



ANNUAL REPORT 2022/23

SYDNEY WOMEN'S COUNSELLING CENTRE

“

The level of counselling is very high. I feel understood and talked to in a manner that actually gets through and makes complete sense.

”

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A WORD FROM THE CHAIR



The Sydney Women's Counselling Centre continues to empower women, locally, regionally and interstate. The reach of the Centre demonstrates the vital services it provides our communities, striving to ensure all women can access our programs, despite funding pressures.

To start with, I would like to acknowledge Women's Health NSW. Their tireless work in advocating for women's health and demonstrating the impact of Women's Health Centres across the state is unparalleled. Importantly, this year, their work has resulted in an increase in core funding. This increase ensures our Centre can continue to operate next year.

I wish to thank our funding partners, especially the Sydney Local Health District within the Department of Health, and Canterbury-Bankstown Council for their ongoing financial assistance. We also appreciated the support of the PWS Honorary Trust and the Ladies Finance Club this year.

However, further ongoing funding, both from government and philanthropic donors, is vital in ensuring we can continue to provide accessible and low cost or free services. We continue to challenge each level of Government to recognise the need for specialist counselling services as part of their domestic violence and women's health strategies.

In seeking unrestricted funding to ensure we can continue to grow sustainable, relevant and effective women's health services which meet the needs of our community, the Centre has

developed several fundraising programs for FY24. This includes focusing on funding our Living Vouchers program, which provides essential funds to women impacted by domestic violence for food, fuel, shelter and clothing. The Board remains committed to working with the Centre to ensure longer term sustainability.

As you will see in this report, the Centre continues to achieve outstanding results according to the key performance metrics associated with each program, and reflected in client comments provided in our Annual Report. Each comment represents a client's lived experience, and I am particularly proud that the Centre has such a significant impact in helping clients feel safe.

The Centre saw a substantial increase in new clients this year, and conducted 3,414 Counselling sessions conducted across all programs. The Centre also provided 1580 activities under our industry leading Case Work Program, which includes dedicated assistance in navigating housing and financial support, as well as legal and court matters relating to domestic violence and family law, referrals and NDIS support.

Our General Mental Health, Alcohol and Other Drugs, and the Domestic & Family Violence programs have been at full capacity for most of 2022-2023. I note that the Centre continues to provide support to waitlisted clients where they can, especially during crisis situations.

During this period there were 449 children under 18 in the care of clients at the Centre. These children received an indirect service through their mother's counselling. Our approach to case work, and integrated counselling, ensures that these children are considered as part of the services provided for their mothers.

Finally, I want to thank the team at the Centre, starting with our incredible staff. Once again, each of you demonstrate the highest levels of professionalism and care for our clients. I am incredibly proud of your dedication, strength as a team and knowledge in women's health. To our leadership team - Margherita Basile, and Sonya Finlayson – thank you. You have navigated a difficult year, ensuring we continue to provide services and empower women. Your leadership both of the Centre and across the Sector is exemplary.

And thank you to my Board colleagues for continuing to inspire us to achieve more. Your enthusiasm and drive are essential for our Centre. I would like to also acknowledge our outgoing Treasurer and Board Member, Paige Thompson, for all her work over the last few years.

Next year, the Centre will mark 30 years of service. It is an important milestone, for our clients, community and staff. Starting on International Women's Day, we will be showcasing the incredible work of our team, and others, who, in line with our purpose, strive to empower women. Later in the year, we will also mark the anniversary with celebrations to thank our supporters and share the Centre's work more widely. I look forward to you joining us.

Erin Noordeloos

ABOUT US

Sydney Women's Counselling Centre (SWCC) is a specialist counselling service that works within a Social Determinants of Health and Trauma Informed Care framework providing counselling to women who are marginalized and socioeconomically disadvantaged. The services provided support the psychological and emotional well-being of women while recognizing the social, environmental, economic, physical and cultural factors which affect women's health.

The Centre provides prevention, early intervention, therapeutic treatment and support for the maintenance of long-term recovery for clients with complex co-occurring mental health, addiction and trauma presentations through brief intervention, short, medium and long-term counselling.

Although the core business of the Centre is to provide therapeutic counselling services to clients; we also have a highly developed and incorporated community development program, providing education for other service providers and the community and case management.

The Centre has vast networks and partnerships with very well-developed referral channels that facilitate early intervention and ongoing care and support for clients and their families ensuring they can access appropriate individual and family services in a timely manner and with ongoing integrated support.

As an organization, the fundamental principle of quality service provision and ongoing quality improvement are embedded core principles.

Staff are qualified and receive ongoing professional development training and support.

The Centre has held continuous accreditation for 22 years granted through 7 external reviews and has systems that ensure ongoing review and quality improvements.

The Centre has been operating for 29 years providing service to clients and the community with a reputable record of achieving good outcomes for our clients, their families and the community.

Sydney Women's Counselling Centre is one of three specialist Women's Health Services and 20 Women's Health Centres that make up Women's Health NSW. This network of associations works from the "Principles of Women's Health" to provide gender-sensitive, client-centred health and wellbeing services across NSW.

The principles of social justice and an understanding of a gendered approach to health within a social context are central to our framework. These are derived from:

SOCIAL MODEL OF HEALTH

*a broad range of social determines health, environmental, economic and biological factors.

* differences in health status and health objectives are linked to gender, age, socio-economic status, ethnicity, disability, location and environment, racism, sex-role stereotyping, gender inequality and discrimination, ageism, sexuality and sexual preferences.

*health promotion, disease prevention, equity of access to appropriate and affordable services and strengthening the primary health care system are necessary, along with high quality illness treatment services.

*information, consultation, advocacy and community development are important elements of the health process.

TRAUMA INFORMED CARE

Trauma Informed Care that is underlined by a focus on:

SAFETY

Physical and emotional safety for clients and staff is embedded in policy and procedures and is a fundamental aspect of first contact and ongoing service. It is an assertion that women who have experienced child abuse, domestic and family violence and other co-occurring issues are at risk of being re-traumatized if there is real or perceived danger in the physical/emotional environment in which they seek counselling.

TRUSTWORTHINESS

Confidentiality and privacy systems are in place and any exceptions to confidentiality such as risk of self-harm and/or harm to others are discussed with clients at the outset of counselling. This includes legislative requirements for reporting including subpoenas and exceptions under NSW Privileges under the Evidence Amendment (Confidential Communication) Act.

COLLABORATION

Clients have complex presentations coming from their unique life experiences which are important to acknowledge, validate and work with in counselling. The client is the expert in their life. In contrast to the bio medical model we do not pathologize or assume the position of expert nor deliver pre-determined treatment models. Clients are informed, feel confident that they are respected, have influence and authority within the process.



EMPOWERMENT

Counselling at SWCC gives space for client's unheard voices, along with a safe space to reflect on their own needs and develop more confidence to use their identified skills and strengths to develop new skills and strategies that they can use to manage better/improve depression, anxiety, self-esteem, assertiveness, problem solving, relationships and other unhelpful behaviours, such as self-harm and substance dependence/gambling, which impact them and other significant people in their lives. Clients are encouraged and supported to make empowering decisions at whatever level and in whatever stage of change they are in.

CHOICE

As many abuse survivors have complex co-occurring issues, with the exception of explicit priorities such as safety and serious health issues, counselling is guided by the client's choices at any one time about what they do or do not want to explore. Clients are supported to make empowering decisions. Clients may be mandated into counselling by the justice system or FACS who have their own agenda that does not therapeutically fit with the client's readiness and/or capacity to work on without serious risk of re-traumatization. In these instances counsellors advocate on behalf of clients to re-pace agendas appropriate to where the client is at (with the exception of explicit priorities such as safety and serious health issues).



“The best decision I ever made.
I never thought I could change the way
I have changed”

OUR SERVICES

As in previous years demand for the services offered at Sydney Women's Counselling Centre remained very high and beyond our capacity to meet.

Online counselling (zoom and phone) has been incorporated into counselling programs and will continue to be utilized where health and/or other issues present as difficult barriers to face to face counselling.

COUNSELLING

All programs at the Centre work from a Social Determinants of Health and Trauma Informed Care framework. Counselling across all programs is trauma sensitive.

Although clients enter the various counselling programs based on presenting issue(s), these issues are often related to underlying complex trauma histories.

134

134 requests for were diverted at the front desk to other agencies. 38% (51) of those clients were seeking help around D&FV.

74% (100) of those clients were seeking help around mental health issues.

531

531 clients contacted the Centre. There were 188 Intake Assessments conducted. 374 women commenced or were ongoing in counselling at the Centre. There were 338 brief interventions and 107 crisis drop in's,

449

Clients at the centre had 449 children under 18 in their care who received an indirect service through their mothers counselling.

3,414

There were 3,414 Counselling sessions conducted across all programs. received an indirect service through their mothers counselling.

FULL

General Mental Health, Alcohol and Other Drugs, and the Domestic & Family Violence programs have been at full capacity most of the year.

The longer-term counselling program (weekly sessions up to 2 years) continues to be the most sought after.

This year there was a substantial increase in new clients at the centre and a steady increase from last year of clients staying on for longer term counselling. This is in alignment with the usual 2year counselling term cycle, with around only 8% of clients having completed counselling during the year as opposed to 40% completion in the last year.



This year as in previous years, Referrals due to closed Wait Lists and long waiting times have also led to numerous forward on referrals at request for counselling and/or at intake.

- Wait Lists in the General Mental Health and Domestic & Family Violence programs in particular have been closed for long periods throughout the year and have been inundated with requests when open for short bursts at a time. Clients on the waitlists do receive check-in contact and are very often provided with some casework services, in particular if their circumstances become urgent,

- Clients this year, as they have in past years, are increasingly reporting their difficulties and frustrations in being able to access appropriate, affordable low cost/free counselling services due to closed waitlists at SWCC and elsewhere. ³

- Many clients were seeking longer term counselling after having used up Medicare entitlements and/or being moved through the Community Mental Health systems and other shorter-term NGO programs.

- In 2023, SWCC started to provide Victim Services counselling and reintroduced our Medicare Service Provider program, both of which have helped meet some of the demand.

OUR SERVICES

CASE WORK/ CASE MANAGEMENT

Over the last 6 years this program has endured considerable disruption, firstly with funding cuts at the end of 2017-2018 year which saw a cut down in staffing levels and then in mid-2019, our departure from the Linking Hearts program.

SWCC continued the case management program at first on a volunteer basis (1 day/week) and then with funding from Rotary Campsie up until June 2020.

In 2020, the Covid-19 stimulus package received by the Centre was fully allocated to this program which assured its continuance at 3 days/week until October 2021. Monies from a generous donation from the Honour Trust were allocated to this program to extend its life until February 2022. This year funding was received from the CESPAN which has further extended the program till November 2022. Throughout 2023 the SWCC casework program has unfortunately reduced to 1 day/week funded through donations.

SWCC continues to seek sustainable funding for this crucial program to continue and is hopeful that the WHNSW sector business case funding will provide a permanent fulltime caseworker at the Centre.

The SWCC casework program is a great example of integrated service provision between our caseworker and counsellors working together with clients to achieve beneficial results, where crucial practical needs are attended to while psychological and emotional needs and capacity building are supported and progressed, all within our trauma-informed care framework.

Casework has helped clients navigate very complex system with Housing, Financial issues, Centrelink, Education, Employment, Home Support, Legal and Court matters (DV& Family Law) and the NDIS, achieving significant client wins.

SWCC considers this to be a showcase model of care and in 2022-2023 the casework program provided 46 clients (20 Adults and 26 Children) case management with a total of 1580 occasions of service conducted.

- Many of the clients, in particular those with crisis DV circumstances had identified practical needs that required practical casework either before counselling could start or casework that could happen concurrently with counselling.
- Additionally, counsellors continued to provide incidental casework as required while waiting for space in the SWCC case management program and/or until appropriate external casework services could be engaged.
- Case work activities include: care planning/case management, case conferences, housing needs, referrals, NDIS and other advocacy for existing and new requests and care taking check-ins for those on counselling and intake waiting lists
- In 2022-2023 counsellors across all programs provided 1084 occasions of case work activities.

A large, dark blue opening quotation mark.

More than I expected a very very good service. Wouldn't/couldn't imagine what life would have looked like without the help provided.

A large, dark blue closing quotation mark.

GROUP PROGRAM

Resources continue to be inadequate to run a group program in the Centre. There were no SWCC onsite/online group programs in 2022-2023.

In the annual survey clients were asked for group suggestions they had. There were many suggestions however resources (financial and time availability of counsellors) are limited and additional groups such as these would need external funding and contracted facilitators.

EXTERNAL SESSIONS

- This year we were again invited to do an online training session to Lifeline, this year, regarding Problem Gambling and Domestic and Family Violence. This continues to be a great opportunity to further disseminate information about the use of the gender lens in consideration of these significant issues and the impacts on women /kids, in particular in regards to gender based violence and complex trauma.

There were around 80 participants and the feedback we received was excellent.

- SWCC was invited to do an IWD Presentation for the Women Finance Club

- DV Presentation to Kogarah Orthodox Youth (KOY) group

- This year for the first time SWCC participated in the “Love Bites” Respectful Relationships program at two local schools. (Bankstown Girls HS -(Yr 10, 50 students) (Beverly Hills Girls HS (Yr 10, 65 students)

This initiative was in conjunction with the CBDV Committee and we expect to continue to provide this program in the future to adolescent girls as an early intervention/prevention addition to our usual target cohort (18+)

- There were no groups for clients conducted at the Centre in 2022-2024

- SWCC participated in several sector Forums

INFORMATION SESSIONS

Information sessions to external providers

- Canterbury Hospital Presentation for 16 Days of Activism Against Gender-Based Violence to develop the awareness of domestic and response to violence by health staff

LOCAL COMMITTEES

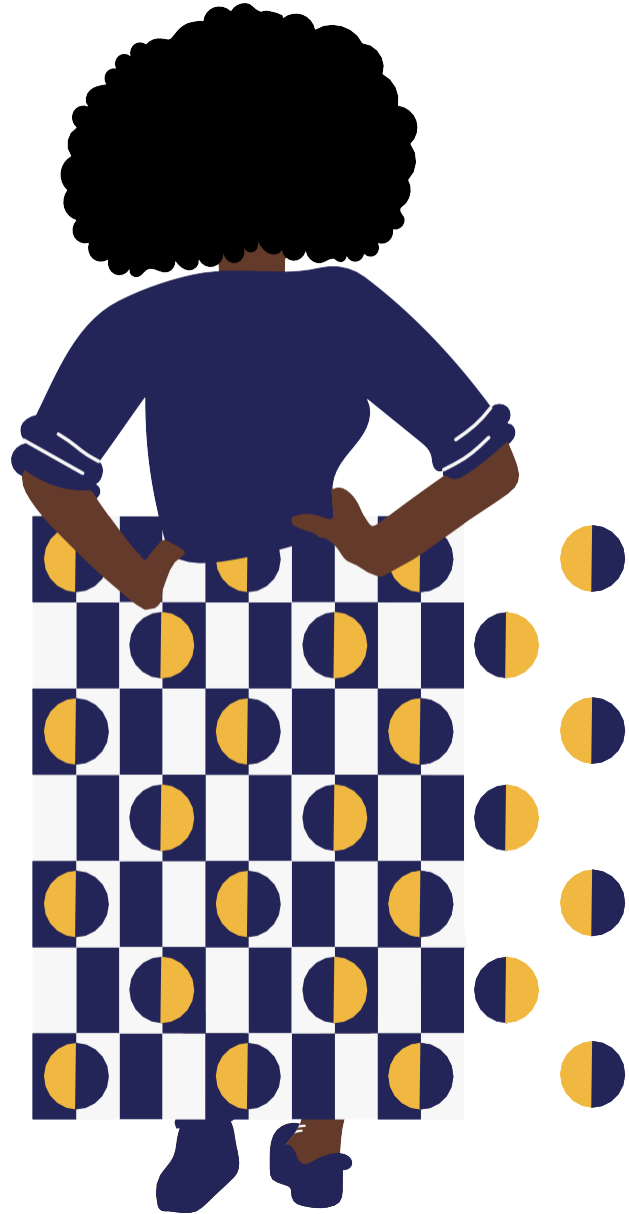
- Canterbury Bankstown DV Committee
- Sydney Local Health District (SLHD) DV
- The Women’s AOD Clinical Care committee
- Inner City DV sector Committee
- DCJ NSW DFV and Sexual Violence Sector Group
- WHNSW Managers



CONSULTATIONS

SWCC participated in several online consultations including:

- DFV sector roundtable discussion on the exposure draft of the Crimes Legislation Amendment (Coercive Control) Bill 2022
- DCJ: Core and Cluster consultation
- SLHD NGO Forum : Delivering Good Practice to Support DV Victim Survivors
- DCJ: Visioning for 10 year DFV Workforce Development Strategy
- DCJ: review of the accessibility of mainstream and specialist family, domestic and sexual violence (FDSV) services for women with disability
- NADA : BAFM consultation
- WHNSW Statewide Managers forums x2
- Integrated health and social care with a CALD focus: service mapping in Sydney Metro (NSW Health and Sydney Uni)
- Inner City DV Forums
- DFV workforce consultation (SLHD)
- WHNSW Comms Strategy
- 10Year Domestic and Family Violence Development Strategy for the specialist workforce(DCJ Trauma Super Conference



“ In general, I can face problems better and find it very important to have the reassurance every week and to go deeply trying to resolve deep-seated problem/trauma”

SOCIAL MEDIA

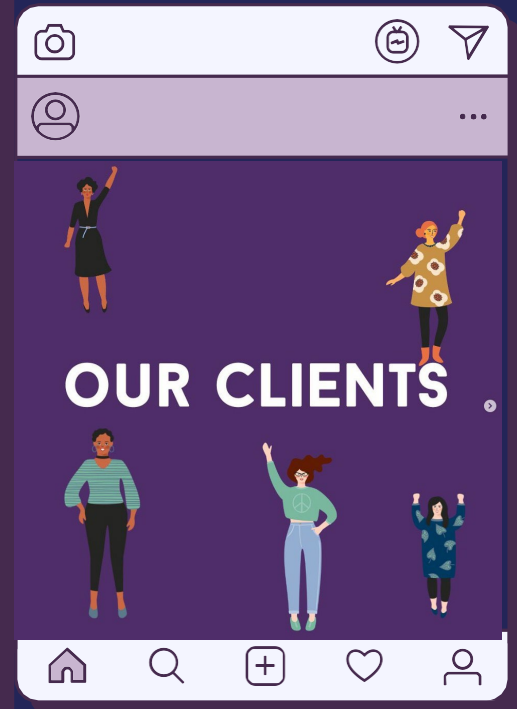
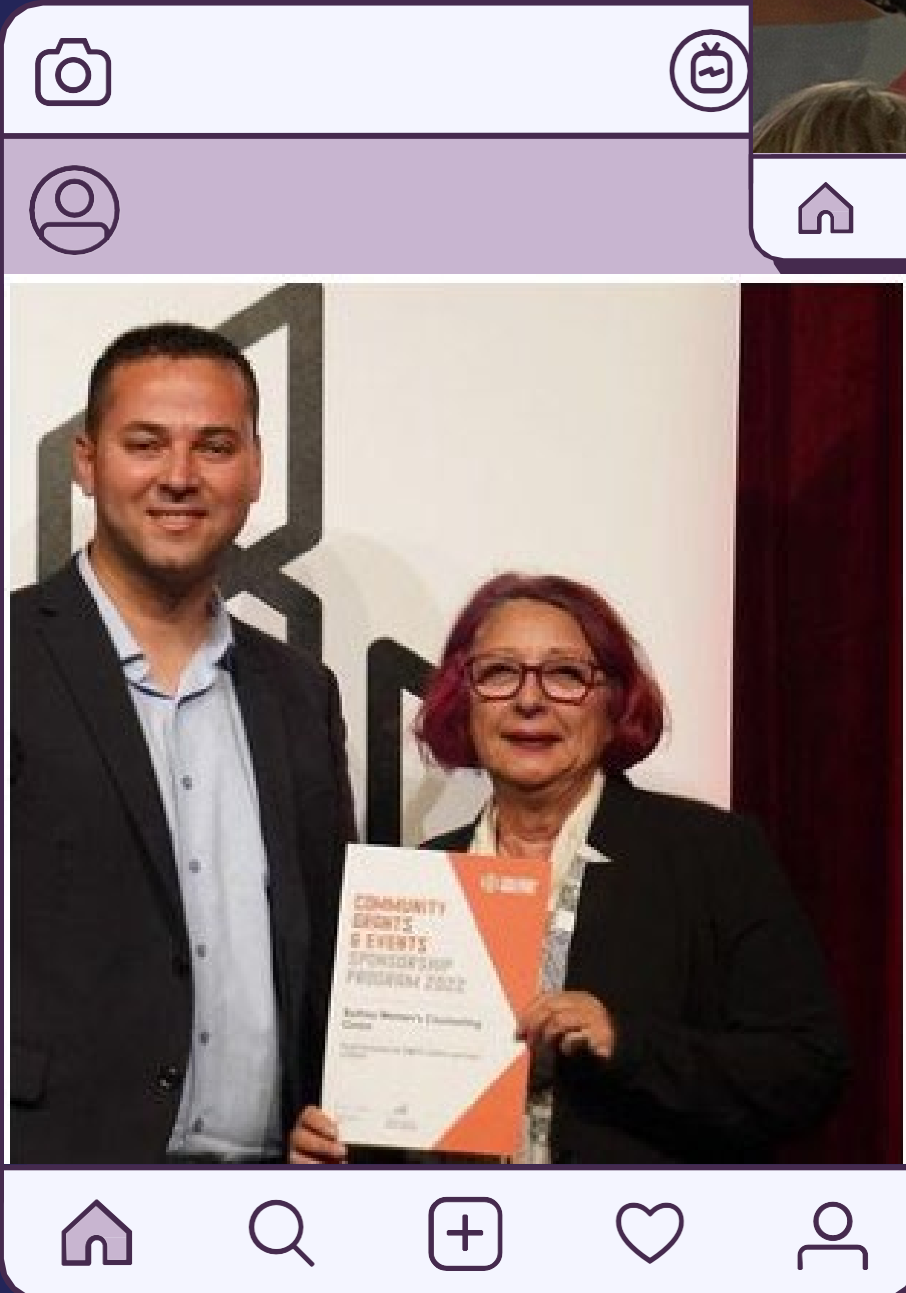
This year Social Media has again been used to extend our reach in Prevention and Early Intervention service provision and social justice issues.

Facebook

<https://www.facebook.com/Sydney-Womens-Counselling-Centre-235037913339703/>

Instagram

: <https://www.instagram.com/sydneywomenscounsellingcentre/>



“

The support has been incredible.

Couldn't imagine having arrived at this point
without the help of my counsellor.

”

CHANGES TO OUR PROGRAMS

A lasting impact of Covid 19 on service delivery at SWCC is the establishment of online services which will continue to be offered into the future for clients who cannot access onsite services due to, physical health, geographical and family issues.

- Lasting Covid-19 impacts, inflation and the cost of living pressures on society are causing increased anxiety, mental health, and D&FV issues, requiring SWCC staff to respond with a significant increase in brief intervention and crisis work in addition to regular ongoing counselling case loads.
 - Overall, increased expenses, particularly in technology costs, which eat into our core funding, are always a concern. The DCJ social sector transformation grant received this year did help to alleviate some of these expenses.
 - The demand for counselling and casework continues to increase, and organizational referrals to SWCC continue to grow with each year that passes
 - Incidental casework in counselling has always been part of the counsellor's work with clients at SWCC. However, over the years, as mainstream services have been streamlined/cut, the need for practical assistance through casework activities has increased exponentially, added extra time burden on counsellors, and often disrupted the counselling process.
 - The PHN grants for casework and counselling ended this year, resulting in a cutback of service provision at a time when demand for the service is increasing.
 - SWCC needs more counsellors and caseworkers. As in previous years, we cannot intake many requests for
- Adequate funding to meet the demand for service continues to be the biggest challenge. SWCC needs more counsellors and caseworkers. As in previous years, we cannot intake many requests for counselling as the service is very often working at maximum capacity and wait lists are closed.
 - In late 2022, the Women's Health NSW sector developed and presented a comprehensive business case to the NSW government that crucially was about the future sustainability of the sector after years and years of stagnant funding and increasing costs. The then-Liberal government accepted the business case and the current Labor government, nearly doubling the current budget to all the Women's Health centres, including SWCC.
 - The new funding will allow us to address the structural deficits we have been operating under and increase staffing levels to close some of the gap between demand and our resources. As well as additional counselling staff, we will finally have a full-time time caseworker on staff and some additional administrative support.

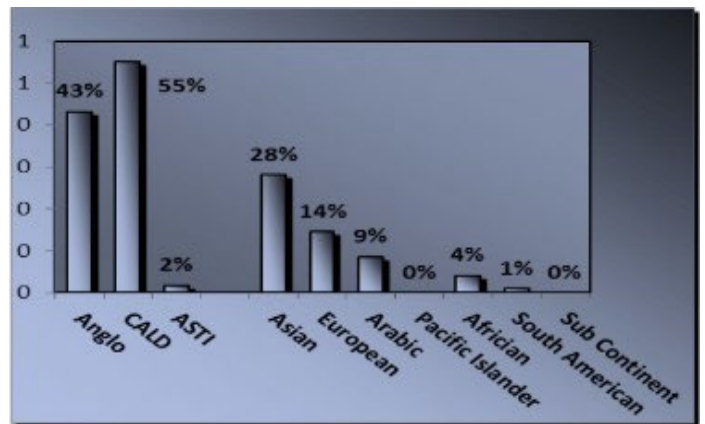


OUR CLIENTS

ETHNICITY

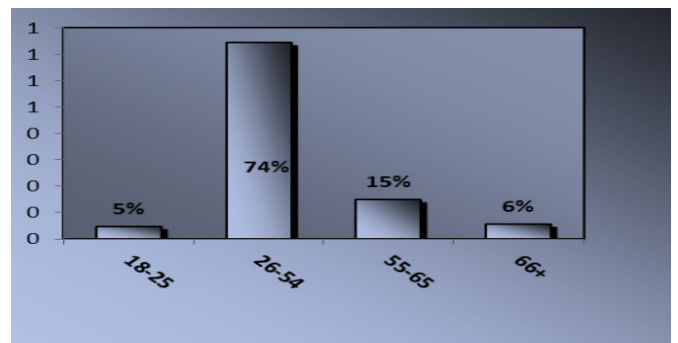
Women from a wide range of CALD populations make up a significant percentage of our clients. Chinese speaking clients in particular are well represented, accessing counselling through our Bilingual Counselling program (Mandarin, Cantonese and Shanghai dialect).

As in previous years CALD clients made up a significant portion of clients attending counselling at the Centre.



55%

This year 55% of clients came from CALD backgrounds. English speaking backgrounds: 43% Asian ethnicity made up 28% of CALD clients at the Centre, followed by European (14%) Arabic/Middle Eastern (9%), African (4%) Aboriginal and Torres Strait Islanders clients: 2%.

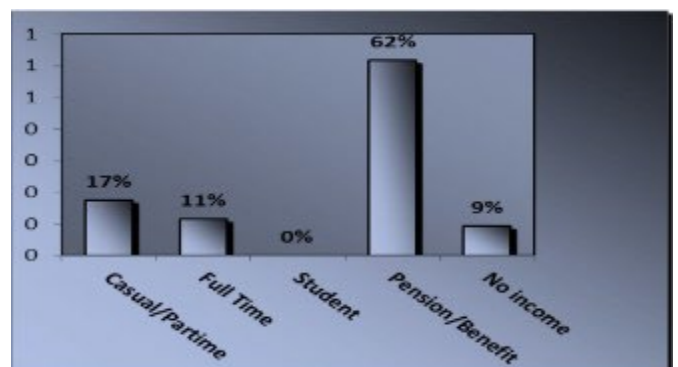


AGE

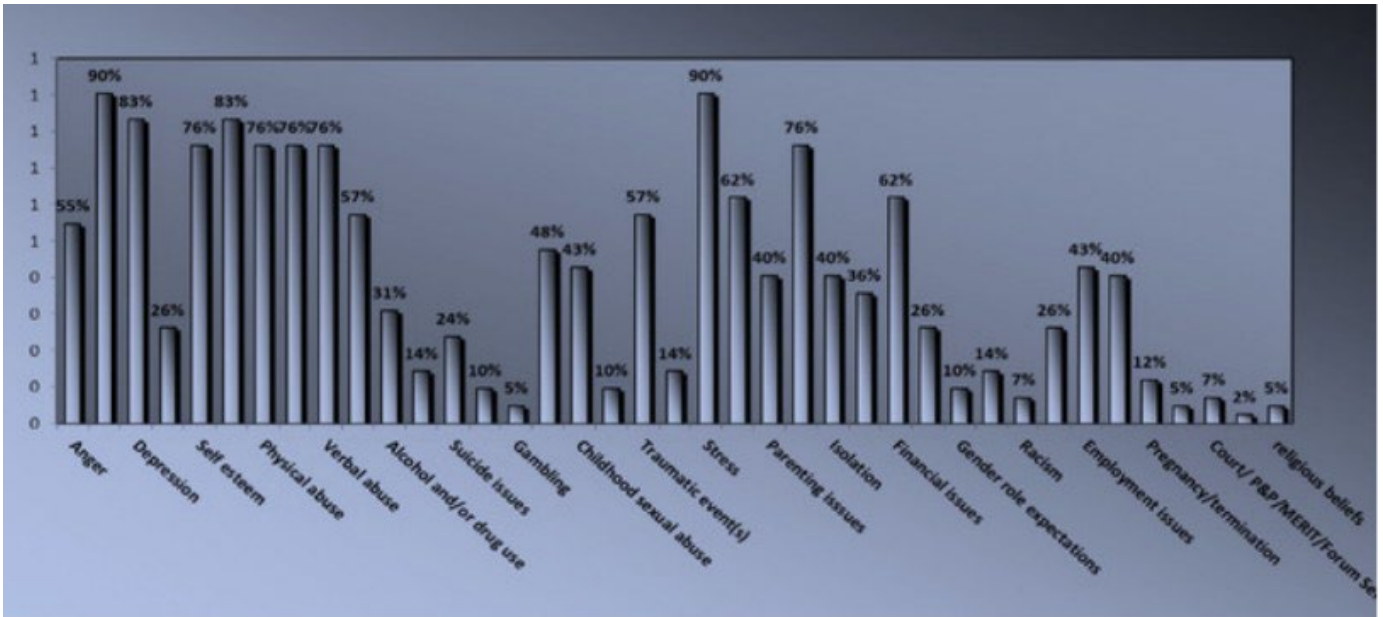
The mid-range age group comprised the majority of clients (74%) attending counselling at the Centre. Older clients over 55 comprised 15% of clients, and youth (18-25) comprised 5%

SOCIAL ECONOMIC STATUS

Marginalized women who are socially disadvantaged, poor health status and/or inequitable access to health services. 62% of clients were on a pension/benefit. 9% had no income, 17% had only casual work, and only 11% were in full time employment.



PRESENTATIONS/ PRESENTING ISSUES



Women accessing counselling at the Centre present with a variety of presenting issues usually related to underlying complex trauma histories.

The most prevalent complex co-occurring presentations include combinations of domestic and family violence, child sexual assault, substance misuse, problem gambling and mental health issues such as depression and anxiety.



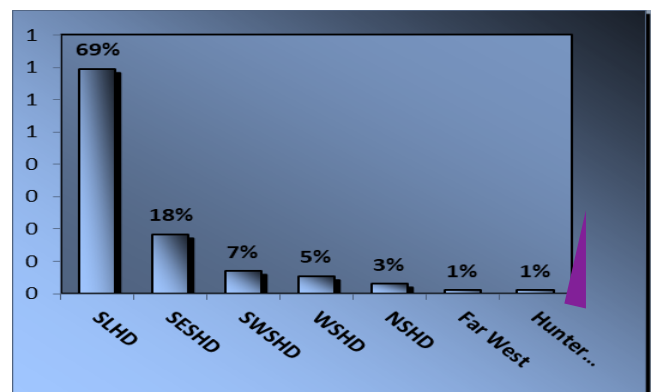
SYDNEY LOCAL HEALTH DISTRICT

As in previous years and Anxiety (81%) Domestic Violence (83%) and Depression (79%) are the most prevalent issues. (Physical (40%) Emotional (74%) Verbal (74%)

Overall 64% of clients identified the occurrence of traumatic events

Child Sexual Assault was disclosed by 49% of clients and childhood abuse including neglect was present in 43% of clients Self-Harm (25%) and Suicide issues (40%).

Self-esteem (58%), stress (64%), Relationship (57%) and family (70%), Financial (66%), Housing (23%) Employment (34%) Physical health issues were co-occurring in 47% of clients.



Although the primary catchment area is the Sydney Local Health District, women across the Sydney metropolitan area access the Centre also.

There were high correlations across all programs for co-occurring complex issue

PRIMARY DRUGS OF CONCERN

Overall the Primary Drugs of Concern this year were Alcohol (62%) Ice (33%) with Benzos and Heroin at 24% and 5% respectively

For clients still using at the commencement of counselling the primary drugs of concern this year were Alcohol (62%) up 23% on last year and Ice(33%) down 28% from last year.

For clients in Recovery at the commencement of counselling the primary drugs of concern this year were Ice (59%), Cannabis (59%) and Alcohol (53%).

This year there has been a substantial increase (55%) of clients in recovery from Ice in the AOD program.

Overall,(active use and in recovery). The primary drug of concern in 2022-2023 was Alcohol at 62% and Ice coming in a close contender at 59% for all clients in the AOD program.

I'm very close to making abstinence a choice.

In general I can face problems better and find it very important to have the reassurance every week and to go deeply trying to resolve deep seated problem/trauma.



DOMESTIC AND FAMILY VIOLENCE

83%

83 % of clients attending counselling at the Centre had a current or past DV issue. Non-Physical Violence (Coercive Control) remains by far the most problematic manifestation of the D&FV dynamic. Many clients have never experienced physical violence, but the constant on the edge threat of it has resulted in significant trauma and trauma symptoms that continue to undermine their mental and physical health and wellbeing.

Many clients also report that coercive control continues long after women leave abusive relationships (both physically and non-physically abusive relationships).

All Counselling programs (Individual Program results are also available)

There was a high correlation across all programs for co-occurring complex issues

- As in previous years and Anxiety (81% Domestic Violence (83%) and Depression (79%) are the most prevalent issues. (Physical (40%) Emotional (74%) Verbal (74%)
- Overall 64% of clients identified the occurrence of traumatic events
- Child Sexual Assault was disclosed by 49% of clients and childhood abuse including neglect was present in 43% of clients
- Self- Harm (25%) and Suicide issues (40%).
- Self- esteem (58%), stress (64%), Relationships (57%) and family (70%), financial (66%), Housing (23%) and employment (34%) issues were reported. Physical health issues were co- occurring in 47% of clients.

“ Without this service I don't know if I'd be here alive looking after my kids, mother and husband. ”

“ Long-term and affordable counselling is good and childcare next store is convenient. ”

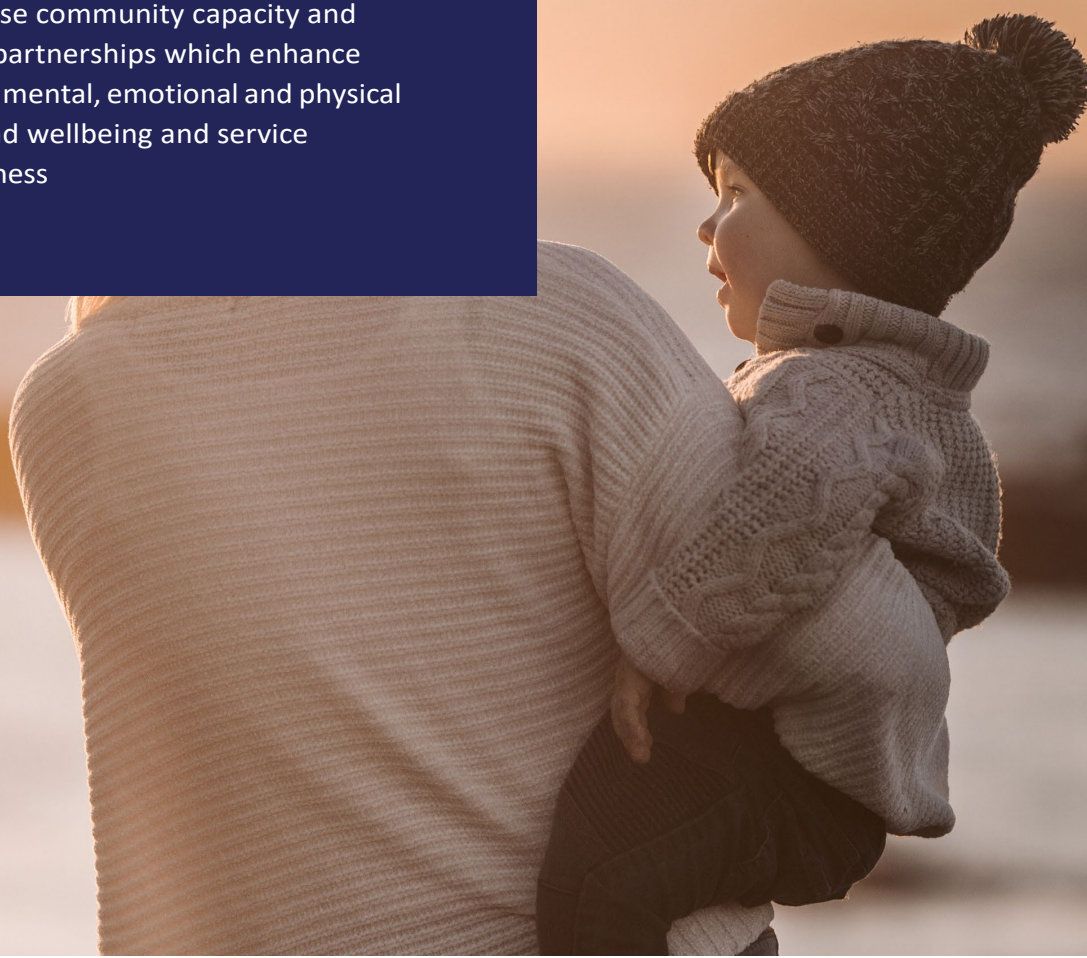


GOVERNMENT HEALTH GOALS

The services provided by Sydney Women's Counselling Centre support the psychological and emotional well-being of women, while recognising the social, environmental, economic, physical and cultural factors which affect women's health.

Objectives

- ◆ Promote good mental health and well-being for women by providing specialised counselling services.
- ◆ To improve the ability of women with alcohol and other drug issues to address and reduce the impacts of these issues and maintain long-term recovery.
- ◆ To promote a common understanding of and response to domestic and family violence.
- ◆ To increase community capacity and develop partnerships which enhance women's mental, emotional and physical health and wellbeing and service effectiveness



ACHIEVEMENTS

An understanding of the risk factors, patterns and impacts through a gender lens is central to the provision of effective treatment for many women who have experienced abuse. The SWCC utilizes a Social Determinants of Health and Trauma Informed counselling framework and has provided safety in counselling avoiding re-traumatization of clients.

Outcomes are derived in the improvements identified through the annual client survey conducted in April/May 2023, K10 results, DASS21 results and qualitative clinical assessments (interim case reviews) and exit summaries.

An understanding of the risk factors, patterns and impacts through a gender lens is central to the provision of effective treatment for many women who have experienced abuse. The SWCC utilizes a Social Determinants of Health and Trauma Informed counselling framework and has provided safety in counselling avoiding re-traumatization of clients.

Outcomes are derived in the improvements identified through the annual client survey conducted in April/May 2023, K10 results, DASS21 results and qualitative clinical assessments (interim case reviews) and exit summaries.

Our service model is aligned with the key strategies for health outlined in the:

- **National Plan to End Violence against Women and Children 2022-2032**
- **First Action Plan 2023-2037**
- **NSW Sexual Violence Plan 2022-2027**
- **The National Drug Strategy (2019- 2028)**

OUR ACTIVITIES

- Provide individual 'trauma informed care' counselling that addresses the presenting issue and any co-existing or underlying complex trauma issues.
- Provide appropriate information and referrals to women.
- Facilitate appropriate information and referrals for women.
- Ensure clients receive an effective intervention by participating in an evaluation process.
- Develop and maintain partnerships with health and community organisations.

SWCC Counselling and Casework/Management programs have provided Immediate early interventions through the brief interventions, short term counselling and the Linking Hearts program:

- Crisis support
- assistance with AVO's,/court support safety plans,
- emotional support
- psycho-education
- transitional housing
- assistance, food vouchers, locksmiths and removals.
- Referrals

Women and their families have been able to

- have safer living situations, lessening the risk of physical harm and/or death
- lessening hospital and/or mental health service admissions
- lessening of the need for child protection interventions.

Long-term intervention through the Centre's longer-term counselling programs assisted clients in working through the impacts of underlying complex trauma, mental health, domestic and family violence, substance abuse, problem gambling and other issues to lessen reliance on medications

- Lessen the need to access mental health services
- Lessen reliance on mental health services
- Lessen reliance on unhealthy and problematic coping strategies such as dependence on substances etc.
- Develop better personal management skills
- Improve long-term mental health
- Improve long-term physical health
- Develop personal supports
- Develop healthy relationships
- Develop a sense of empowerment, overall wellbeing and independent functional participation in the community
- Help break intergenerational patterns perpetuating

“
The fact that you can see your counsellor for 2 years weekly gives you a high chance of succeeding to get better than with other counselling that is only 10 sessions then leaves you in the dark again. I made no progress from my 10 session a year previous counselling elsewhere.
”

“
My counsellor is a amazing lady, without her I'd be gone from this earth. I feel safe, heard and never judged. This has changed my life and the support is amazing.
”

“
I'm creating healthy boundaries, and implementing self-care.
”

Overall in all programs, longer-term counselling has assisted women to

- reduce self-blame, guilt and shame resulting from their life situations
- grow in self-esteem and engage in education and employment and social opportunities
- improve general health
- reduce health problems created by stress
- process grief in a safe and supportive environment
- be less isolated and therefore be more able to participate independently in the community
- have healthier relationships

Harm minimization strategies have helped

- reduce risky behaviours
- women stay safe
- improve physical and emotional wellbeing
- assists pharmacotherapy maintenance and/or reduction
- stabilize clients sufficiently to seek help with abstinence.

Women have improved outcomes resulting from

- Available information and referral to other services within the community that can assist them with their health and social issues.
- Advocacy assistance with health, judicial, housing and welfare services.

Mandated clients (MERIT/DCJ) have helped

- Reduce criminal activities/ re offending
- With child protection issues including removal and restoration.

Women, who are disabled, are older and CALD populations have access to a physical, social and culturally appropriate health services



“This is the first service I’ve kept engaged with. It’s a true example of trauma informed counselling”

“Trauma informed care is real. I feel safe coming here”

PARTNERSHIPS & SUPPORT

Sydney Women's Counselling Centre has formal partnerships with other service providers, and a very extensive list of networking relationships (over 100 agencies) for referrals received and made, advocacy, and casework

FORMAL PARTNERSHIPS

Canterbury Bankstown DV Committee, a partnership between numerous local organizations working with domestic and family violence promoting early intervention and prevention strategies, and raising community awareness about D&FV. The Committee is financially supported by Canterbury Bankstown City Council, Clubs NSW and Women NSW.

WHO's New Beginnings, Kathleen York House and Leichhardt Community Women's Health Centre collaboratively delivering services that seek to sustain recovery from substance misuse and improve the mental and other health outcomes for participating adults and consequently improve outcomes for families

AOD Women's Clinical Care Network
Among the numerous shared activities, this network of Women's AOD services developed practice guidelines a Model of Care and has been working to promote a gendered perspective for treatment in AOD services

Sydney Local Health District DV Committee is a partnership between numerous local organizations working with domestic and family violence promoting early intervention and prevention strategies, and raising community awareness about D&FV.

Central & Eastern Sydney PHN working together through funding casework and counselling

SWCC has been working in partnership with a team of researchers from **Southern Cross University, Sydney University, University of NSW, University of Wollongong , 8 Women's Health Centres and Women's Health NSW** (peak body) to develop a submission for a benchmark research project. The project will seek to reveal the philosophical framework and practices of Women's Health centres working with women impacted by gender-based violence and developing a robust evidence base and appropriate outcome measurement tools.

COMMUNITY NETWORKS

Community and Service Provider Network Committees membership

- Sydney Local Health District DV Committee
- Canterbury Bankstown DV Committee
- Canterbury Drug Action Committee
- AOD Women's Clinical Care Network
- DV and Sexual Violence Sector
- WHNSW
-

SWCC also has membership in the Central and Eastern Sydney Primary Health Network (CESPHN) through the Sydney Health Community Network (SHCN)



EXTERNAL TRAINING/ GROUPS

These were limited due to lack of resources.

This year we were again invited to do an online training session to Lifeline, this year regarding Domestic and Family Violence/ Sexual Assault. This continues to be a great opportunity to further disseminate information about the use of the gender lens in consideration of these significant issues and the impacts on women /kids, in particular in regards to gender based violence and complex trauma.

There were around 80 participants and the feedback we received was excellent.



We were also invited to present to Headspace about the services at SWCC with particular focus on mental health and D&FV. SWCC was asked to do an IWD Presentation for Ladies Finance.

This year for the first time SWCC participated in the “Love Bites” Respectful Relationships program at 2 local schools.
(Bankstown Girls HS -(Yr 10, 50 students)
(Beverly Hills Girls HS (Yr 10, 65 students)
This initiative was in conjunction with the CBDV Committee and we expect to continue to provide this program in the future to adolescent girls as an early Intervention/prevention addition to our usual target cohort (18+)

WORKING WITH OUR PEAK BODIES

Sector Development/Research Projects
Evaluation Frameworks/Strategic Directions

- Women’s Health NSW (WHNSW)
- Mental Health Coordinating Council (MHCC)
- Network of Alcohol and other Drug Agencies (NADA)

CONSULTATIONS

SWCC participated in several consultations:

- DFV sector roundtable discussion on the exposure draft of the Crimes Legislation Amendment (Coercive Control) Bill 2022
- DCJ: Core and Cluster consultation
- SLHD NGO Forum : Delivering Good Practice to Support DV Victim Survivors
- DCJ: Visioning for 10 year DFV Workforce Development Strategy
- DCJ: review of the accessibility of mainstream and specialist family, domestic and sexual violence (FDSV) services for women with disability
- NADA : BAFM consultation
- WHNSW Statewide Managers forums x2
- Integrated health and social care with a CALD focus: service mapping in Sydney Metro (NSW Health and Sydney Uni)
- Inner City DV Forums
- DFV workforce consultation (SLHD)
- WHNSW Comms Strategy
- 10Year Domestic and Family Violence Development Strategy for the specialist workforce(DCJ)

“

Person centered, trauma informed, holistic, regular and fixed counselling time/day of the week. Flexibility to change when needed, feedback and strategies are appropriate, reasonable and achievable. No time pressure to rush through healing process. I always feel heard, valued and respected.

”

PERFORMANCE & QUALITY

EVALUATION

Counselling addresses a variety of co-existing and underlying complex trauma issues. The Centre uses several specific validated outcome measurement tools to evaluate progress made in counselling.

The K10 and/or the DASS21 are administered to all clients at the commencement of counselling and again at set intervals until completion of counselling.

The K10 and DAS21 outcome measurements and new in 2023 , Quality of Life showed that most clients made improvements and those that completed counselling attained significant results in the reduction of Depression, Anxiety and Stress. (Average scores in long-term counselling improved by significantly from the initial score)

K10 Scores 2022-2023

K10 Average Score	Initial	Sessions			
		10	20	50	75
31		18	20	10	6
% Improvement Initial	From	41%	36%	66%	80%

DASS21 Scores 2022-2023

DASS21 Average Score	Initial	Sessions			
		10	20	50	75
30		14	16	10	7
% Improvement Initial	from	54%	48%	66%	78%

Quality of Life Scores 2022-2023

QoL Average Score	Initial	Sessions			
		10	20	50	75
9		13	16		
% Improvement Initial	from	28%	36%		

Harm Reduction and Relapse Prevention in Alcohol & other Drugs Programs:

Across all clients in the AOD program both Harm Reduction and Relapse Prevention have yielded significant positive results.

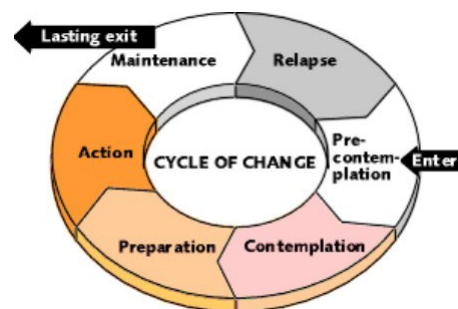
Clients in longer term counselling were addressing underlying complex trauma issues associated with substance along with relapse prevention within a trauma informed framework, improving the chance of long term recovery being maintained.

67%

67% of clients in recovery reported counselling helped significantly with their Relapse prevention.

100%

67% of clients in recovery reported counselling helped significantly with their Relapse prevention.



Both Harm Reduction and Relapse Prevention have yielded significant positive results.

Outcomes are also derived from the improvements identified through the annual client survey conducted in April/May 2023, qualitative clinical assessments (interim case reviews and exit summaries).

The survey showed significant improvement in the knowledge and understanding clients have gained about their problems, improvements in skills to manage their emotional health, and improvement in self-esteem and self-efficacy.

Counselling also assisted in interrupting structural drivers such as the intergenerational cycle of domestic violence and other co-occurring presentations.

Counselling and referrals to other specialist services as required also assisted clients (and families) to lift their personal capacity to transition to a recovery that was safe and allowed for independent living.

Survey Results over all Centre programs (Individual program results are also available) Overall, the “Improved significantly” results were more evident in the longer- term counselling programs. More than likely this reflects the efficacy of longer-term counselling cycle where greater stability and greater progress are achieved.

2022-2023 Survey	Improved Significantly
Empowerment Improvements	
Improved Capacity to Engage in Work/Study	74%
Improved Parenting Skills	90%
Manage Financial Situation Better	52%
Manage Overall Health Better	67%
Be Less reliant on Meds/Hospital Admissions	24%
Feel Safer from Violence	86%
Engage Better with Social Supports	67%
Engage Better with Service Supports	69%
Better Overall Sense of Wellbeing	86%

2022-2023 Survey	Improved Significantly
Psychological Improvements	
Improved Understanding	93%
Improved Self Esteem	81%
Improved Assertiveness	74%
Improved Confidence	83%
Improved Problem Solving	71%
Reduce Unhelpful Behaviours	67%
Manage Depression Better	74%
Manage Anxiety Better	79%
Manage Relationships Better	81%

2022-2023 Survey	Improved Significantly
D&FV Specific	
Improved Understanding of D&FV	88%
Improved Understanding of the Impacts of D&FV on Yourself/Children	89%
Improved Level of Safety for Yourself /Children from D&FV	81%
Helped You to Leave an Abusive Relationship	68%
Helped You Seek Police Intervention for D&FV	45%
Helped You Engage with Other F&DV Services	68%
Helped Manage Your Life Better After Leaving D&FV Relationship	81%

Our records show that women in our counselling/casework programs and indirectly their families have been able to

- have safer living situations, lessening the risk of physical harm and/or death
- lessen hospital and/or mental health service admissions
- lessen the need for child protection interventions.
- engaged better with service supports (DFV and other)
- engaged better with social supports
- improve understanding of the impacts of D&FV on themselves and their children
- leave an abusive relationship
- seek police intervention
- manage their life after leaving D&FV
- improved their capacity to engage in Work/Study
- improved their parenting skills
- manage their financial situation better
- manage their anxiety better
- manage their depression better

87%

87% of clients rated our services as excellent while 11% reported being satisfied and 2% moderately satisfied.

2022-2023 Survey	Always
Trauma Informed Care	
Feel Safe in the Centre	93%
Feel Safe expressing yourself	79%
You trust that your privacy and confidentiality is respected	93%
You could trust your counsellor/caseworker's knowledge and experience to help you achieve your goals	83%
Your counsellor/caseworker worked constructively with you	90%
You and your counsellor/caseworker worked together as a team	86%
Your counsellor/caseworker provided options and resources for you to choose from	76%
Your counsellor/caseworker helped you gain the confidence to make decisions and take action yourself	86%

“ There is an ease of access, it's a safe space, its friendly, accepting and information and support have been provided. ”

“ I have a safe place to come and work through the things that used to stop me from moving forward. I don't know where I would be without this Center and the tools they have empowered me to use ”

QUALITY ASSURANCE

ACCREDITATION

SWCC has held continuous accreditation since 1998 and has a well-developed, and embedded ongoing QI framework across both clinical and organization policy and practices of the Centre.

The Centre achieved Accreditation for 8th consecutive period (24 years) in November 2022. The following external accreditation audit is due in Nov 2025.



STAFF

Sydney Women's Counselling employs Professional Qualified Counsellors and Psychologists/Social Workers who are registered with professional bodies including:

- ♦ Psychotherapy and Counselling Federation of Australia (PACFA)
- ♦ Australian Counselling Association (ACA)
- ♦ Australian Psychological Society (APS)
- ♦ Australian Association of Social workers (AASW)

Counsellors are qualified in a variety of therapeutic modalities, which form part of the tool-kit used to meet the needs of best individual clients.

All counsellors have core training in

- o Trauma Informed Care
- o Child Protection
- o Domestic Violence
- o Suicide Prevention
- o Adult Survivors of Child Sexual Assault
- o Complex Trauma

Additionally, counsellors have training in working with addictions and mental health issues.

All counsellors are experienced in working in a culturally appropriate manner with clients.

STUDENTS & VOLUNTEERS

The Centre accepts placements from tertiary training organizations. Intern counsellors are contracted to the Centre for a minimum period of 12 months. They are given a structured induction; attend clinical meetings/training sessions and are assigned



to the Assistant Manager (clinical team leader) for ongoing internal supervision as additional to any other external supervision they receive.

In 2022-2023 there were two intern placements and 1 volunteer counsellor at the Centre.

PROFESSIONAL DEVELOPMENT

As part of our Quality Assurance strategies and in recognition of the complexity of client presentations and risk management around vicarious trauma and burn out staff at SWCC have extensive Supervision and Professional Development training.

Clinical Supervision: The Centre provided for external individual clinical supervision monthly with qualified supervisors experienced in working with Trauma, Addictions, Mental Health Domestic Violence, etc. Internal personal clinical supervision was also provided monthly.

Both the Manager and Assistant Manager are qualified counsellors and additionally have supervision qualifications.

Professional Development Training is linked to external supervision appraisals and learning contracts.



“Person centered, trauma informed, holistic, regular and fixed counselling time/day of the week. Flexibility to change when needed> feedback and strategies are appropriate, reasonable and achievable. No time pressure to rush through healing process. I always feel heard, valued and respected”



Motivational Interviewing & Brief Intervention VS for health professionals
Marrickville Legal Aid in-service
Co-morbidity
Understanding and responding to strangulation
Supporting Women’s Recovery from Complex Trauma
Working Clinically with Survivors of Transgenerational Trauma:
Considering Complex Trauma with Families
Grief and Loss Across the Lifespan
The Depressive Personality and its Defensive Foundations
Drugs, alcohol and complex trauma
MHA: Emotionally Focused Therapy
Victim Services Training for Health Professionals
DFV and Centrelink
Trauma-Informed and Person-Centred Responses to Workplace Sexual Harassment
NGO Information Security Webinar - Can we be compromised?
What it is and why it’s important
Cultural Counselling Therapy - Mindfulness of ASTI-
Working with women and responding to domestic and family violence
Childhood Exposure to Domestic Violence
Polyvagal Theory and Application to Clinical Practice
Breaking the Cycle of Unhealthy Family Relationship
Non-lethal strangulation
Connectivity TBI Australia: Concussion
Wisemind.com: ACT Therapy Training
Wisemind.com: DBT Training
House to Grow: Grieving Good & Feeling Better
Allens Training: First Aid + CPR
Internal Family Systems
Polyvagal Theory & Application in Clinical Practice
Seniors Rights

SERVICE STATISTICS

Counselling and Casework activities targets were met.

Front of House - Referrals Out

Demand for counselling continues to be high and beyond our capacity to meet.

39%

39% (134) requests for service were referred out without an intake.

38%

38% (51) of those clients were seeking help around D&FV

74%

74% (100) of those clients were seeking help around Mental health issues



Referrals Received and Made (Counselling /Casework and Front of House)

Indirect Service Provision

Although SWCC does not directly provide counselling for children, these children have nonetheless received an indirect service through their mothers counselling and have benefited from the improvements their mothers have made through counselling.

There is high referral activity to external service providers both within counselling programs and at FOH

- Re-gained stability and increased personal capacity to better parent and manage their own situations. (mental health, D&FV and past trauma, PTSD).
- Counselling has helped
- interrupt structural drivers such as the intergenerational cycle of domestic violence and other co-occurring presentations.
- Children of clients have also benefited from
- targeted referrals to other specialist services

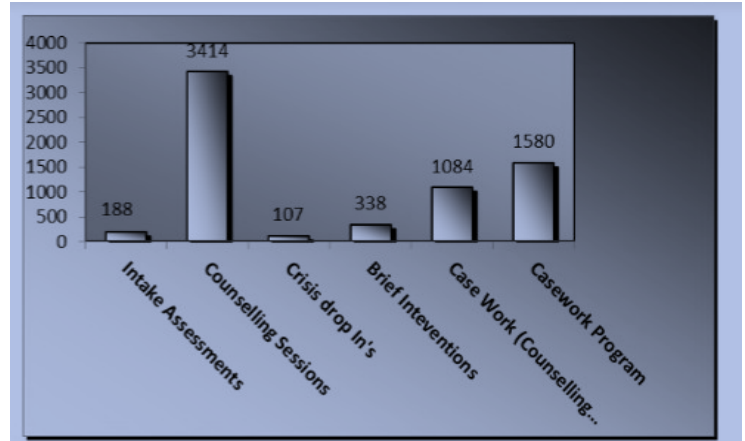
449

Clients attending counselling at SWCC had 449 children under 18 in their care.

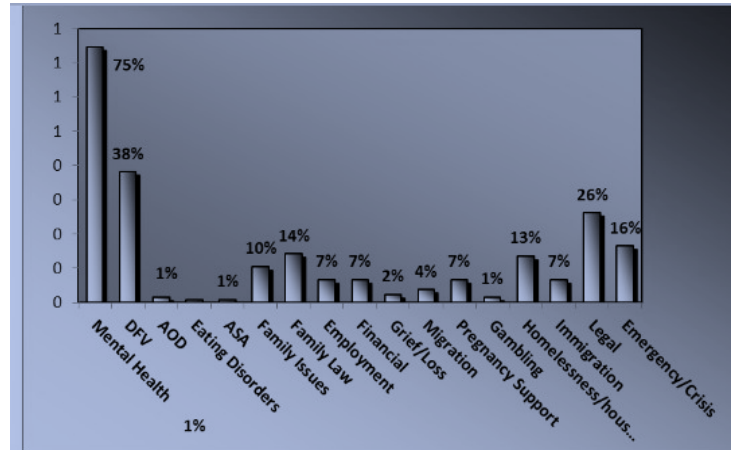


OCCASIONS OF CLINICAL SERVICE

Intake	188
Counselling Sessions	3,314
Crisis Drop In	107
Brief Interventions	338
Case work (Counselling Program)	1084
Casework (Casework Program)	1580



FRONT OF HOUSE - REFERRALS OUT BY PRESENTING ISSUES



REFERRALS	Made to	From	REFERRALS	Made to	From
Self-Referral	0	247	DV Line/DV Services	120	28
Women's Health Centres	139	40	Refuge's/Housing/Emergency	32	28
Community/Welfare Services	108	35	Family Support Services	101	60
Counselling Services (relationships/other)	79	34	WDVCAS	33	24
Sexual Abuse Services	16	5	Legal Aid Services/Solicitor	66	3
	342	361		352	143
Community and other Mental Health services	53	50	DCJ (FACS/DoCS)	3	15
Crisis Support (Lifeline etc)	76	18	Child Support Agencies	2	0
	129	68		0	0
AOD Services	5	15	Hospital	9	36
AOD Rehabs	9	58	GP's	18	29
	14	73		27	65
MERIT/	3	5	Family Planning	34	0
Probation & Parole	5	6	Centrelink	3	21
Police	8	5	Private therapist/psychologist	51	14
	16	16	Carer Support	3	0
Gambling help Line	18	21	Multi-cultural services	30	4
Gambling services	17	1	LBGTI Services	20	0
Clubs/Venues	0	0	Transgender Services	14	0
	35	22	TOTAL	1070	787

“

There is a professional and caring attitude of counsellors. I feel heard and understood. The center has a very respectful attitude and is always a place of safety

”

GOVERNANCE & STRUCTURE

Sydney Women’s Centre is the trading name for our Incorporated Association, Southern Sydney Women’s Therapy Centre. (Incorporated in 1994) The Centre has Public Benevolent Status.

SWCC has a Board of Management that oversees the governance of the Centre. The Board is comprised of skilled women that volunteer their time and energy to ensuring that the Centre is effectively managed and all legislative and financial compliances are met.

Operational Management is delegated to The Manager and Assistant Manager. The Financial Administrator is responsible for operational decisions in consultation with the Manager regarding the implementation and monitoring of approved financial and personnel systems.

BOARD MEMBERS

Erin Noordeloos Head of Continuity and Governance Officer	Chairperson
Rebecca O’Brien Office and Finance Manager	Vice Chairperson
Paige Thompson Logistics Officer- Australian Army	Treasurer
Cassie Monaghan Marketing Executive	Secretary
Libby Caskey Head of Development: Youth Insearch Foundation	Ordinary Member
Kynwynne Gore-Gillies Solicitor	Ordinary Member
Ella Hoppe-Smith Grants Manager Open Support	Ordinary Member
Pauline Mc Carthy Digital Product Management	Ordinary Member

BOARD OF MANAGEMENT

MANAGER

BUSINESS ADMINISTRATOR

ASSISTANT MANAGER

SERVICE DELIVERY & ADMINISTRATIVE STAFF

FINANCIAL STATEMENT

2022-2023

Income 2022 / 2023	Funded by	\$	Note
Main Grants			
Women's Health Grant	Sydney Local Health District	413,300	
Alcohol and other Drugs Grant	Sydney Local Health District	232,100	
Other Grants/Donations			
DVPASS	Dept. Community & Justice (DCJ)	100,000	
CESPHN	Central Eastern Sydney PHN	149,935	
DV Cash Transfer	Canterbury bankstown Council	3,500	
Stimulus Package	Reserves	17,565	
Total Grants & Donations		916,400	
Sundry			
Misc.		53,514	
Interest received		5140	
Total Sundry		58,654	
Total Income		975,054	
Expenditure 2021 / 2022		\$	Note
Wages and On costs		855,129	
Equipment Maintenance & Depreciations		18,248	
General Operating Expenses		1201,433	Note 1
Total Expenditure		974,810	
Surplus for the year		244	
Accumulated funds brought down from previous years		27,391	
Accumulated funds carried forward to next year		27,635	

Note 1 *Includes Insurances & office rent paid*

The financial status of Sydney Women's Counselling Centre is viable based on the information provided

Staff salaries have been provided for adequately and no payments have been made to associated persons, bodies or group

Adequate funds have been set aside to cover all leave positions for staff

Insurance coverage includes General contents, Cyber, Malpractice, Community and Associations, Workers Compensation

Rent paid up to June 2023 to Canterbury Bankstown City Council

The financial health and well-being of Sydney Women's Counselling Centre is sound. Sydney Women's Counselling Centre conducts its financial management in accordance with Australian Accounting Standards and accounts are externally audited annually in accordance with Australian Accounting Standards, Urgent Issues Group Consensus Views and other authoritative pronouncements of the Australian Accounting Standards Board and the requirements of the Associations Incorporation Act 2009.



*Sydney Women's Counselling Centre
2 Carrington Street, Campsie*

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<https://womenscounselling.com.au/>*