workforce. Prior to the funding, the Women's Health Nursing Clinic was forced to operate on a skeleton staff model, meaning that women were often redirected to the limited local GP clinics when nursing staff were unavailable. With a full staffing model, the clinic now has capacity to provide reliable and consistent healthcare to women in a regional area where services are limited and often difficult to access.

Wagga Women's Health Centre

The investment allowed the Centre to provide staff time for reflective practice during work hours and invest in valuable training and professional development for the whole team. A Counsellor was able to complete certification as an Internal Family Systems Therapist – a modality which is now used daily in practice to assist women. Non-clinical staff at the Centre also undertook 'Accidental Counsellor' training, improving their ability and confidence to respond to mental health needs in community.

Women's Health Northern Rivers

The Centre's investment in remuneration, supervision and professional development for the workforce boosted staff recruitment and retention. The Centre Manager noted "positions that had historically remained vacant for extended periods are now filled within weeks, improving workforce stability and continuity of care for women."



Shoalhaven Women's Health Centre

With Enhancement Funding, the Centre was able to fill vacant counselling positions, reduce waiting lists and prevent the closure of books to new referrals. The Centre Manager explained "this has not only benefited women, but reduced stress and burnout for practitioners who were previously attempting to meet unmanageable demands".

Cumberland Women's Health Centre

Enhancement Funding was used to create a dedicated Intake and Assessment role within the Centre. Prior to this, intake and assessment was done by counselling and therapeutic staff which increased their workload and reduced their capacity to provide services to women. With a dedicated position, the Centre can now provide a more consistent and comprehensive intake process, including assessment of women's individual needs, risk identification, safety planning, and referral to the most appropriate services. This has improved the health and wellbeing of staff by allowing for more manageable caseloads, better coordination of services, and greater efficiency by freeing up specialist staff to respond to women presenting with multiple and complex needs.

Centre for Women's Health and Wellbeing Albury-Wodonga

The Centre is now able to provide staff with professional development and training to build new skills and remain current with best practice in the sector. Clinical staff also receive external supervision to reflect on professional practice and maintain their own mental health and wellbeing. This investment in the workforce has been reflected in strong staff retention with flow on benefits for service effectiveness and continuity of care for women.

Liverpool Women's Health Centre

Enhanced funding allowed the Centre to integrate support roles into its structure including: practice leads, an Operations Manager, and Data and Compliance, and develop management and leadership capacity with an investment in training, coaching, and legal subscription services. This investment has freed up practitioners to focus on direct service delivery to women and improved the team's ability to manage the increasingly complex service and compliance environment.

Sector Wide Professional Development

The peak body, Women's Health NSW also received Enhancement Funding which has been invested in capacity building, professional development, and leadership coaching for the entire Women's Health sector. Women's Health NSW recruited a Sector Development and Communications Manager who now works with all Women's Health Centres across NSW to support training and leadership coaching, project management, and not-for-profit grant procurement.

As part of this effort, Women's Health NSW funded sector-wide, face-to-face learning and professional development forums twice yearly across the entire funding period, which featured presentations on emerging health, social justice and workforce matters from external clinicians, academics, and other experts including:

- Medical Misogyny and Decolonising Healthcare – delivered by Associate Professor Summer May Findlay, University of Wollongong
- Menopause Stigma – delivered by Professor Jane Ussher, Western Sydney University
- Hormones and Healthy Ageing – delivered by Professor Cassandra Szoeke, RMIT University
- Putting Research into Action – delivered by Dr Tessa Boyd-Caine, Australia's National Research Organisation for Women's Safety
- Supporting Trans and Gender Diverse People with Affirming Healthcare – delivered by Women's Health in the North
- Sexual Violence Consultation Service for services accessed by LGBTQ+ people – delivered by ACON
- Sexual Violence Advocacy Panel – delivered by Full Stop Australia, Unions NSW and Women's Legal Service NSW
- Grant writing – delivered by Valerie Roettger (Q Improve)
- Tech Abuse and Chain-FS Critical File Storage – delivered by Nansen Digital Forensics
- Long Service Leave Portability Scheme – delivered by NSW Long Service Corporation
- Reflective Leadership – by ShantiWorks.

Investment in Systems and Quality

The Business Case highlighted the enormous structural changes and expanded requirements for community-based health care services that took place between 1986 and 2022. Beyond professionalisation of the workforce, these changes were most notable in the areas of systems, quality and risk management.

By 2022, Women's Health Centres were required to provide and maintain secure IT equipment and systems for records management and reporting, and meet high-quality standards for organisational governance, oversight, administration and reporting. In addition to NSW Health oversight, these standards are monitored and audited on three-year cycles by external accreditation bodies – with accreditation under either the Quality Improvement Council Standards (QICS), the Australian Service Excellence Standards (ASES), or the Royal Australian College of General Practice (RACGP) being a requirement for all Women's Health Centres for membership of Women's Health NSW.

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

Prior to the investment, the cost of adapting to these structural changes and maintaining standards for external accreditation had never been recognised in the funding model – which was still based on the expectations for a service in 1986. As a result, Women's Health Centres were continually cutting back on essential healthcare staff, reducing services to women, or incurring unsustainable deficits to fund these requirements.

In 2023–24, the Enhancement Funding explicitly recognised and funded these costs for the first time, incorporating:

- an annual contribution to IT resources and support, based on a unit cost provision for Centre staff funded under the Women's Health Program;
- a minimum annual contribution towards accreditation, insurance, audit, and compliance expenses;
- funding for a central resource within the peak body, Women's Health NSW, to provide ongoing sector-wide support with IT, data management and cyber security.

This enabled Women's Health Centres to upgrade their systems, introduce more secure and efficient electronic records management and data collection, and maintain accreditation standards without scaling back critical healthcare services for women.

Centre-based collaborative digital record systems have also improved capacity to coordinate the multi-disciplinary Women's Health Program service model. Women with complex needs who access Women's Health Centres are often supported by multiple clinical, therapeutic, allied health and support staff. Centralised electronic records enable more effective communication between staff, improving care coordination and the efficacy of interventions for women.

EXAMPLES OF ACTION

Sydney Women's Counselling Centre

The Centre invested in a comprehensive IT overhaul, replacing obsolete, inefficient systems and equipment with up-to-date and secure operating systems. This included investing in bespoke outcome-measurement software that allowed for centre-wide data collection and entry of validated outcome measurement tools including K10, DASS21, and Qualify of Life. The system now provides counsellors with streamlined access to client records, allowing for more effective therapeutic interventions and monitoring of client outcomes.

Wagga Women's Health Centre

Enhancement Funding has been used to implement an electronic client management and reporting system. Recent analysis indicated that this system is saving clinical and therapeutic staff an estimated 17 hours per week, which is being redirected into additional services for women.

Sector-Wide Support with Systems

The peak body used Enhancement Funding to develop capability across the entire Women's Health Sector, providing workshops, training sessions and tools for use by all Women's Health Centres including:

- an upgrade to the Women's Health NSW database, reporting system and data dictionary with training to support the rollout;
- training and professional development resources around data collection, reporting and analysis – 2 training sessions were provided for over 30 staff, and 8 recorded webinars were viewed 73 times;
- a briefing paper and workshops, delivered in partnership with Community Legal Centres NSW, to support Women's Health Centres with emerging issues around ethical engagement with Artificial Intelligence – three workshops were attended by 114 staff, and a further 86 viewed the recorded sessions.

Women's Health Northern Rivers

The Centre moved from paper-based records to digital records, initially transitioning over 3000 client files to a new cloud-based system. The online system has significantly improved operational efficiency and effectiveness, enabling secure access to records for treatment and continuous improvement, while maintaining client privacy. The Centre renewed its ASES accreditation in October 2025, receiving commendations for its collection and analysis of data to inform planning for women's future needs.



CASE STUDY

Building Stronger Women's Health Services through Regional Collaboration

Bankstown Women's Health Centre and Liverpool Women's Health Centre partnered to establish the South West Sydney Women's Health Network, which now also includes Fairfield Women's Health Service and Macarthur Women's Health Centre.

The Network has created a shared regional identity, governance framework and collaborative approach to strengthening the quality, consistency and sustainability of women's health services across the region.

SOUTH WEST SYDNEY WOMEN'S HEALTH NETWORK:

BANKSTOWN WOMEN'S HEALTH CENTRE

LIVERPOOL WOMEN'S HEALTH CENTRE

Fairfield Women's HEALTH SERVICE

MACARTHUR WOMEN'S HEALTH CENTRE

The network combines shared organisational systems with practical opportunities for staff collaboration, professional development and coordinated advocacy.

Its key components include:

- **Shared Regional Governance:**
  A Regional Governance Framework provides common policies, procedures, registers, templates and operational tools for Women's Health Centres. These resources support consistent practice, clinical safety, risk management, regulatory compliance and continuous quality improvement.
- **Communities of Practice:**
  Dedicated forums for staff to collaborate, participate in peer supervision, knowledge sharing and professional development. These forums support consistent, evidence-informed practice across Centres.
- **Coordinated Communications and Advocacy:**
  A regional strategy and working group strengthen the collective voice of Women's Health Centres. Staff have developed skills in social media, media engagement and digital communications, supported by shared resources, templates and content planning tools.
- **Accreditation Support:**
  The Network engaged an external consultant to review the regional governance framework, align systems with accreditation standards and mentor managers. This approach built internal capability to sustain quality improvement and undertake future accreditation activities.
- **Shared employment and workforce advice:**
  LegalVision provides consistent employment advice, workforce resources and assistance with legislative compliance, supporting Women's Health Centres in the Network to respond to workforce growth and increasing operational complexity.
- **Shared outcomes framework:**
  The Network engaged *Social Outcomes* to develop a regional Theory of Change and Social Outcomes Framework. This work is intended to guide evaluation, demonstrate impact and strengthen strategic planning.



The South West Sydney Women's Health Network combines the expertise, resources and infrastructure of Women's Health Centres across the region, strengthening their capacity to deliver high-quality services for women. Shared frameworks, policies, procedures, and resources reduce the time and investment required by each Centre to develop individual systems, while strengthening accountability, transparency and the management of organisational and clinical risks.

Shared clinical guidance, peer supervision and professional development across the Network help staff build their skills, learn from one another and provide consistent, safe and person-centred care that responds to women's needs. Coordinated communications also give Centres a stronger collective voice to advocate for the emerging needs of women in the region.

The South West Sydney Women's Health Network demonstrates how the investment in Enhancement Funding has supported lasting organisational development and enabled Centres to build a stronger foundation for consistent, high-quality women's health care.



Making Facilities Fit for Purpose

Given the importance of these spaces for women, nine of the Women's Health Centres used Enhancement Funding in the first year to make immediate and urgent improvements to their facilities, ensuring their sites were fit for purpose, safe and welcoming for women, and had the capacity to accommodate additional staff and services. Typical investments included:

- Installing new equipment such as handwashing facilities and beds in clinical spaces to meet modern standards
- Refitting facilities to create a mix of private rooms for intake, and larger spaces for group sessions
- Upgrading security and installing alarm systems
- Upgrading furniture and fittings to create a calmer and more welcoming environment for women accessing the centres
- Adding new workspaces to accommodate additional staff.

"The true legacy of this investment is not measured by the infrastructure we purchased or the positions we created, but by the stronger organisations we have become. NSW Health's investment has enabled us to build a sustainable foundation for future generations, strengthening our workforce, governance, digital capability and partnerships so we can continue responding to the evolving needs of women"

– CEO, BANKSTOWN WOMEN'S HEALTH CENTRE

EXAMPLES OF ACTION

Liverpool Women's Health Centre

The Centre used Enhancement Funding to complete essential upgrades required to make the space more accessible, safe, welcoming and fit for purpose. This included replacing furniture in counselling rooms, upgrading medical clinics with new gynaecology beds and privacy screening, installing ventilation to address a longstanding air quality issue and other changes to ensure compliance with WHS safety standards. The Centre was also able to improve safety and security measures across the service, with back to base duress alarms for all client consultation rooms and an upgrade to external lighting to support extended service hours.

Penrith Women's Health Centre

Enhancement Funding enabled the Centre to relocate to a more accessible premises, fit-out clinical spaces with hand-washing facilities and curtains, and create private spaces for therapeutic services with soundproofing curtains. The new premises increased the number of walk-in presentations and improved accessibility for women seeking support.

Illawarra Women's Health Centre

The Centre used some Enhancement Funding to invest in upgrades to its site and improve the amenity of the space for women accessing the centre. A recent survey of clients indicated a high level of satisfaction with the Centre's welcoming environment, with women indicating that the safe and comfortable environment makes a difference to their lives.

Women's Health Northern Rivers

Enhancement funding allowed the Centre to double its clinical space, increasing capacity to provide counselling, social work, nursing, domestic and family violence support and specialist services concurrently. The expanded facilities also supported the introduction of new multidisciplinary services including dietetics, art therapy and endorsed midwifery, meaning women can now access a broader range of integrated care under one roof.

Women's Centre for Health and Wellbeing Albury-Wodonga

The Centre was able to secure a new lease on premises with a larger training room which allowed for the significant expansion of its therapeutic group programs. Additional fit-out also provided space for new intake, referral and case management staff and private spaces for consultations with women.

Enhancing Services

With stabilised workforce and infrastructure, Women's Health Centres were able to operate more efficiently and effectively. The investment allowed them to restructure their service delivery, provide more services to meet growing demand, and introduce new services and supports in response to the specific needs of women in their communities.

Centres refocused on providing health education, prevention and early intervention services to help women stay healthy and live well. This was reflected in a major expansion of health promotion, outreach services, and group-based activities across the sector.

Enhancement Funding also enabled the sector to provide more holistic and integrated services for women, addressing their physical and mental health needs as well as the broader range of psycho-social factors impacting on their health and wellbeing. All Centres increased the availability of counselling hours and reduced waitlists. Many were able to expand their clinical health services, with women's health nurses and midwives providing more community-based screening, reproductive health care, and support with perimenopause and menopause. Additional specialist services, such as women's health physiotherapy, also provided many women with accessible, local treatment for pelvic pain, endometriosis and other urogenital issues for the first time.

For those most in need, facing complex trauma and – too often – experiencing the impacts of domestic, family and sexual violence, Centres expanded access to case management and wrap-around support. Social workers now form part of the multi-disciplinary team in most Women's Health Centres, ensuring that women's physical and mental health care is coordinated with financial, legal, housing and other supports to address social and economic factors impacting health and wellbeing.

Growth in service delivery reflects more than increasing demand. It reflects a significant shift in both the reach and intensity of support provided. Historically, much of Women's Health Centre service activity consisted of information, referral and short-term support. Today, women can access comprehensive biopsychosocial assessment, trauma-informed counselling, social work, case management, domestic and family violence support, safety planning, advocacy and multidisciplinary care coordination through an expanded service model. The impact of government investment extends beyond service expansion - by combining funding from NSW Health and the Department of Communities and Justice, Women's Health Centres have built a genuinely integrated model of care that draws on the strengths of both portfolios.

– CEO, WOMEN'S HEALTH NORTHERN RIVERS

The sector's collective efforts to expand and enhance service delivery has been impressive, given the previous 36 years of underinvestment. It demonstrates the resourcefulness and agility of Women's Health Centres and the enormous value gained from investing in sustainable community-based health care for women.

Prevention and Early Intervention

Women's Health Centres are committed to empowering women to take an active role in their own health care and overall wellbeing. Through active health promotion and outreach, they aim to build health awareness and literacy and promote healthy relationships and lifestyle choices for women at all stages of life.

As an accessible service, integrated within local communities, Women's Health Centres also provide a crucial first point of contact and supported entry to mainstream services, by providing pathways to other types of care and support where needed. This access is crucial for prevention and early intervention in health care, particularly for socio-economically disadvantaged women, and women in regional and rural communities.

Facing critical budget constraints, many Women's Health Centres had significantly scaled back their health promotion and education activities, focusing limited resources on the most acute and pressing needs.

The Enhancement Funding allowed Women's Health Centres to re-establish this critical function by engaging health promotion and outreach staff with the capacity to take a more active role in local communities. Since 2023–24, Centres have again focused on health education, prevention and early intervention, crucial to improving women's overall health and wellbeing and reducing the need for acute care.

WOMEN'S HEALTH SNAPSHOT

Health and Wellbeing

Health education and skill development support women of all ages to maintain overall health and wellbeing. Research consistently highlights factors associated with improved overall health in women including:

- physical activity
- good nutrition including fruit and vegetable intake
- maintaining healthy weight
- social support and relationships
- access to physical health and mental health services.[11]

Improved health literacy, regular screenings, and early detection also reduce risks for conditions like breast and cervical cancers, heart disease and diabetes.

In 2025–26 Women's Health Centres provided:

43,000	occasions of service Health Promotion, Information & Referral
15,700	occasions of service Group-Based Health Education, Health Literacy & Skills Development
2,300	Cervical Screening appointments

EXAMPLES OF ACTION

Bankstown Women's Health Centre

The Centre expanded prevention and early intervention activity by investing in a dedicated Health Promotion Officer. Over the last 2 years, the Health Promotion Officer has delivered trauma-informed and culturally inclusive workshops to hundreds of women of all ages from diverse cultural backgrounds in the Centre, at local schools and TAFEs, and other community outreach settings. Workshops cover a wide range women's health topics such as cancer screening, cervical health, self-checks, healthy relationships, nutrition, sexual health, and chronic illness prevention. This active, community-based health education helps women maintain good health and wellbeing, preventing illness, and supporting early intervention by ensuring women know how to access health care when they need it.

Fairfield Women's Health Service

The Centre has expanded prevention and early intervention activities for women from culturally diverse backgrounds across Fairfield and Cabramatta. Caseworkers, counsellors and dietitians now deliver regular health and wellbeing sessions in local schools, community centres and other locations covering topics such as stress management, nutrition, and navigating local health and support services. Sessions are well attended, with events held at MTC FutureReady Cabramatta and Navitas attracting 40–100 participants per session. The investment has strengthened engagement with women – particularly in newly arrived communities – improving health literacy, awareness of locally available services, and confidence accessing support.

Blue Mountains Women's Health & Resource Centre

With Enhancement Funding, the Centre expanded its Art Space to provide an engaging and supportive environment for health education for younger women aged 18–25. Artistic workshops are combined with education sessions delivered by a GP, Nurse, and Counsellor designed to educate young women about safe sexual practices, consent, sexual and reproductive health, and how to access other healthcare and community services.



Penrith Women's Health Centre

Health education and prevention activity grew significantly with the Centre able to deliver an extensive program of in-house and outreach sessions to women on topics including: cervical screening, bowel screening, breast health, diabetes, healthy eating, dementia, pelvic health, and menopause. The Centre also partnered with multicultural community organisations to deliver culturally responsive programs such as *Wonderful Wise Women* to support healthy ageing and provide opportunities for recreation and social connection for older women from diverse backgrounds.

Women's Health Northern Rivers

The Centre was able to provide women in this regional area with access to more preventative health activities and social connection opportunities. The Centre doubled its annual number of community-based primary health prevention sessions, with participation expanding from 800 to over 2,200 occasions of service each year. The sessions aim to improve women's health literacy, reduce social isolation and provide accessible pathways into clinical and therapeutic support, where required. As part of its investment, the Centre also expanded its offering of trauma-informed programs for survivors of domestic, family and sexual violence, with women now able to access specialist programs including *Shark Cage* and *Heartfelt House: Pathways to Healing* in their local area.

Macarthur Women's Health Centre

Established on the site of the former WILMA Women's Health Centre, Macarthur Women's Health Centre opened in 2024 under the joint auspice of Bankstown and Liverpool Women's Health Centres. In its first year of operation, the Centre focused heavily on community engagement and outreach to meet local demand for preventative healthcare, hosting a free flu vaccination clinic for local women and three visits from the South West Sydney Dental Van. The new Centre also partnered with South-West Sydney Local Health District, BreastScreen NSW and Campbelltown City Council for a Women's Health Week event, which provided women with access to health education, preventative breast and cervical screening, and other wrap-around services in one location.

Medical and Clinical Services

Women's Health Centres provide a diverse range of community-based clinical services to address women's unique physical, sexual and reproductive health needs. Staffed by female clinicians and operating within a trauma-informed framework, the Centres ensure women on low incomes, First Nations women, women from culturally and linguistically diverse backgrounds and other socio-economically disadvantaged groups have access to this care.

Clinical services available vary by Centre, but include: women's health nursing, women's health assessments, health checks, cervical screening, breast health assessment and education, contraception advice, pregnancy testing and reproductive support, and screening and treatment for sexually transmitted infections. Many Women's Health Centres also provide clinical support for women experiencing chronic pelvic pain, endometriosis, polycystic ovary syndrome, fertility issues, pregnancy, menopause and other reproductive or gynaecological health issues.

The Enhancement Funding enabled Women's Health Centres to expand the number and range of clinical services provided to women. Centres were able to recruit more Women's Health Nurses, Nurse Practitioners and midwives, often providing one of the only accessible options for women in regional areas to access these services.

Other Centres invested in expanding their range of clinical supports, offering women specialist services such as dietetics and women's health physiotherapy to support pelvic health and treat urogenital conditions.

20%

Medical, Physical, Gynaecological, and Sexual Health

needs account for 20% of presenting issues to Women's Health Centres

In 2025–26, Women's Health Centres delivered:

20,670 occasions of service for **Women's Physical and Reproductive Health**

3,000 occasions of service for women with **Chronic Pain and Injuries**

2,178 occasions of service for women with **Endometriosis, Pelvic Pain and related conditions**

WOMEN'S HEALTH SNAPSHOT

Sexual and Reproductive Health

Women experiencing socioeconomic disadvantage, including women on low incomes, women in rural and remote communities, Aboriginal and Torres Strait Islander women, women from culturally and linguistically diverse (CALD) backgrounds, and women with disability, are more likely to have unmet needs for sexual and reproductive health care.

Specialist women's health care is often expensive, concentrated in metro areas, and difficult to navigate. These factors limit many women's access to contraception, medical termination of pregnancy (MTOP), continence support, pelvic-floor physiotherapy and repeated appointments required to treat endometriosis and chronic pelvic conditions. Many women who cannot afford private treatment, or travel to metro areas, may tolerate debilitating symptoms while waiting for public care, use emergency departments, or discontinue treatment.

The 2023 Senate Inquiry into reproductive healthcare[12] in Australia characterised access as a "postcode lottery", highlighting the uneven availability of affordable services particularly outside metro areas with many women facing:

- few GPs and specialists, particularly with training
- limited public gynaecology services
- long waiting lists for both public and private services
- high travel, accommodation and childcare costs
- poor continuity of care when visiting practitioners rotate through communities
- concerns about privacy – particularly in smaller communities.

These barriers were particularly acute for women experiencing chronic pelvic pain, endometriosis, pelvic-floor dysfunction and bladder conditions where diagnosis and treatment typically requires accessing multiple professionals including a GP, gynaecologist, sonographer, urologist, continence nurse and pelvic-health physiotherapist.

Endometriosis and Pelvic Pain Snapshot

15% to 25% of women experience chronic pelvic pain[30]

8 years On average, women wait 8 years for a formal diagnosis of endometriosis[31]

Endometriosis Hospitalisation Rates[32]

1.3 times greater for women in the most disadvantaged areas

1.5 times greater for women in capital cities than for those in remote and very remote areas

Women's Health Northern Rivers

Enhancement Funding allowed the Centre's Women's Health Nurse to complete her Endorsement for Scheduled Medicines for Midwives qualification. This has broadened the Centre's clinical service offering, with women now able to access professional pregnancy and postpartum recovery support, as well as advice on prenatal health and newborn care.



Penrith Women's Health Centre

Enhancement Funding enabled the Centre to reinstate Registered Nurse and Nurse Practitioner roles within the Centre. These positions provide essential healthcare services to women but had been left vacant due to budget constraints. The Registered Nurse is now delivering services 8 hours per week and working towards developing reproductive and sexual health (RSH) clinical capability for the Centre. A Mental Health Nurse Practitioner role was also added in 2025–26, providing women with initial clinical assessment, diagnosis and treatment of mental health and substance use conditions.

Central Coast Community Women's Health Centre

The Centre increased the capacity, accessibility and breadth of core clinical services in its specialist Women's Health Primary Care Clinic. With additional clinical staff, the Centre expanded access to sexual and reproductive healthcare, contraception, cervical screening, pregnancy choices counselling, medical termination of pregnancy (MTOP), perimenopause and menopause care, preventative screening and management of women's health and gynaecological concerns. Importantly, the Enhanced Funding enables the Centre to provide free healthcare to women experiencing disadvantage or where cost is a barrier to care, improving access for women who may otherwise delay or go without healthcare.

Blue Mountains Women's Health & Resource Centre

The Centre employed a Dietitian to support women presenting with eating disorders, and others requiring consultation on health and nutrition particularly around perimenopause and after menopause. The Dietitian also provided information and education workshops to Centre staff, upskilling them to offer nutritional advice to women facing food insecurity, and improve support and referrals for women presenting with eating disorders.

Central West Women's Health Centre

The Centre now offers a weekly GP clinic and monthly Women's Health Nurse clinic, providing access to reproductive health, contraception, family planning and fertility consultations, cervical screening and medical termination of pregnancy (MTOP). The clinics have been a significant addition to local health services in this regional area, reducing access barriers for many women and reducing delays in receiving critical care.

Coffs Harbour Women's Centre

The Centre invested in expanded clinical services, giving women greater access to timely, specialised care. Establishing an iron infusion service at the Centre provided an additional local option and reduced waiting times associated with accessing infusions through the Local Health District. The funding also enabled the Centre to recruit an Endorsed Midwife, expand access to medical termination of pregnancy (MTOP) services, and offer specialist women's pelvic health physiotherapy onsite. These services strengthened the Centre's capacity to respond to women's physical, sexual and reproductive health needs, and provide a wider range of care in a single location.

Mental Health and Integrated Support Services

Women present to Women's Health Centres with a wide range of mental and physical health needs – often with multi-morbidities. For many, these immediate health needs are often combined with critical and acute personal and family circumstances associated with complex trauma and poor health status, including domestic and family violence, sexual assault, problematic use of alcohol and other drugs, financial and legal issues, and housing insecurity and homelessness.

Women's Health Centres play a vital role in supporting women with these needs, with integrated therapeutic services, including trauma-informed counselling, intake and assessment, and case management, a core part of the Women's Health Program. Demand for these services is significant and has continued to grow, with Centres seeing an increasing number of women presenting with highly complex and intersecting health and psycho-social needs.

Prior to the Enhancement Funding, most Centres had been forced to cut back or eliminate some critical therapeutic services. Women with urgent needs were facing waitlists for counselling of up to three months, and some Centres had begun turning away referrals. Professional staff that remained had unsustainable client loads, while attempting to manage the complex assessment and care coordination needs of women presenting to the service – resulting in fewer hours of effective therapeutic services.

By providing Women's Health Centres with the resources needed to stabilise and restructure their workforce and recruit support roles that had long been left vacant due to budget constraints, the investment increased the availability and effectiveness of existing therapeutic staff. Additional funding also allowed Centres to invest in additional counsellors and psychologists to meet demand growth, and establish new positions dedicated to care coordination. As a result, wait times for counselling and therapeutic intervention have fallen across the sector and women with more complex needs now receive more effective and comprehensive wraparound support to address other health and psycho-social needs.

33%

Emotional & Mental Health needs account for 33% of all presenting issues

One-third of these presentations are for Depression, Anxiety, Complex Trauma, or Self-Harm

15%

of presentations require support with the

health and social impacts of Domestic, Family and Sexual Violence

In 2025–26 Women's Health Centres delivered:

34,200 Mental Health interventions including Counselling and Therapeutic services

30% ↑ increase in Mental Health interventions compared with pre-Enhancement

28,900 Casework & Advocacy occasions of service for women with complex needs

53% ↑ increase in Casework & Advocacy interventions compared with pre-Enhancement

WOMEN'S HEALTH SNAPSHOT

Mental Health

Socioeconomic disadvantage increases exposure to the risk factors associated with poor mental health, while simultaneously limiting access to care and treatment that is costly or not available locally. Access is particularly difficult for women who need:

- ongoing psychological therapy rather than a small number of sessions
- treatment for complex trauma
- integrated mental health, physical health and social support
- perinatal mental health care
- culturally safe services
- face-to-face services outside metro areas.[13] [14] [15]

Recent economic, social and financial pressures have increased population-wide psychological distress, with women disproportionately affected. Between 2021 and 2025, the number of women in NSW reporting 'high or very high levels of psychological distress' increased from 22.2% to 31.9%. The rate is consistently higher for women in the lowest socioeconomic quintile and has also increased substantially over the last decade.[16]



WOMEN'S HEALTH SNAPSHOT

Domestic, Family and Sexual Violence

Women who have experienced physical and 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 distress[17]. For many women with trauma from these experiences, concerns about stigma, fear of intimate examinations or inability to access a female professional lead to delaying or avoiding services.

The adverse physical and mental health impacts associated with domestic, family and sexual violence and trauma are serious, long-lasting and complex, continuing long after the violence has ceased[18]. 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.

Women in NSW continue to experience high rates of domestic and family violence and sexual assault, with incidents growing at an alarming rate. ABS Personal Safety Survey[19] data for women in NSW found that:

37% had experienced sexual or physical violence since the age of 15

25% had experienced violence, emotional abuse, or economic abuse by an intimate partner since the age of 15

17% had experienced physical or sexual abuse by an adult before the age of 15

While under-reporting of domestic and family violence, and sexual assault are widely recognised, between 2021 and 2026, despite a 7.5% increase in the population, NSW Police also recorded:

- an 18% increase in domestic and family violence related assault reported by women
- a 60% increase in sexual assaults reported by women.[20]

Multi-disciplinary services offering tangible assistance with immediate and acute needs, mental health and clinical services, emotional support and social interaction, and physical activity have been shown to improve overall health outcomes for women who have experienced sexual violence.[21]

EXAMPLES OF ACTION

Sydney Women's Counselling Centre

Responding to the growing complexity of health needs, the Centre recruited a full-time Care Coordinator and introduced a specialist position which combines counselling with practical case work to assist women with more complex needs. The integrated model of care, combined with other improvements to systems and administrative processes, resulted in a 30% increase in counselling capacity – an additional 1,000 sessions each year – and enabled the Centre to accept 100 new clients. Counselling staff also undertook training and certification in EMDR (Eye-Movement Desensitisation and Reprocessing) therapy, an evidence-based treatment for post-traumatic stress disorder (PTSD) and other mental health conditions. This expanded, therapeutic treatment offering has resulted in significant improvement in outcomes, particularly for women presenting with complex trauma and mental health issues associated with domestic, family and sexual violence.

Penrith Women's Health Centre

Enhancement Funding enabled the Centre to recruit a part-time Intake Officer who now manages referrals and assesses the needs of new clients. This small investment in a dedicated resource increased the capacity of therapeutic staff, which saw the Centre double the number of counselling hours available to women each week.

The Centre also recruited a Community Capacity Facilitator to support women whose needs do not fit within existing counselling or domestic and family violence programs, but who require coordinated support, practical assistance, community connection, and advocacy. Many of the women who access this service report non-current domestic and family violence, with the long-lasting effects continuing to impact on their mental health, economic wellbeing, and social connections. The Facilitator has played a critical role in supporting women and connecting them with services to help their recovery.

Hunter Women's Centre

The Centre allocated Enhancement Funding to add an additional full-time equivalent counsellor to the team, and 28 hours per week to an intake and administrative support role. This freed up time for existing staff and provided an additional 18 counselling sessions each week – 936 sessions per year – substantially expanding the number of therapeutic services available to women and reducing the Centre's waitlists.

Women's Centre for Health and Wellbeing Albury-Wodonga

Based in a regional area with limited social services, the Centre invested in expanding its therapeutic team. Employing an additional full-time counsellor increased counselling capacity by 63% and immediately reduced wait times from three months to less than four weeks. New capacity was added to support intake, referral and advocacy enabling faster and more effective responses for women experiencing crisis, domestic and family violence, homelessness, and complex trauma. The investment resulted in a clinically significant improvement for women in crisis in the community.

Bankstown Women's Health Centre

The investment allowed the Centre to recruit an additional specialist Domestic and Family Violence Case Worker. This staff member works as part of a multi-disciplinary team alongside the Centre's psychologists, counsellors and nurses to coordinate integrated care for women with complex health and psycho-social needs.

"Jenny a mother of eight children was referred to Bankstown Women's Health Centre, experiencing prolonged domestic and family violence, significant financial hardship, housing insecurity and deteriorating mental health. She presented with high levels of anxiety and trauma and was struggling to navigate multiple service systems while caring for her children.*

The Domestic and Family Violence Case Worker became the central coordinating point, working with Jenny to develop a safety plan, connect her with emergency relief services, provide advocacy with housing providers and schools, support to access financial assistance, and access to family law representation. The Case Worker also referred her internally to the Women's Health Nurse, and Psychologist for therapy to address trauma and the psychological impacts of the violence she had experienced.

Led by the Case Worker, the Centre's multidisciplinary team worked collaboratively, regularly reviewing Jenny's progress, identifying emerging needs and ensuring support remained coordinated across all services. The integrated approach reduced the need for Jenny to repeatedly tell her story, improved communication between services and provided consistent, holistic support during a period of significant crisis.

Over time, Jenny reported increased confidence, improved mental wellbeing and greater stability for herself and her children. She secured safer accommodation, engaged consistently with therapeutic support and developed stronger connections with community services. Her children also benefited from improved stability with consistent school attendance, and access to other social supports."

Leichhardt Women's Community Health Centre

The Centre invested in a new Anti-Violence Case Worker role to address the health and social impacts of violence against women. The Case Worker supports clients with complex needs relating to: domestic, family and sexual violence, coercive control, non-fatal strangulation and violence related health risks, housing instability and homelessness, mental health and complex trauma, financial hardship, and legal issues. This role provides a support pathway for women to access and navigate essential services, increase safety, and remain engaged with services.

"Cara presented to the Centre with multiple intersecting risks, including high risk personal violence involving a neighbour, reported non-fatal strangulation, acute mental health distress, substance related mental health concerns, suicidal ideation, limited informal support and housing eviction risk. At initial contact with the Anti-Violence Case Worker, Cara appeared disoriented and was unable to complete a full intake and risk assessment. The Case Worker arranged a three-way conference with a counsellor, identifying concerns that Cara presented an immediate risk to herself and others.*

The Anti-Violence Case Worker kept Cara connected to support during an acute crisis, maintaining engagement despite barriers to intake and assessment and arranging hospital care when she was at immediate risk of harming herself or others. During Cara's hospital stay, the worker coordinated with the hospital social worker, continued assessment and case planning, and liaised with housing, police, legal and other services. The worker also supported a disability advocacy referral and housing transfer application and advocated for Cara's safe return to Department of Housing accommodation while awaiting alternative housing. This coordinated approach ensured Cara's safety concerns, trauma history, mental health needs and housing instability were communicated effectively across services."



Complementary and Allied Health Therapies

A growing body of research indicates that trauma-informed massage, provided as a complementary therapy, provides positive benefits to women who have experienced domestic, family and sexual violence. Massage and associated allied-health therapies can help to reduce symptoms of PTSD, dissociation, and chronic pain, and aids in recovery by helping women to reconnect with their bodies and improve physical and emotional health[22]

With an estimated two-thirds of Women's Health Centre presentations requiring support with mental health or recovery from trauma associated with domestic, family and sexual violence, several Centres invested in expanding massage and related allied-health therapies for women.

In 2025–26 Women's Health Centres delivered:

11,650 Complementary and Allied Health occasions of service for women experiencing chronic pain, stress, and complex trauma

25% ↑ increase in Complementary and Allied Health services for women, compared with pre-Enhancement

EXAMPLES OF ACTION

Cumberland Women's Health Centre

The Centre saw a growing number of women within its culturally diverse and socio-economically disadvantaged community presenting with physical symptoms of trauma including chronic pain and insomnia. A qualified massage therapist was introduced to provide complementary therapy for women receiving counselling and other health services at the Centre. The massage sessions allow women to relax in a safe, calm space and reconnect with their bodies. Feedback from participants has highlighted noticeable improvements in both physical wellbeing and mental health, including reduced anxiety, improved sleep, and a sense of emotional relief. Massage therapy has continued at the Centre as a valuable adjunct to therapeutic services for women, supporting a holistic approach to healing and recovery.

Leichhardt Women's Community Health Centre

The Centre partnered with Midjuburi Youth Resource Centre to provide massage therapy to Aboriginal women and elders who had experienced trauma and abuse. Weekly 'Safe Touch' sessions with the massage therapist were transformative for many women who had never experienced safe touch. One 16-year-old participant reported that, following the massage, she was able to sleep through the night without nightmares, for the first time.



Penrith Women's Health Centre

Enhancement Funding was used to develop and expand a baby massage program with 15 sessions delivered across Penrith, Werrington, Colyton, St Marys, and the Hawkesbury in partnership with Community Junction and other community organisations. Attended by 87 participants in 2025–26, this program has provided a pathway for younger mothers to access health services, as well as improving maternal wellbeing, confidence, mother–child bonding and social connection. The program has led to more women under 35 years of age engaging with the Centre.

Liverpool Women's Health Centre

Enhancement Funding was used to expand complementary services with Traditional Chinese Medicine (TCM). TCM encompasses a range of holistic therapies including massage, acupuncture, cupping and herbal medicine. The Centre provided 673 TCM session to 375 women, including 42 appointments at a community outreach location for Aboriginal & Torres Strait Islander women. One client shared how the treatment had an immediate impact on her chronic insomnia, leading to significant improvements in both her mental and physical health after just a few sessions.

Group Programs

Women's Health Centres provide a diverse range of therapeutic, educational, physical wellbeing, social and peer support groups as a core part of their offering. Groups help women to access information and education, therapeutic support and social connection in a safe and supportive environment. Groups complement traditional one-to-one service models and form an important part of the broader multi-disciplinary service offering of the Women's Health Program.

Therapeutic Groups are often particularly valuable for women who have experienced domestic, family and sexual violence, trauma, and social isolation and can play an important role in supporting recovery by assisting women to develop skills to manage ongoing symptoms and rebuild confidence and social connection. The relationships developed through these groups also help women build informal support networks that can help to sustain recovery and improve longer-term health and wellbeing.

Group programs are also an efficient and effective way to expand the reach of prevention and early intervention services, to promote health and wellbeing, provide health education and information, develop community and social connection, and help women develop the skills to better manage their own physical and mental health. For women who are isolated, or experience social or cultural barriers to accessing mainstream health services, groups can also provide a crucial, culturally safe entry point to connect with clinical, therapeutic and other services and supports.

"We often find that entry points such as social groups and workshops provide a safe and non-threatening introduction to our services for many women. Attending an art group, yoga class or ukulele workshop is a wonderful opportunity for social connection and empowerment for women feeling isolated and vulnerable."

– CENTRE MANAGER, WAGGA WOMEN'S HEALTH CENTRE

While an efficient way to reach and support a larger number of women, group programs require resourcing and skilled facilitation, particularly for the delivery of therapeutic groups. Prior to 2022, many Women's Health Centres had limited their group-based services, focusing limited resources on therapists and clinicians to support women with the most acute needs.

The majority of Women's Health Centres used the Enhancement Funding to rectify this, investing in staff and resources to provide a broader range of therapeutic, educational and social group programs, and increase the number of group sessions available to women in their community. Targeted, culturally specific groups have also connected with women in harder-to-reach priority populations, providing health education and support to women who did not previously access services.

Figure 4 provides a snapshot of the wide range of group programs now provided by Women's Health Centres across NSW.

140%

In 2025–26 Women's Health Centres achieved a 140% increase in Group participation compared with pre-Enhancement levels

61,650 occasions of service across Groups & Health Education Workshops

13,160 occasions of service in Therapeutic & Support Groups

18,650 occasions of service for Group Physical Activity

15,700 occasions of service in Health Education & Skills Development Groups







FIG 4 – GROUP PROGRAMS OFFERED BY NSW WOMEN'S HEALTH CENTRES

GROUP PROGRAMS

Domestic and Family Violence Recovery

- recovery and rebuilding after abuse
- understanding coercive control
- safety planning
- healthy relationships and boundaries
- confidence and empowerment
- structured programs including *Shark Cage New Beginnings*



GROUP PROGRAMS

Trauma Recovery

- recovery from sexual assault or childhood sexual abuse
- trauma education
- emotional regulation
- managing trauma responses and triggers
- art-based and body-based trauma recovery

GROUP PROGRAMS

Mental and Emotional Wellbeing

- anxiety and stress management
- depression support
- mindfulness and meditation
- self-esteem
- confidence and assertiveness
- grief and loss
- resilience and self-care

GROUP PROGRAMS

Community Education

- domestic violence awareness
- respectful relationships
- consent and sexual violence prevention
- women's rights
- community leadership
- advocacy
- health-service navigation.



GROUP PROGRAMS

Life-Stage Support

- puberty and adolescence
- young women's groups
- pregnancy and early motherhood
- perimenopause and menopause
- older women's groups
- healthy ageing



GROUP PROGRAMS

Health Education

- women's general health
- sexual and reproductive health
- menstrual health
- menopause
- nutrition and healthy eating
- diabetes and weight management
- heart, bone and pelvic health
- cancer support
- bowel cancer screening
- sleep and fatigue management



GROUP PROGRAMS

Parenting and Family Support

- parenting education
- *Circle of Security*
- attachment-based parenting
- young mothers' groups
- antenatal and postnatal support
- parenting after domestic violence
- support for mothers of adolescents.

GROUP PROGRAMS

Culturally Specific Groups

- Aboriginal women's healing and wellbeing
- Aboriginal Elders' groups
- Aboriginal girls' and young women's groups
- multicultural women's groups
- multicultural mental health first aid
- language-specific groups
- migrant and refugee support
- cultural arts and connection

GROUP PROGRAMS

Identity and Population-specific Support

- lesbian, bisexual and queer women's groups
- LGBTQ+ support
- women with disability
- carers support groups
- women affected by substance use

GROUP PROGRAMS

Social Connection and Peer Support

- women's social groups
- coffee and conversation
- peer support

GROUP PROGRAMS

Physical Activity and Fitness

- walking groups
- stretching and mobility
- strength and balance classes
- yoga, including gentle and trauma-informed yoga
- pilates, tai chi, Zumba
- dance

GROUP PROGRAMS

Therapeutic and creative activities

- art and art therapy
- craft, including sewing, doll-making, knitting, music, singing, journalling, creative writing, community gardening groups

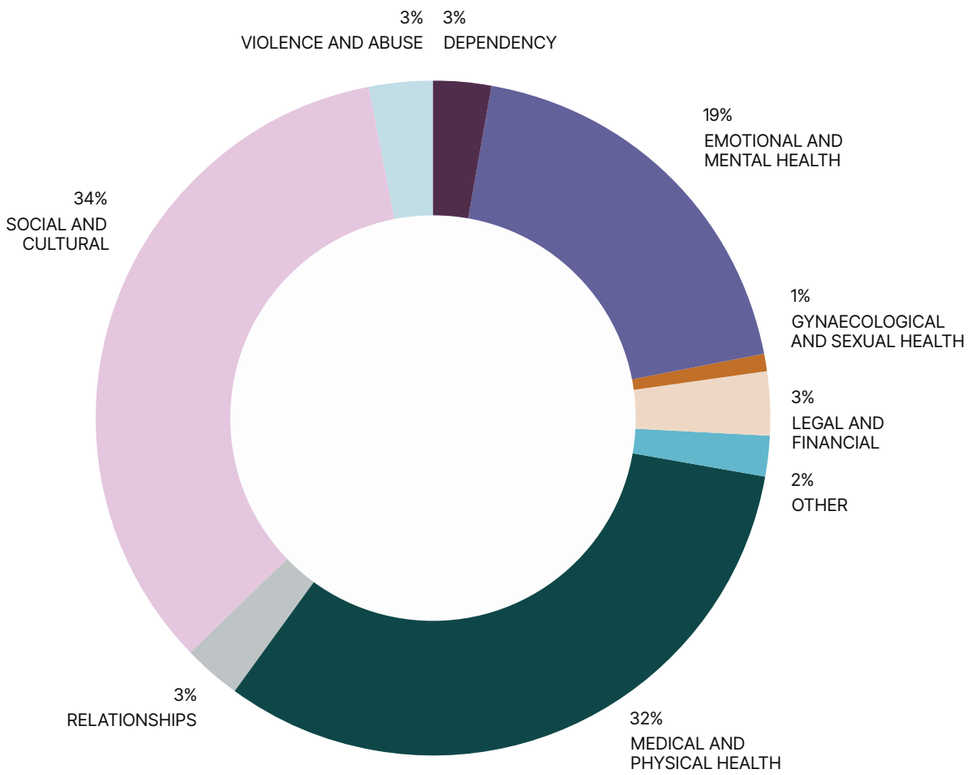


GROUP PROGRAMS

Personal Development and Practical skills

- communication
- conflict resolution
- assertiveness and boundary-setting
- goal-setting
- financial wellbeing and budgeting
- legal rights
- navigating services
- digital literacy
- employment and return-to-work skills

FIG 5 – GROUP PARTICIPANT PRESENTING ISSUES IN 2025–26



3% Dependency	19% Emotional and mental health	1% Gynaecological and sexual health
3% Legal and financial	2% Other	32% Medical and physical health
3% Relationships	34% Social and cultural	3% Violence and abuse

EXAMPLES OF ACTION

Penrith Women's Health Centre

The Centre expanded therapeutic groups, health education activities, and physical wellbeing programs, increasing opportunities for women to access support outside traditional one-to-one service models. These activities supported prevention, early intervention, social connection and health literacy while creating pathways for women to access the Centre's other services. For example, the *Wonderful Wise Women* program, a health education and social support group for older women, provided an opportunity for women attending to be screened by the diabetes educator. Two women in the group were identified as being at high risk of Type 2 diabetes and were supported with follow up to obtain further testing from their GP.

Coffs Harbour Women's Centre

The Centre was able to double its group offering, using Enhancement Funding to add high-quality, physiotherapist-led groups that support women across different life stages. Running each term, classes now include: Core & Pelvic Floor Strengthening, 50+ Core & Pelvic Floor Strengthening, Osteoporosis Prevention Strength, and Rebalance After Birth (with bub). The additional groups, which are now fully booked, have increased women's access to critical preventative and rehabilitative care in the community.

Leichhardt Women's Community Health Centre

The Centre used Enhancement Funding to develop a customised nine-week therapeutic and psychoeducation group program for survivors of domestic and family violence: *Healing and Recovery from Trauma & Abuse,* co-facilitated by a Centre counsellor and a clinical psychologist from the Birchtree Centre. The program uses a range of practical activities and shared learning to explored trauma-informed approaches including the polyvagal nervous system, somatic techniques, Emotional Freedom Technique and mindfulness. To date, a total of 15 women have completed the program. Participants reported feeling supported and better equipped with practical tools to manage and regulate the effects of trauma on their bodies during difficult periods.

Fairfield Women's Health Service

Enhancement Funding saw the Centre expand group programs that connect women with each other, support their health and wellbeing and improve access to essential services. For example, the Vietnamese Cultural Group attracts 40–50 participants each fortnight and brings together partners including South Western Sydney Local Health District, Multicultural NSW, Legal Aid, Justice Support Centre, Services Australia, Service NSW, Fairfield Police and Fairfield City Council. The expanded program also includes crafts and connection groups, weekly Zumba sessions attracting 30–50 participants, weekly yoga, therapeutic groups for women experiencing domestic and family violence, and nutrition groups focused on healthy eating on limited budgets. The Centre Manager notes how the groups have a significant impact beyond the immediate participants – with women sharing information and resources throughout their own culturally diverse communities and encouraging others to access services at the Centre.

Liverpool Women's Health Centre

Enhancement Funding enabled the Centre to expand its program of accessible, culturally responsive groups, increasing delivery from 557 sessions in 2022–23 to 820 sessions in 2025–26. Culturally specific groups for Aboriginal and Torres Strait Islander, Vietnamese, Spanish, Hindi Urdu, South Asian, Fijian and Arabic women provide safe spaces for connection and support. In addition to therapeutic groups for mental health and trauma recovery, the Centre's diverse health and wellbeing groups – including: tai chi, yoga, mindfulness, nutrition and affordable cooking, and digital literacy – provide opportunities for women to participate in activities that may otherwise be inaccessible due to financial or social barriers.

Bankstown Women's Health Centre

The Centre expanded group programs to complement its individual clinical and support services, giving women new pathways ways to seek help and support. For women hesitant to access individual services, groups are an opportunity to build trust with staff and become familiar with the Centre. The range of wellbeing and self-care activities, therapeutic and psychoeducational groups, health education, creative activities and social programs now available at the Centre provide safe, women-only spaces to recover, build confidence, reduce isolation and develop practical skills. These connections also help staff identify additional needs and link women with counselling, casework, allied health and other support.

Expanded Service Reach & Accessibility

Improved Access for Priority Populations

Women experiencing disadvantage often face intersecting barriers to accessing preventative and primary health care, including cost, language, cultural safety, disability-related access needs, limited transport, and the effects of trauma from domestic, family and sexual violence. For some women, these barriers are compounded by social isolation, discrimination or unfamiliarity with the health system. Improving access to care requires affordable services, trusted relationships, culturally safe and welcoming environments, and flexible approaches that respond to women's circumstances.

Women's Health Centres offer their services free or at low cost and give priority access to women on low incomes, Aboriginal and Torres Strait Islander women, women from culturally diverse backgrounds, women with disability, and those experiencing domestic, family and sexual violence. Many of these women face significant barriers to accessing preventive and primary health care and mental health support. When services are inaccessible or unaffordable, opportunities for prevention and early intervention are missed, and women may only receive acute care in the hospital system once a condition has progressed.

In 2025–26, the majority of Women's Health Centre clients were from priority populations

- 69% on a low income, pension or government benefit
- 19% from a culturally and linguistically diverse (CALD) background
- 7% Aboriginal or Torres Strait Islander
- 13% women with disability
- 15% older women aged 65+

Respondents to a survey of organisations that refer to Women's Health Centres confirmed the role Centres play in providing access to services for priority populations. Of the 90 referrers who responded:

- 73% indicated that three-quarters or more of the women they referred would be unable to pay a private provider for the services they required
- 61% indicated that the Women's Health Centre provided a culturally appropriate service that their client required

"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

Enhancement Funding has strengthened Centres' capacity to reach and support women in these priority populations. Additional resources have enabled Centres to expand the range and availability of services, deliver outreach in accessible community settings, and work with local partners to help more women access care. This has created more opportunities for Women's Health Centres to engage women who may otherwise miss out on service and provide affordable care and support that responds to intersecting health, social, cultural and economic needs.

"The Women's Health Centres 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."[23]

The following examples demonstrate how Centres have used Enhancement Funding to address barriers experienced by priority populations, strengthen pathways into care, and deliver services that respond to women's diverse needs.

Fairfield Women's Health Service

Operating in the culturally diverse and socio-economically disadvantaged Fairfield LGA, the Centre has a strong focus on providing culturally appropriate services to women from migrant and refugee backgrounds. Centre staff include bilingual Vietnamese and Arabic speakers to provide women with access to therapeutic and clinical support in their own language, and the Centre now offers an expanded group program, including a Vietnamese Cultural Group, which assists in providing health education to a harder-to-reach community of women.

Liverpool Women's Health Centre

The Centre created a new Aboriginal Access & Advocacy Office role to provide group programs, health education, referral and health advocacy support within the Centre and at outreach locations in the local community. In 2025–26, this identified role delivered 464 occasions of support, helping local First Nations women overcome barriers to attending medical appointments, and providing the culturally safe connection needed to get women into much needed counselling and trauma recovery care.

Central West Women's Health Centre

The Centre partnered with Bathurst Community Transport, the Wahluu Health Aboriginal Corporation, the Blue Mountains Women's Resource Centre, and Lithgow High School to reduce practical and cultural barriers to health access for Aboriginal women. The Centre's counsellor, case manager and GP support fortnightly Wahluu Groups -– specifically tailored for Aboriginal women, with Bathurst Community Transport providing reliable transport to help women access the groups and other health support services.

Blacktown Women's and Girls' Health Centre

The Centre developed a targeted project for multicultural women aged 45–74 in response to language barriers, limited health literacy and cultural stigma surrounding bowel cancer. It included multilingual community education, co-designed and translated resources, partnerships with multicultural organisations and local GPs, assistance using screening kits, and the development of referral and follow-up pathways. Participants reported improved understanding of bowel cancer risks and symptoms, and greater confidence in completing screening.

Women's Centre for Health and Wellbeing Albury-Wodonga

The Centre used Enhancement Funding to recruit a multilingual counsellor, in response to community need. Indian and Nepalese women in this regional community now have culturally safe and appropriate access to the Centre's five core service areas, including trauma-informed counselling, domestic and family violence education, bowel cancer and other health education, referral pathways and visa abuse advocacy. As a result of this initiative, the Centre's engagement with women in these CALD communities has increased by 160% over four years.

Penrith Women's Health Centre

The Centre's nine-week Dance and Fitness for Arabic Women program combines dance fitness with eight women's health and wellbeing sessions. Participants have reported improved physical wellbeing, better coping skills and increased knowledge of cancer screening, mental health and physical activity. To date, 11 participants have also enrolled in a self-defence seminar, continuing their engagement with the Centre.

Leichhardt Women's Community Health Centre

The Centre developed and delivered a Vietnamese Mental Health First Aid Course. The project was a response to a need identified by Vietnamese women who had been attending the Centre's social support and wellness groups. The course equipped the 18 participants with the knowledge and skills to support people in their community who are experiencing depression, anxiety, psychotic disorders, substance use and related crisis situations. Participant feedback was highly positive:

"My views on mental health have changed, and I have become much more empathetic. I used to shy away from or avoid contact with people, and now I understand, partly my husband suffers from depression, a condition I thought to being "possessed by spirits". The group gives me the opportunity to meet other women and to support, share experience, and exchange views on family matters."

"This course has brought many benefits to my life. I realised that I had been suffering from depression for some time without even knowing it, and now I understand how I overcame that condition. I have gained a better understanding of support services and ways to help others, and I feel more confident discussing mental health issues."

Expanded Geographic Reach

Women often face significant barriers to accessing health care, including distance, limited transport, high costs, family and caring responsibilities, and a lack of local services. These barriers can make it difficult to seek support, attend appointments and maintain ongoing care, particularly for women experiencing disadvantage or those living in regional and rural areas. Accessible, community-based services in familiar settings where women feel safe and comfortable are essential to improving equity in women's access to health care.

Enhancement Funding has enabled many Women's Health Centres to expand their geographic reach by establishing additional sites and delivering specialist services via outreach in more locations. This investment has helped overcome barriers to access and allowed many women to receive specialist health care and services close to home and in their local community for the first time.

65%

of women supported by NSW Women's Health Centres live in regional and rural areas

30%

of respondents to the Referrer Survey indicated that the Women's Health Centre was the only organisation in the local area providing the services their clients needed

EXAMPLES OF ACTION

Leichhardt Women's Community Health Centre

The Centre developed a Nursing Outreach Project to provide health consultations, screening, assessments and follow-up to women facing barriers to accessing services. The project delivered more than 50 clinics across 15 locations, including social housing, crisis accommodation, homelessness services and community organisations. Nurses provided more than 320 consultations, supported 180 cervical screening tests and arranged 150 breast screening appointments. In 2025–26 alone, these clinics engaged women from more than 14 cultural and priority population groups, including Bangladeshi, Burmese, Chinese, Egyptian, Indian, Indonesian, Korean, Lebanese, Māori, Pakistani, Rohingya, Vietnamese and Zimbabwean communities.

Shoalhaven Women's Health Centre

Based in Nowra, the Centre services a large regional area and had a vision to expand outreach services to better support women. Enhancement Funding enabled the service to add additional counselling resources including a social work counsellor/art therapist to the team. The counsellor now provides outreach to women across the region, including to more isolated areas in Lake Conjola and Sanctuary Point, as well as Ulladulla. A feature of this outreach program is the 'Art to You' program, which provides art therapy alongside social work and support to connect women with other services. The Centre reports that, as a result of Enhancement Funding, outreach services are now well stablished and embedded in regular service delivery.

Blue Mountains Women's Health & Resource Centre

The Centre was able to establish a second site in Faulconbridge, making a range of counselling, disability support services, and group-based activities accessible to women in the lower Blue Mountains. Individual counselling provides trauma-informed support for women experiencing mental health issues, while the new Disability Inclusion worker now offers dedicated support and pathways for women with disability who have experienced sexual violence. Supported by other specialist staff from the Centre's main premises in Katoomba, the second site has significantly expanded the Centre's geographic reach and enabled more women to access services.

Wagga Women's Health Centre

Enhancement Funding allowed the Centre to extend outreach support to women across the Riverina, including Junee, Coolamon, Temora, West Wyalong, Gundagai, Tumut, Tumbarumba, Berrigan, Finley, Leeton and Griffith. Following initial visits to identify local needs, the Centre developed locally tailored service information, workshops and group programs to engage and support women in these communities. Outreach work was made possible by adding an additional counsellor and case worker, which has ensured many women in isolated rural areas across the region now have access to free counselling, telehealth, and support with referrals for other health and wellbeing needs.

Illawarra Women's Health Centre

Enhancement Funding enabled the Centre to expand its Warilla service to a second site at the University of Wollongong's Innovation Campus, providing better access for women in Wollongong and the northern Illawarra. The second site now offers the Centre's full range of multidisciplinary services including counselling, domestic, family and sexual violence casework, a women's health nurse, education and wellbeing programs, and other wraparound supports. The site has helped to reduce geographical and transport barriers to accessing care, particularly for younger women and women from priority population groups.

Fairfield Women's Health Service

Fairfield Women's Health Service is well recognised and respected in its diverse local community as a culturally appropriate and safe space for women. At the Centre's original site in Cabramatta, the bilingual team of staff had developed strong relationships with the Vietnamese, Khmer-speaking and Arabic-speaking communities through a range of culturally specific services and programs. However, the Centre noted that many women, particularly from local Assyrian and Iraqi communities, were having difficultly accessing the Cabramatta service. With the Enhancement Funding the Centre was able to grow its team and launch a second site in Fairfield in 2025. Focused on the health and wellbeing needs of women from migrant, refugee and disadvantaged communities in the local area, the additional site has expanded the Centre's geographic and demographic reach and doubled its overall service capacity.

Women's Health Northern Rivers

The Centred partnered with Mullumbimby & District Neighbourhood Centre's Women's Resource Service to provide specialist trauma counselling for women affected by trauma and domestic, family and sexual violence in Mullumbimby and surrounding areas. The outreach service has addressed a previous gap in local service provision and means that women no longer have to travel to Lismore to access counselling and recovery support. In the last year, the counsellor has assisted 52 women and co-delivered structured therapeutic group programs – *Shark Cage* and *Heartfelt House* – making these supports locally available to women in Mullumbimby for the first time.



Partnerships and Collaboration

Partnerships and collaborative service delivery are central to the effectiveness of the Women's Health Program. They enable Women's Health Centres to integrate physical and mental health care with support for the emotional, social, cultural and economic factors that disproportionately impact women's health and wellbeing. Strong partnerships and referral pathways maximise the impact of available funding by connecting women with the full range of government and non-government services in their local communities.

Over 50 years, Women's Health Centres have built extensive local networks with government services, community organisations, businesses and community leaders. These networks, combined with each Centre's local knowledge and reputation as a safe place, represent valuable community infrastructure that takes time to develop and is difficult to replace. Sustainable funding is essential to maintaining this infrastructure and the coordinating capacity that turns these connections into accessible support pathways for women.

Enhancement Funding has allowed Centres to build on these foundations, working with new partners to extend service reach, minimise barriers to access and respond to women's diverse and complex health needs.

EXAMPLES OF ACTION

Coffs Harbour Women's Health Centre

The Centre partnered with the Local Health District Colposcopy Clinic to improve access to essential diagnostic care for women with abnormal cervical screening results. Limited capacity in the public clinic had led to long waiting times, and many women in the region were unable to afford private care or travel outside the region. The Centre provided a nurse / midwife to the hospital clinic one day each week, to support patient preparation, education, triage, instrument processing, stock management and follow-up. This allowed the gynaecologists to concentrate on clinical care, reduced appointment times and increased clinic capacity by approximately 40%. The women's health nurse also improved women's experience of care, providing clear information and reassurance before and after procedures, helping to remove barriers that often cause women to delay follow-up. This successful partnership has raised awareness of Women's Health Centre services amongst health professionals in the district, and amongst local women. The Centre has seen an increase in referrals from hospital staff and GPs, increasing women's access to community-based supports and reducing pressure on limited local hospital and GP services.

Liverpool Women's Health Centre

Enhancement funding enabled the Centre to broaden its partner network, providing women with access to a wider range of services, activities, and referral pathways in their local community. The Centre now maintains active partnerships with almost 90 different organisations including hospitals and health services, domestic violence specialist services, housing providers, family and community services, multicultural services, schools, and recreational services. Partnerships with local schools have been particularly effective, allowing staff to deliver information sessions, group programs and casework in convenient and familiar locations. This makes it easier for women managing childcare and other family responsibilities to participate and access support.

The Centre has also worked to strengthen outreach and referral pathways which improve wraparound support for women experiencing domestic and family violence. For example, the partnership with Bonnie Support Services provides crisis accommodation and housing for women and children; while regular outreach from Women's Legal Service NSW and the Community Restorative Centre provide women with free legal assistance and specialised support with navigating the justice system. Combining partner services with counselling, medical and case management support allows the Centre to deliver a genuinely holistic model of care for women with complex needs.

Women's Health Northern Rivers

The Centre responded to an unmet need in the region, partnering with the Integrated Prevention and Response to Violence Abuse and Neglect (IPARVAN) Adult Survivors Program and Medicare Mental Health Centre Lismore to revive Heartfelt House, a specialist therapeutic group program for adult survivors of childhood sexual abuse. Combining expertise in trauma, mental health and women's health, the partnership restored the only dedicated therapeutic group program for adult survivors of childhood sexual abuse in the Northern Rivers. Women in this regional area can now access a safe, trauma-informed pathway to healing and recovery locally, and the collaborative approach has strengthened connections between women's health, mental health and specialist trauma services in the region.

Macarthur Women's Health Centre

During its first year of operation in 2024, the Centre worked to develop community connections and partnerships to help scale up services. Partnerships with the South Western Sydney Primary Health Network and Macarthur Legal Centre enabled the Centre to offer a Mental Health Nurse, Victim's Services Counsellor and legal assistance in one location for women experiencing domestic, family and sexual violence. The Centre also partnered with South-West Sydney Local Health District, BreastScreen NSW and Campbelltown City Council for a Women's Health Week event, providing health education, preventative breast and cervical screening, and other wraparound support to women.

Shoalhaven Women's Health Centre

The Centre has established a large network of partnerships to support women and reduce barriers to access in this geographically dispersed region. For example, the Centre now offers outreach counselling, group programs and other health services through Ulladulla Community Health Centre, and has partnered with Uniting NSW.ACT to provide National Disability Insurance Scheme (NDIS) Local Area Coordination services on site for women with disability. Other partnerships with local professionals including The Female Collective and Parnell & Brien Solicitors, have also allowed the Centre to offer free or low-cost women's health physiotherapy and legal advice for women who would otherwise be unable to afford these services.



Broader Impact – Sector Wide Projects

Enhancement Funding provided in 2023–24 enabled Women's Health Centres to remain open, operate sustainably and continue delivering essential services to women.

This investment has also delivered outcomes well beyond the services provided by individual Centres. Actively supported by the peak body, Women's Health NSW, the network operates collaboratively, sharing expertise and resources, coordinating responses to common challenges, leveraging partnerships, and strengthening the overall capacity of the health system to provide appropriate care for women.

With a more secure and sustainable base, the network of Women's Health Centres was able to design and deliver two major sector-wide projects that not only improved women's health but benefited the health system as a whole. While separately funded and not part of the Enhancement Funding package, these projects would not have been possible without a strong and viable Women's Health Centre network in NSW.

The Pathways Project: Improving Responses to Non-Fatal Strangulation

Non-fatal strangulation can cause serious injury without leaving visible marks. For women experiencing domestic, family or sexual violence, its effects—including acquired brain injury—may remain unrecognised, delaying assessment and treatment. Women may not identify their experience as strangulation, while practitioners may attribute pain, cognitive difficulties or emotional changes solely to psychological trauma. Women's Health NSW's *Local Pathways for Victim-Survivors of Sexual Assault-Related Non-Fatal Strangulation and Acquired Brain Injury Project* addressed this gap by strengthening recognition, assessment and referral pathways across women's health services and the wider service system.

Delivered between July 2023 and June 2025 through the NSW Sexual Violence Project Fund, the project combined statewide coordination with local implementation. Initially intended to involve 15 Women's Health Centres, the project expanded to 20 practice sites across 28 local government areas, with broader training reaching 23 Centres. Each practice site received funding for a local implementation lead for approximately one day per week, enabling staff to build partnerships, establish referral pathways and embed new approaches into routine care.

The Pathways Project developed a peer-reviewed evidence brief, clinical guidelines, screening and assessment tools, a medical referral template, and educational videos targeting health professionals, service providers, and victim-survivors. These resources were brought together through the *It Left No Marks* online learning hub, which attracted more than 28,000 users and recorded over 32,000 sessions during the reporting period.

Training sessions incorporated information, as well as case studies, role-play and scenarios to assist participants with practical application. Across 67 sessions, the project recorded 666 Women's Health Centre staff participants. A further 2,164 external participants attended multidisciplinary training, while national clinical education presentations engaged 2,828 health professionals.

SNAPSHOT

Pathways Project – Key Achievements

- development and publication of a **peer-reviewed evidence brief**
- creation and statewide dissemination of a suite of **practice resources and tools**
- delivery of structured training to **666 Women's Health Centre staff across 67 sessions**
- delivery of external training to **2,164 participants across 34 sessions**
- engagement of **2,828 health professionals** through national clinical education
- implementation of practice change across **20 Women's Health Centre sites**, within a broader network of **23 Women's Health Centre sites**
- **78 stakeholder meetings** and approximately **25 sector events**, reaching over **1,300 participants**
- over **32,000 website sessions and 28,000 users** accessed project materials

Better Support for Women

Training evaluation showed substantial improvements in practitioner confidence to recognise and assess strangulation. Following training:

- 77% of practitioners felt confident recognising strangulation (up from 15% pre-training)
- 74% felt confident screening for, and assessing, the impacts of strangulation (up from 32% pre-training).

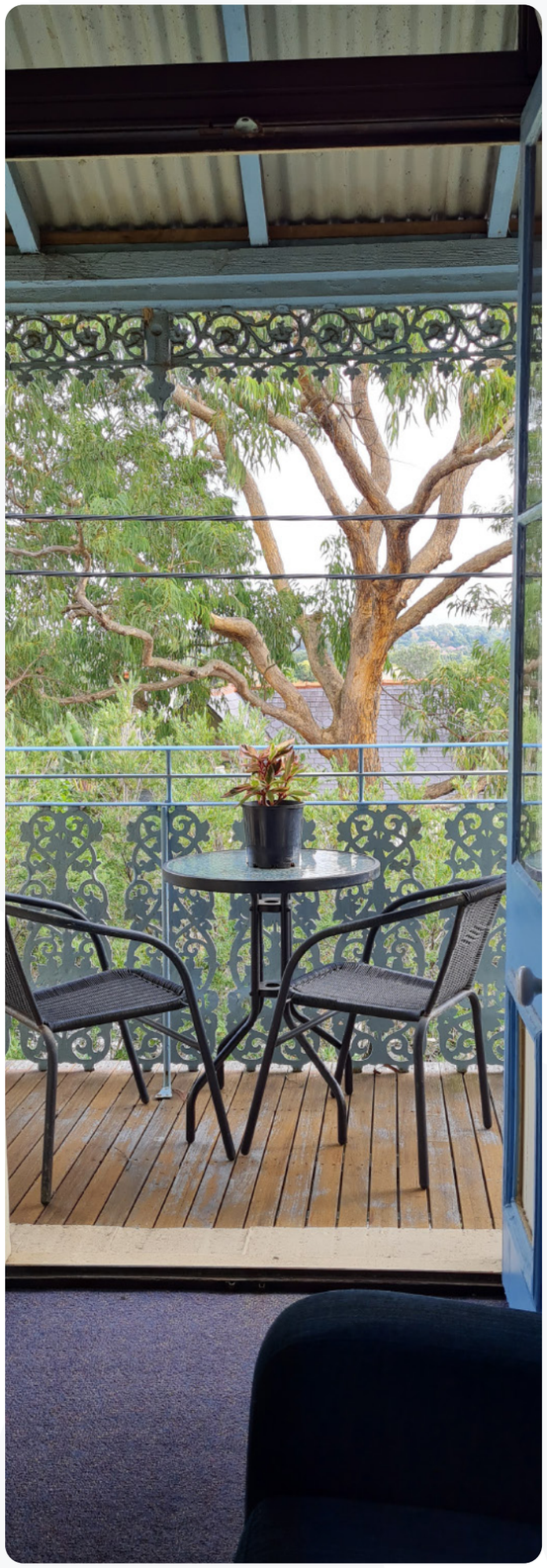
Women's Health Centres incorporated screening into intake, improved documentation and identified women's experiences of strangulation that had previously gone undisclosed and unassessed. Accessible language was particularly important. Rather than relying on the clinical term "strangulation", practitioners asked about pressure being applied to the neck or being unable to breathe, including during sex. One Centre reported substantially increased disclosure after changing its screening language, helping women recognise experiences they had previously minimised or understood differently.

For women, recognising the physical consequences alongside psychological trauma helped validate symptoms and reduce self-blame. Clearer information and referral processes also created opportunities to access care that might otherwise have been missed.

The Pathways Project independent evaluation found that women were more likely to be:

- asked about experiences of strangulation
- provided with information about associated health risks
- referred for appropriate medical and specialist assessment.

In several cases, this led to the identification of previously unrecognised health issues, including acquired brain injury, and enabled women to access treatment and support.



Improved Health System Response

The project engaged the broader clinical workforce through delivery of presentations via the *Healthed Medical Update* program, a national professional education platform for general practitioners and health professionals. Three presentations were delivered across major metropolitan locations in Sydney, Melbourne and Brisbane – resulting in large-scale clinical education of over 2,800 health professionals.

All participating practice sites developed local referral pathways connecting Centres with hospitals, general practitioners, legal services and specialist providers. Nearly 1,000 screening and assessments were recorded across reporting sites, indicating significant engagement and uptake. Shared tools and resources developed through the project which clarified responsibilities, supported more consistent documentation and follow-up, and strengthened coordination of care across previously fragmented services.

Partnerships with NSW Health, Primary Health Networks and professional bodies extended the project's influence beyond the Women's Health Centre network. Resources were incorporated into *HealthPathways* and professional education, supporting more consistent clinical responses and a shared understanding of strangulation as a serious and significant health and safety issue.

The Pathways Project achieved significant media coverage across national platforms, helping to raise community awareness of the issue and disseminate key messages about non-fatal strangulation and sexual choking.

Coverage included SBS News, ABC 7.30, The Conversation, Sydney Morning Herald (and The Age), and Women's Agenda. These appearances supported broad public and professional reach beyond direct project activities.

Although long-term health outcomes and benefits will continue to emerge, the evaluation found clear improvements in workforce practice and service coordination. While limited access to affordable neurological assessment remains a barrier, the Pathways Project has substantially increased awareness of strangulation, and established a strong foundation for sustained improvement with embedded screening, local partnerships and accessible resources.



The online learning hub - *It Left No Marks* - remains available and in use by the community and practitioners.

Bowel Cancer Screening Project

Delivered by Women's Health NSW with funding from the Cancer Institute NSW, the *Improving Bowel Cancer Outcomes for Multicultural Women* (ICBO) project addressed a gap between the availability of bowel cancer screening and women's ability to access and use it.

The Project brought together six Women's Health Centres serving metropolitan and regional communities – Blacktown Women's and Girls' Health Centre, Central West Women's Health Centre, Liverpool Women's Health Centre (in combination with Fairfield Women's Health Service), Penrith Women's Health Centre, Women's Centre for Health and Wellbeing Albury-Wodonga, and Shoalhaven Women's Health Centre – working alongside multicultural organisations, community leaders and local healthcare providers.

Each participating Women's Health centre undertook a community profile to identify cultural and language groups, organisations and leadership groups to partner with. This mapping exercise identified 21 different language groups across the six regions.

Community consultations revealed that some women did not recognise screening kits, understand the instructions or realise screening was important when they had no symptoms. Others feared a cancer diagnosis, lacked confidence completing the test, or faced cultural sensitivities around discussing bodily functions. Language barriers, reliance on family members for translation, costs, transport and unfamiliarity with referral processes further complicated access to screening and follow-up care.

> "A high proportion of women disclosed throwing the bowel cancer screening kit away or putting it in a drawer. Many who received the kit in the mail did not know what it was or what to do with it. For those who did receive and open the kit a significant number reported they believed it was not necessary as they did not have active symptoms."

SNAPSHOT

Bowel Cancer Screening Project

The project aimed to:

- **Increase knowledge and confidence:** Help multicultural women understand bowel cancer screening, what a positive result means, and why follow-up investigations, including colonoscopy, are important.
- **Reach underserved women:** Engage local multicultural groups, including communities with limited access to health services or no previous connection with Women's Health Centres.
- **Address barriers to care:** Understand women's lived experiences and identify language, cultural and practical barriers to screening and colonoscopy, to inform local approaches and recommendations.
- **Strengthen referral pathways:** Work with GPs, pharmacists, nurses and other local providers to improve pathways from screening through to colonoscopy and ongoing care.
- **Build trusted community partnerships:** Collaborate with community leaders, religious institutions and cultural organisations to deliver education that responds to local language and cultural needs.
- **Strengthen sector capability:** Equip Women's Health Centres with staff training, resources and knowledge of local pathways to deliver targeted programs and sustain engagement with women in multicultural communities.

A Locally Responsive Approach

The project combined research, community consultation, tailored education and development of referral pathways. A literature review, surveys and focus groups explored women's knowledge, experiences and concerns. Participating Women's Health Centres mapped local communities and health services, built relationships with cultural and religious leaders, and strengthened staff knowledge of health care pathways from screening to colonoscopy.

> "We experienced a strong desire from multicultural organisations to be supported to do this work with the workshops highlighting low health literacy and engagement with preventative health screenings particularly amongst recently arrived women and asylum seekers."

Each Centre adapted its approach to local needs in their community. Across the Project, 18 "health checks for women" workshops reached over 280 women representing 33 language groups. Eight workshops were delivered in English and ten in community languages. Bilingual workers, interpreters, visual resources, demonstrations and shared experiences helped make information understandable and created opportunities for women to discuss sensitive health and personal issues in a culturally safe, supportive environment.

Medical and social work students on placement assisted with consultation and referral mapping, extending the project's engagement capacity while allowing students to gain experience in community-based health care.

Women's Health Centres also developed connections with GPs, pharmacies, hospitals and community organisations to support access to screening and investigation following a positive result. Practical resources included a doctor's referral letter template and a checklist of questions women could ask their health care providers.

Workshop evaluations showed improved understanding of the importance of bowel screening and colonoscopy for prevention and early intervention, along with greater confidence in undertaking screening and preventative health checks. After the workshops, 95% of participants 'strongly agreed', or 'agreed' that they felt confident completing a bowel cancer screening test.

For individual women, the project made an unfamiliar and potentially frightening process easier to understand. The workshops provided a space for women to ask questions, discuss concerns and learn how to navigate local services. These changes developed health literacy, improved their capacity to make informed decisions about the health, and their ability to independently access care.

The project also opened doors to broader health care support for women from multicultural communities. All participating Women's Health Centres reported increased use of their services by multicultural women, both during and after the project. For example:

- Blacktown Women's and Girls' Health Centre – project staff developed a community partnership that brought 21 Hindi-speaking women into contact with the Centre for the first time.
- Central West Women's Health Centre – project participants began referring friends and requested an ongoing multicultural women's group at the centre.

The project strengthened the links between community education, screening and diagnostic services. Local referral mapping and collaboration helped Centres explain pathways more clearly and support women to navigate care. Centre staff gained confidence delivering culturally responsive health promotion, and stronger connections with women in multicultural communities, which has created capacity for future preventative health initiatives.

Findings from the project and evaluation also informed recommendations to the Cancer Institute NSW, including more accessible multilingual resources, community language registration and kit messaging, representative public campaigns, and stronger support from GPs and pharmacists.



Return on Investment

The 2022 Business Case for Sustainable Investment in Women's Health Centres included a cost benefit analysis for the Women's Health Program. The conservative cost benefit model – based on 2022 service levels – estimated that the investment in sustaining the Women's Health Program would deliver a **78% return on investment to NSW Government or $1.78 in avoided costs for every $1.00 invested.**

This modelling assumed that Women's Health Centres would sustain 2022 service levels. However, with Enhancement Funding, Women's Health Centres have restructured their staffing, significantly improved efficiency and effectiveness, and now deliver more services to a greater number of women.

Applying the same cost-benefit methodology used in 2022, our most conservative estimate suggests that every $1 invested in the Women's Health Program in 2025–26 delivered a minimum of $1.88 in avoided costs for NSW Government.

Cost-Benefit Analysis



Rationale

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' [24].

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.

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 chose to be conservative in our estimate by not selecting a proxy for the 'Relationships' health issue as this has a significant degree of overlap with other presenting issues – 'Emotional and Mental Health' and 'Violence and Abuse' – 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.

Benefit Rates

Using 2025–26 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.

Presenting Health Issue	Total Presentations in 2025–26	%
Emotional and Mental Health	83,713	32.7%
Medical and Physical Health	40,350	15.7%
Violence and Abuse	38,854	15.2%
Relationships	22,309	8.7%
Legal and Financial	28,913	11.3%
Social and Cultural	16,526	6.4%
Gynaecological and sexual health	10,415	4.1%
Dependency	4,985	1.9%
Pregnancy choices	4,759	1.9%
Other	4,537	1.8%
Breast Health	979	0.4%
Grand Total	**256,340**	**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 groups.[25] For each presenting health issue, we devised a proxy benefit value equal to the avoided cost of care and hospitalisation, typically associated with each presenting health issue:

PROXY BENEFIT VALUE EQUAL TO THE AVOIDED COST OF CARE AND HOSPITALISATION

Presenting Health Issue	Proxy Avoided Cost	Cost per day per person	Average days stay per person	Annual cost per person	Cost per incident
Emotional and Mental Health #	Cost of one mental health hospitalisation	$1086.16	13.7	$14,880	-
Physical and Medical Health ^	Cost of one medical care hospitalisation	-	-	-	$5,795
Violence and Abuse *	Annual cost of the impact of violence on health, justice and other services	-	-	$27,479	-

PRIMARY DATA SOURCES

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

 # Emotional and Mental Health
Productivity Commission (2026), 'Report on Government Services 'Services for Mental Health - Data table' (Section 13A), Australian Government, released 5 February 2026 [26]

- Productivity Commission identifies cost of inpatient care ranging from $1,086.16 to $1,641.99 per inpatient bed day and 13.7 days average length of stay for inpatient mental health treatment (public hospital acute) in NSW. (2023–24 data).
- Assume $1086.16 for inpatient bed day cost.

^ Physical and Medical Health
Productivity Commission (2026), Report on Government Services 'Public Hospitals - Data Table' (Section 12A), Australian Government, released 5 February 2026 [27]

- Productivity Commission identifies *'recurrent cost per weighted separation'* of $5,795 in NSW in 2023–24.
- This cost is the average cost of providing care for an admitted patient (overnight stay or same day) adjusted for case mix. Case mix 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.

*** Violence and Abuse**
KPMG (2016), The cost of violence against women and their children in Australia, KPMG for Commonwealth Department of Social Services, May 2016 [28]

- KPMG identified 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 (2014–15 dollars).
- Assume 50% of these costs are attributable to states and territories and 28% share for NSW (KPMG 2016 identifies NSW incidence of domestic and violence at 28% of total for all states and territories).
- NSW BOCSAR – 28,358 domestic and family violence related assaults were reported to NSW Police by women in 2025–26.
- Cumulative inflation (CPI) in NSW for the period 2014–15 to 2025–26 was 35.76%.

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 2025–26
Emotional and Mental Health	Cost of one mental health hospitalisation	$14,880	83,713
Physical and Medical Health	Cost of one medical care hospitalisation	$5,795	40,350
Violence and Abuse	Annual cost of the impact of violence on health, justice and other service costs	$27,479	38,854

Calculation of Benefits

The calculation of avoided costs is shown below:

	Avoided Costs per annum (2025–26)		
	AVOIDANCE RATES		
Presenting Health Issue Category	5%	10%	20%
Emotional and Mental Health	$62,282,472	$124,564,944	$249,129,888
Physical and Medical Health	$11,691,413	$23,382,825	$46,765,650
Violence and Abuse	$53,383,453	$106,766,907	$213,533,813
Total Avoided Cost	**$127,357,338**	**$254,714,676**	**$509,429,351**
25% Discount Rate	$95,518,003	$191,036,007	$382,072,013
50% Discount Rate	$63,678,669	$127,357,338	$254,714,676

Final Avoided Cost	**$60,494,735**
NSW Treasury Social Discount Rate	5%

Avoided costs for NSW Government from the Women's Health Program could range as high as $509.4 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 $60.5 million per annum (2025–26 dollars), based on the current, actual levels of Women's Health Program service delivery and outcomes.

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 costs on an annual basis is likely to be much higher.

NSW Treasury advises that a real social discount rate of 5% be applied to the future service delivery benefits. This rate has been applied to the annual benefits described above.

Estimated Benefits and Return on Investment

Avoided costs to NSW Government were calculated based on the actual Women's Health Program service delivery in 2025–26 supported by both the core Ministerially Approved Grant (MAG) and Enhancement Funding.

The following table shows current program costs and minimum estimated avoided costs at 2025–26 rates:

	2025–26
Women's Health Program Funding (Core MAG plus Enhancement Funding)	$ 21,004,707
Estimated Minimum Avoided Costs for NSW Government	$ 60,494,735
Estimated Return on Investment	88%

Applying the same cost-benefit methodology used in 2022, our most conservative estimate suggests that every $1 invested in the Women's Health Program in 2025–26 delivered a minimum of $1.88 in avoided costs for NSW Government.

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.

Benefit Distribution

The network of 19 Women's Health Centres across NSW provides direct support to address the health needs of over 27,000 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 Centre 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.





The Ongoing Need

Over the last three years, Women's Health Centres have worked hard to improve their infrastructure, stabilise their multi-disciplinary workforce, and provide more women in need with access to free, high-quality, community-based health care and counselling. Enhancement Funding has allowed Centres to deliver more services to more women – supporting them to get well and stay healthy and reducing pressure on the public health system.

Prior to the Enhancement Funding, Women's Health Centres were operating on a 1980s funding model that had not recognised the 55% growth in population, increased complexity of need, or structural changes that had taken place in community-based health service delivery. Most Centres were being forced to make skilled mental health, clinical and health education staff redundant, and several were facing imminent closure.

Enhancement Funding has stabilised the sector, improved staff retention and continuity of care for women, and enabled Women's Health Centres to respond effectively to demographic changes and the emerging health needs of women most in need in their communities.

The sector has demonstrated what can be achieved with a strategic investment in community-based women's health services and is now **returning an estimated $1.88 in benefits to NSW Government for every $1 invested.**

Enhancement Funding is currently due to end in 2026–27.

The need for ongoing investment in women's health care remains.

The Population is Growing ...

The number of women in NSW is projected to grow by 5.8% over the next 5 years. Population growth in some Local Health Districts will exceed this average, with Illawarra Shoalhaven, South Western Sydney, and Western Sydney expecting an increase of between 7.5% and 10.4% between 2026 and 2031.

Projected Population Growth by NSW Local Health District 2026-2031

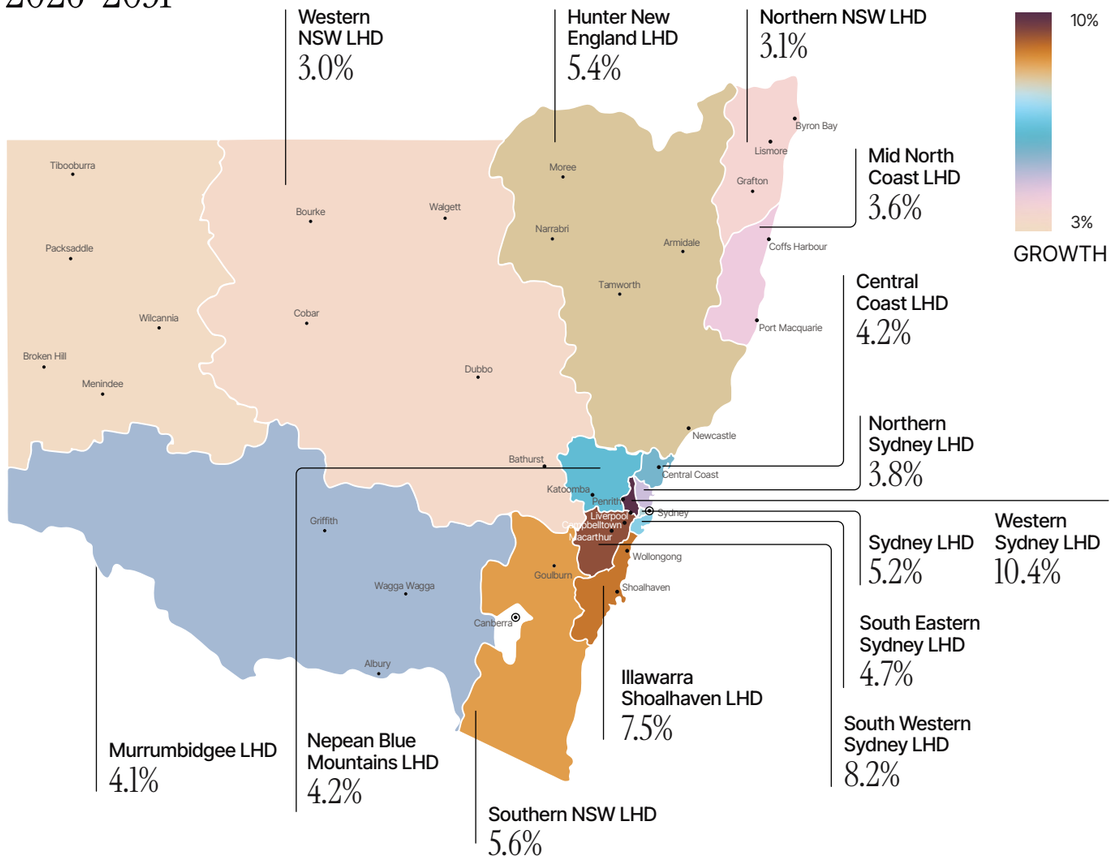


FIG 6 – PROJECTED POPULATION GROWTH BY NSW LOCAL HEALTH DISTRICT 2026–31 (SOURCE: HEALTHSTATS NSW)

Women's Health Needs are Becoming more Complex ...

On average, women present to Women's Health Centres requiring support with three to four issues impacting on their health and wellbeing. However, Women's Health Centres have seen more women presenting with increasingly complex and intersecting health and social needs. Women most in need often present with mental illness, trauma and physical health issues, coupled with experiences of domestic and family violence, housing insecurity, financial hardship, and legal issues. These complex needs require more intensive assessment, coordinated care and referrals, and sustained support, increasing the resources and expertise needed to provide effective care.

Domestic, Family and Sexual Violence continues to increase ...

Women in NSW continue to experience high rates of domestic, family and sexual violence, with incidents growing at an alarming rate. Between 2021 and 2026, NSW Police recorded an 18% increase in domestic and family violence related assaults, and a 60% increase in sexual assaults against women. This violence has serious, long-lasting impacts on the physical and mental health of women and their children. Effective treatment requires accessible, affordable community-based health care services with the capacity to offer an immediate response, and ongoing care and support for women.



Costs Continue to Rise...

Since 2023–24, SCHADS Award rates for staff in the Women's Health sector have risen by 12.4%[29], and inflation has seen prices in NSW rise by 3.0% per annum. With Enhancement Funding over the same period indexed at just 2.5% per annum, the sector has delivered enhanced services and outcomes while effectively absorbing the full impact of wage rises for new staff.

With NSW Treasury projecting average inflation of 2.75% for the next four years, and further SCHADS Award increases also likely, ongoing funding to sustain Women's Health Centres must be appropriately indexed.

> *The clearest evidence of this network's maturity is that it works: what one centre learns, another can carry forward, and a new centre can be established at the same standard from its very first day. The Enhancement Funding didn't just grow individual services — it gave us the capacity to build a model of women's health service delivery that sustains and reproduces itself, one NSW Health can scale with confidence*
>
> – CEO, LIVERPOOL WOMEN'S HEALTH CENTRE

To sustain the significant achievements of the last three years, and the improvements in access to health care for women, the sector now needs ongoing funding certainty.

The enhanced level of funding must continue in 2027–28 as part of Women's Health Centres' core grant, with appropriate annual indexation for wage increases and costs.

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