

ANNUAL REPORT 2020 - 2021

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We acknowledge and pay respect to the traditional owners of this land, the Aboriginal elders past and present. As we foster health and wellbeing, may we also pay respect to the healing knowledge embedded forever within the Aboriginal custodianship of country



# **ABOUT US**

Our Vision: An empowered community which values and supports the health and wellbeing of women and their families. Our goal is to deliver meaningful and targeted services for women and their families to achieve positive health outcomes and sustainable wellbeing.

We are an independent, non-profit organisation run by women, for women and their families. We provide free or discounted health and wellbeing services in a safe, welcoming environment. We are committed to building a stronger community in which all women and their families can realise their full potential without fear of prejudice, violence or abuse.

We are governed by a dedicated and informed volunteer Board consisting of local women who have expertise in relevant fields such as education, finance, law, housing and health.

CEO Mariam Mourad, has led the Organisation since 2014 to deliver quality health and wellbeing services for women.

Services and activities are delivered by an interdisciplinary team of qualified and accredited trauma-informed staff. Our team is supplemented and contracted by specialist contractors who provide outreach clinical services and health and wellbeing activities.



BWHC board members

# **OUR PEOPLE**

# CHAIR'S REPORT



It has always been a pleasure and a privilege to work alongside the dedicated team at Bankstown Women's Centre (BWHC) and this year has been no exception.

The board members work in a voluntary capacity and are a responsible and highly qualified group of women. I want to acknowledge and thank the board members for giving their time, knowledge, and life experiences to support the decision-making processes, policy development, financial management, recruitment, publicity and media projects of the Centre.

BWHC has always shared a strong connection with our local community organisations - both government and non-government - who continue to provide their support and assistance which is greatly appreciated.

Our CEO Mariam Mourad, the board members and I work closely together to support quality practice and service in all areas of the Centre's operational demands.

Mariam is well respected by the board for her professionalism, tenacity, organisational skills, knowledge and the significant out-of-hours work she invests in projects, network meetings and external funding opportunities.

Mariam, her staff and the board members hold the same vision and values in their efforts to provide a high-quality and culturally responsive service to the wonderful community we serve. We know that women have great strength and resilience.

BWHC staff have shown immense resilience and flexibility in response to Covid-19 to ensure the health and safety of staff and clients and have adopted new ways of delivering a multidisciplinary service. BWHC has continued its service delivery both in a remote and face to face manner.

I believe BWHC is a beacon of excellence in the women's services sector and this is a testament to the hardworking and committed team of women who work in and for the centre.

I am very proud to say that BWHC received the Accreditation assessment report in February 2021 with all requirements 100% fully in place.

Accreditation is an ongoing cycle which requires constant attention and provides a level of assurance to service users and funders about the safety and quality of the organisation. Here at BWHC we actively pursue continuous improvement and quality on a daily basis. BWHC have now been fully accredited since 2018.

The contents of this Annual Report provide a snapshot of the broad, varied and successful programs and outcomes achieved in 2021.

Rene Demos - BWHC Chairperson Principal Wiley Park Public school

# **CEO'S REPORT**



The Bankstown Women's Health Centre and Fairfield Women's Health Service (FWHS) operate in the Bankstown-Canterbury and Fairfield LGAs. These two communities are among the most culturally and linguistically diverse areas in the country and are often deemed vulnerable. However, 'vulnerability' is not straightforward. As skilled community-based practitioners, we understand the complex layers of vulnerability that exist in our communities and many of us live in the communities in which we work.

There is no doubt that 2021 has been extremely challenging for everyone in these LGAs. We are acutely aware of the impact that Covid-19 has had and continues to have on the most marginalised members. Whilst the pandemic has created many obstacles, BWHC and FWHS have continued to deliver key programs, culturally appropriate supports and material aid while adhering to public health guidelines.

We have adapted remarkably to these new circumstances, delivering our services while displaying a commitment to social justice. Group activities and workshops have been adapted to meet the changing needs of our community. Our groups and activities have shifted online which has seen an increase in skills by our staff and participants in the use of various video communication platforms.

A key focus for staff during this period has been to ensure local women are not isolated. This was achieved through individual phone calls in English, Arabic or Vietnamese to every woman who accessed our service in the past 12 months. These check-ins have been a constant mode of support for those experiencing stress and anxiety. We have kept people informed and updated about health orders which has contributed to keeping the whole community safe. Some women required further support via video chats or Zoom groups, counselling, regular check-ins, information or food hampers.

During the second Covid-19 lockdown we extended the FoodShare program to local women and their families to provide access to healthy and nutritious food. We also organised and delivered food packages to all community members affected by Covid-19, including families and individuals in isolation. We witnessed the strengths of the community sector, forging stronger partnerships with key organisations and collaborating with stakeholders in delivering coordinated services.

Despite significant challenges, 2021 was a year of growth for BWHC. We have received multiple funding from various government departments to deliver Domestic and Family Violence services in our local community, including initiatives to raise awareness about D&FV across our LGA.

I acknowledge the dedicated BWHC and FWHS teams. The dedication of our team has brightly shone through. I feel blessed to be leading a team of dedicated professionals who believe in the 'Why' of what we do and understand that 'How' we do things is very different today. Your flexibility, 'can do' attitude, humour and commitment is truly motivating.

Thank you to all the board members for your support of BWHC; you are truly appreciated. I would like to make a special mention of BWHC Chairperson Rene Demos for her continuous mentoring guidance. I would also like to give special acknowledgement, and a big THANK YOU to BWHC operational manager Kerrie Newcombe. Kerrie has been instrumental in the effective running of both BWHC and FWHS.

Mariam Mourad BWHC CEO

# TREASURER'S REPORT



The 2020-21 financial period has been a very rewarding year both for the community and our BWHC team with many challenges for everyone which were met with resilience and empathy and sound management by the CEO, staff and the Board. Our staff and practitioners continue to deliver excellent service to our clients, meeting the community needs in a continually changing environment.

The BWHC is in good financial shape, thanks to the hard work of the Board members, the CEO and our wonderful staff and bookkeeper, always working together and looking out for each other.

The Centre operated within its projected budget and we can meet our financial responsibilities when and if they fall due. The finance committee met several times throughout the year and it was noted that our financial details are in good order and I am formally thanking our bookkeeper Rachel and CEO Mariam for their consentient effort and the way they deal with efficient financial management of the centre's accounts.

We acknowledge the South Western Sydney Local Health District and Child Sexual Assault Service for our core recurrent funding and other grants received and tendered from local bodies such as the Canterbury Bankstown City Council Social work team who nominated BWHC to receive \$228,566.55 in funding to address DV issues for the next 2 years.

These resources together, ensure we deliver the highest quality services to women and their families in our local and broader community.

In the coming year, the Centre will strive to evolve to meet the changing needs of the community, and along with my fellow Board members, I look forward to supporting our front line staff to deliver important targeted health services for women and their families within the South Western Sydney region.

It is a pleasure to be associated and work with dedicated women on the Board, the CEO and the committed, passionate team members at BWHC.

Karen Staines BWHC - Treasurer Financial Relationship Manager Bank of QLD. Greater Sydney area

# SECRETARY'S REPORT



I have been volunteering as a board member at Bankstown Women's Health Centre since the Annual General Meeting in 2017 at which I was elected. In the time since, I have seen how valuable this centre is and the important role it plays in empowering our local community. Nothing has made this clearer than the way in which BWHC has pivoted and extended itself to meet the needs of women during the Covid-19 pandemic.

A large portion of women accessing our services over the past year sought support to escape violence. Restrictions and lockdowns, whilst necessary as a matter of public health, have increased isolation making it harder for women living with coercive controllers to access support. The staff at BWHC have remained on site, reaching out and checking in on women in our local area. They have offered a crucial line of communication and support to isolated and vulnerable members of our community as well as conducting mental health check-ins and delivering material aid.

The pandemic is not something anyone would have foreshadowed but that does not mean it is not something that we can't prepare for. It has demonstrated how necessary it is that we invest in and support subsidised, accessible, culturally sensitive, trauma-informed and safe women's spaces at all times because it is local services like BWHC and our partners who do the heavy lifting when the unexpected happens.

I am proud to be a part of a talented and committed team of women who strive towards continuous improvement and learning. I would like to thank the CEO and staff; it has been a confusing and stressful time, but you have continued to show up and extend care for this community, despite risk and uncertainty, and that is invaluable. I also thank my fellow board members who have continued to serve over the past couple of years often conducting evening meetings over Zoom while balancing work and family commitments. This behind-the-scenes work may be invisible, but it is what keeps an organisation alive, accountable and smoothly functioning.

Despite the pandemic, the Centre has seen growth including the funding of domestic violence teams who offer case management in Vietnamese and Arabic and involvement in the oversight of the new, flourishing, Fairfield Women's Health Service in collaboration with Liverpool Women's Health Centre. It is an honour to witness this growth and to be able to volunteer my professional skills and lived experience to the leadership of BWHC as well as the Steering Committee at FWHS. I am grateful to be able to serve local communities in this way.

Finally, and most importantly, I would like to acknowledge that Bankstown Women's Health Centre and Fairfield Women's Health Service operate on Aboriginal Land that has never been ceded. I have learned so much about women's health and safety from Aboriginal women over the past few years and I am keen to continue this learning. I express my deep gratitude to local Aboriginal leaders and elders as well as Aboriginal women who access or interact with the service. Always was, always will be

Amani Haydar BWHC - Secretary Author, Women's advocate, and Artist

## **OUR SERVICES**

#### Information and Referral

Our first point of contact for clients and agencies is our Information and Referral Officer, Rima who is bilingual and provides a warm, safe greeting for women who access our service. Our intake referral officer manages telephone calls, enquiries, referrals, bookings for food share, and assesses the client's needs and matches them the correct service practitioner. A key service of BWHC is to provide accurate information and referrals to women for their health and wellbeing needs Referrals are received from the individual themselves, local general practitioners, NSW Communities and Justice, Bankstown Hospital, Family Referral Service, Centrelink, Housing NSW, and other government and nongovernment organisations.

#### **Case Management**

The Case Management Service is always busy, and this year is no exception. The Case Manager receives more than 200 referrals annually and manages 120 cases per year. Our Case Manager works with the client to set goals and aids with presenting issues such as housing, financial, legal, advocacy, AVO's, parenting, court assistance and information. Referrals and links to specialised services is a key component of the Service. The Case Management Service also facilitates various social, health, educational, and wellbeing groups and activities to meet the needs of the local women. This year the Case Management Service facilitated and coordinated groups, activities and events including: Active Women, Weekly Food Share Program, outreach sessions, Work Development Orders program, and Women's Health promotion activities.

# Child and Adolescent Trauma service (CAT service)

It has also been a challenging year for the Child and Adolescent Trauma Counselling Service. 2020 included working from home via telehealth for a short period of time. From June 2021, after the Covid-19 Delta strain reached our community, staff came into the office to offer a

confidential service by telehealth and/or Zoom, and to assist with the packing and assessing clients for food hampers. Many members of the community have either lost their jobs or were otherwise impacted by Covid-19 lockdown restrictions. Staff responded by taking on work outside of their usual roles in order to extend care to the community we serve.

BWHC CATC service provides free counselling and support for children, adolescents and nonoffending parents and carers who have experienced domestic violence, sexual abuse, and trauma. Outreach support is offered in schools when required. The counsellor facilitates parenting programs - Tuning into Teens and Tuning into Kids in addition to active involvement in the Love Bites program at local primary and high schools and in the community. Our counsellor works from a trauma-informed framework, incorporating therapies such as play, sand play, art therapy and psychoeducation whilst supporting the child and adolescent to express themselves in a safe environment, and linking emotions behaviours.

After 7 years our Child and Adolescent Trauma Counsellor Greta decided it was time for a change and found another position – we thank her for the wonderful work she did with BWHC and wish her the best with her future pursuits. BWHC took the time to interview and find a social worker who is highly experienced in working with children and families in out of home care, child protection, and the clinical space both in NSW Health and Northern Territory Hospital and statutory child protection system. BWHC has welcomed Milena to our team and looks forward to the skill and dedication she will bring to the role.





# OUR SERVICES – continued

#### **Generalist Counselling**

BWHC welcomed Rima Alkadamani to the role of Generalist Counsellor. Rima brings her experience as a generalist counsellor from the NSW education department and continues to further her knowledge and education through extended studies. BWHC provides a free counselling service for women with the aim to support the psychological wellbeing of women. Our Generalist Counsellor Coordinator Alison moved on to another position after 7 years at the end of 2020.

Using a trauma informed approach, our counsellor Rima delivers therapy and supports women to develop realistic goals, understand and heal the impacts of life challenges including relationships, loss, grief and trauma. In addition, clients are equipped to develop assertive communication skills, manage stress and gain more confidence.

#### **Health Promotion**

BWHC practitioners are aware that many Women delay their Cancer screening tests during the 2020/2021 COVID- 19 Pandemic. BWHC Health promotion Officer Jenny has been actively encouraging Women to have their breast screening mammogram and a reminder to self-check their breast properly each month, and to book in for their due cervical screening. The Health promotion workshops are designed to deliver information on Women's health and wellbeing, and disease prevention to a culturally diverse community.

#### **Dietitian Services**

# NSW health priority - lifestyle health related chronic disease

A broad range of ages and nationalities have been assessed by our Dietitian service. Each client who attended the service presents with very different needs ranging from basic dietary modification needs to complex dietary modifications and non-nutrition related concerns impacting on their nutritional status. A

trauma informed, collaborative, strengths based approach practice is used by our Dietician at BWHC for best client outcomes. Noticeably throughout the COVID 19 environment, there has been an increased number of women requiring intervention regarding nutritional needs.

# **NEW** Domestic Violence Service funded by Gambling NSW and funded by Women NSW

Early 2021, following the successful grant from Gambling NSW, and Women's NSW, 3 new bilingual Case Workers have been employed to deliver Domestic Violence Services in the Canterbury Bankstown LGA. One a 2 year project, the other 12 months project

The newly established DV service targets Arabic Vietnamese and other cultural backgrounds who are experiencing domestic and family violence. Another aspect of the service is to raise awareness in the community of domestic family violence.

BWHC team spent long hours and tremendous efforts in planning for the launch of Domestic and Family Violence Awareness *Let's talk* video. The centre has proactively engaged and collaborated with significant key stakeholders to participate in the short but impactful video. Stakeholders included several influential local members, community organisations, local services and clients.



BWHC had planned to launch the **let's talk** video event in mid July 2021 with few hundred. Unfortunately, the event was put on hold due to the government's COVID 19 and restriction and lockdown order.

# OUR SERVICES – continued

### Contracted Services

#### **Psychologist**

In accordance with the NSW Health priority area of mental health, BWHC contracts a psychologist specialising in all mental health concerns including addictions, grief, stress, and trauma arising out of domestic and family violence.

Our psychologist has recently moved on, and BWHC is in the process of engaging a mental health social work clinician. A Mental Health Care Plan from a GP allows for 10 bulk billed sessions with a mental health worker and can be used to access BWHC psychologist / mental health social worker.



#### **Legal Aid DV Unit**

In partnership with Legal Aid NSW, delivers a Women's Legal Clinic. Women who have experienced domestic and family violence are able to access free legal advice and support through appointments with Legal Aid staff in. Due to COVID-19 restrictions this service is via telehealth

#### **Women's Health Medical Clinic**

During Covid-19 period, Dr Milliner has offered consultations via telehealth for existing patients. Existing and new patients were able to come to the centre in interim periods throughout 2020 for face-to-face consultations.

# RESPONDING TO THE NEEDS OF LOCAL WOMEN AND THE COMMUNITY

## Food Share Program

Addressing the South West Sydney local Health District Health Priority: Food Insecurity, our food share program has become a community hub, providing fresh food to local families on a weekly basis, ensuring the community has access to healthy nutritious food, and meeting the community health needs. **2,189** families were provided with food hampers throughout the 2020/2021 year. The Canterbury-Bankstown community felt the strain of the lockdown period and the BWHC team delivered an **extra 200** hampers to families who had lost their job/income or were directly impacted by the COVID-19 Pandemic.



## Arabic Women's Group

The pandemic triggered a lot of anxiety and stress amongst local women, it also raised concerns for women who may have been experiencing abuse in isolation. The Arabic women's group was established to address these issues and was facilitated by our domestic violence Women NSW Funded social worker. Craft activities. exercise, mindfulness. psychoeducation and stress and anxiety strategies were offered to improve women's health and wellbeing during lockdowns. Some women who were approved for work development order joined this group to manage stress, and anxiety.

## Chinese Women's Group

Many Chinese Women from the Canterbury-Bankstown LGA attended this group each week and one of the facilitators delivered the group in Mandarin. Yoga and exercise were offered, and a health and wellbeing workshop was included each week. By the end of the term, 25 women had completed their breast screen at breast screen NSW, and 20 accessed cervical screening with Dr Milliner at the BWHC clinic. BWHC also delivered gambling and financial outreach session to this group.

# Vietnamese Women's group

Whilst the pandemic loomed over us, reports of domestic violence increased so it was important to keep women engaged with the service. A Vietnamese Women's group was facilitated by the BWHC bilingual domestic violence social worker, funded by responsible gambling NSW. BWHC workers delivered several sessions on health, wellbeing, healthy relationships and gambling awareness to this cultural group. Other community, government and non-government organisations presented information. These women enjoyed their weekly Yoga/Zumba; 'I am so looking forward to every Tuesday', said one of clients in the group.



## **PARTNERSHIPS**

# Active Volunteer Certificate 3 National Qualification

In partnership with Phoenix Institute this certificate is being delivered from March 2021 until November 2021 at the centre and via Zoom. Most women seeking this qualification have never previously studied and one-on-one support is given to each individual student. In partnership with Phoenix Institute, BWHC were also able to offer leadership and volunteer workshops and sessions



## Social media skills workshop

Capacity building for local women during the pandemic included providing local women with skills in social media. In the digital age being able to access and use social media safety and confidently is an important way of maintaining connection, accessing information and being informed.

## 'Support The Girls' event

This event was held at the centre and women were fitted with bras and supplied with free bras and underwear from Support the Girls, a not for profit organisation that supports women by making comfortable underwear accessible.



# During the Lockdown Period:

During the first initial lockdown in 2020 and the longer lockdown in 2021, our caseworkers contacted all clients who had attended the Bankstown Women's Health Centre during the past 12 months and checked in on their mental health and welfare. These check-ins were and important way of decreasing isolation and keeping the community informed. It also provided a means of communicating with women about any needs, mental health concerns or experiences of abuse that may have been exacerbated by isolation.

# BWHC 'Have Your Say Day'

Our annual 'Have your Say Day' is the time when BWHC consults with the community about needs and service provision. Due to Covid-19 restrictions, our 2020 'Have your Say Day' was conducted via surveys which were sent to clients and participants, combined with a by-invitation end of year presentation. Certificates of appreciation were presented to those who had completed training and workshops.



## **HIGHLIGHTS**

## Staff Recognition

For the second year in a row, Jenny Ashwood received acknowledgement for the role in our community. She received the Canterbury-Bankstown Community Excellence Worker of the Year award.



# **Appreciating Local Support**

We are blown away by the kindness and generosity of the Carl family who have supported the Centre in a way that has been inspiring.

The Carl family are residents of the Georges River Council Local Government area, and never hesitate to provide fresh and staple foods each week for community members who have been impacted by the Covid- 19. This family donated up to \$1,000 of support each week and provided essential items such as nappies, formula, fresh fruit, vegetables, bread, rice pasta snacks, and sauces. These were distributed by our centre to families in need.



Coercive Control and SBS domestic violence series See What You Made Me Do by Jess Hill.

Our CEO was invited to be part of the panel on the SBS documentary series See What You Made Me Do, contributing to a discussion on domestic violence and the new Coercive Control Bill that was before NSW Parliament. Mariam Mourad highlighted some of the implications of this Bill on migrant and refugee women.



# 'Enough is Enough' Sydney

March 4 Justice took place across Australia. The protest included a series maior events in Australian cities including Canberra. Protests occurred in 40 cities in Australia and organisers estimated 110,000 people were in attendance, including the federal opposition leader as well as other politicians from the major political parties. BWHC participated in the March calling for better accountability for sexual and gender-based violence.

## Additional funds 2020/2021

BWHC are grateful to have received the Responsible Gambling NSW funds, Community Building Partnership and Women NSW to provide funds for domestic violence services and programs to local Women.

# A YEAR OF STRENGTHENING RELATIONSHIPS

BWHC would like to thank its partners and acknowledge the contribution they have made to our work:

#### Second bite

We have been working with Second Bite to deliver food to the local community. Second Bite's new ambassador Jessie Stephens, author and co-host of the podcast Mamamia, visited our centre to see what our work looks like on the ground.



Canterbury-Bankstown Collaborative Prevention of abuse of people with a disability

BWHC CEO attended the first collaborative meeting of the Canterbury-Bankstown Prevention of Abuse of People with a Disability initiative. The aim is to support the NSW Ageing and Disability Commission by responding to local issues and needs and creating awareness of abuse of people with disability in the community with a focus on prevention.

#### **Working with Sydney Community Studio**

During the second Covid-19 restrictions and lockdown, our CEO delivered regular live streams on different social media platforms to translate, simplify and explain the ever-changing NSW Public Health Orders to the Arabic-Speaking community.

# Working with the Women's Community shelter

Mariam Mourad of BWHC continues to support the Board of the newly established Biyani House, a new local women's refuge. The refuge is an initiative of Women's Community Shelters with support from Revesby Workers Club.

# Bilingual Community Education (BCE) Programs

BWHC partnered with the SWLHD BCE program to deliver a women's health and wellbeing group to Chinese women in the commuity. The program was delivered in Mandarin.

#### Asian Women at Work

BWHC partnered with Asian Women at Work to deliver a women's health and wellbeing group to Vietnamese-Speaking women in the commuity.

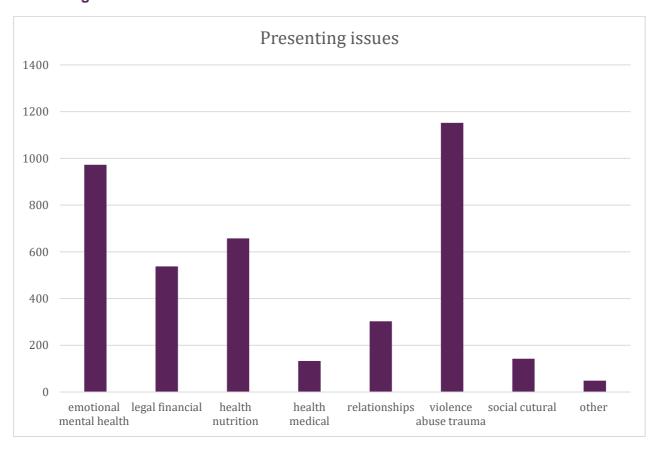
#### **IWAA**

Our Ceo was invited to be a keynote speaker at the IWAA's International Womens Day event in March 2021, celebrating the launch of their domestic violence project. The theme was "Women in Leadership: Achieving an equal future in a COVID-19 world".

# **BWHC SERVICE STATISTICS**

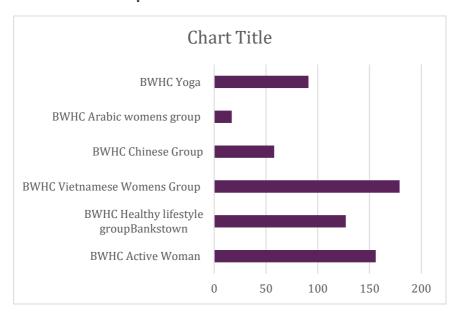
# Period 01/07/2020 to 30/07/2021

### **Presenting Issues**

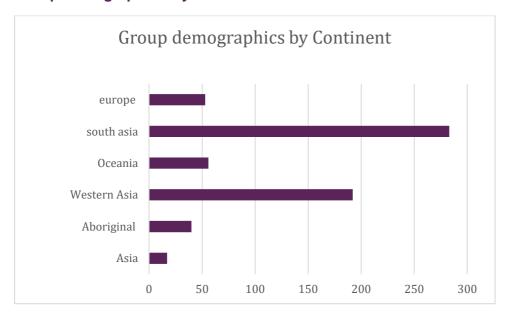


# **BWHC GROUPS**

#### **Number of Participants**



### **Group Demographics by Continent**

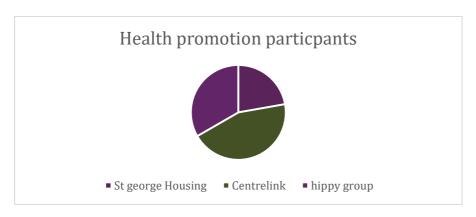




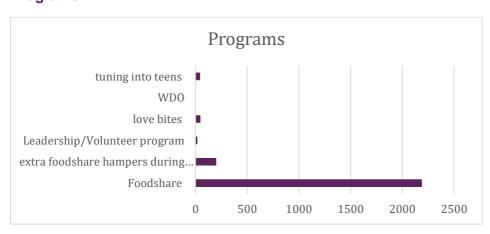
### **Training, Workshops and Outreach Sessions**



#### **Health Promotion**



### **Programs**



# **BWHC CASE STUDIES**

Case Study 1: Using Trauma Informed Approach in services, groups, and activities

**Generalist Counsellor Funded by SWSLHD** 



Sophie\* is 21 years was a self-referred client. Sophie has been diagnosed anorexia nervosa, post-traumatic stress disorder, depression, anxiety, and the notion of self-perfection attributed to her eating disorder. Sophie disclosed that she may possibly have another underlying condition of ADHD yet to be assessed. She is struggling with hypochondria suffering and from lack tendencies disrupted concentration. sleep and anxiety/panic.

Generalist Counsellor Rima Alkadamani conducted a thorough risk assessment, discussing relevant internal and external referrals and linkages.

During the first and second counselling sessions, the Generalist Counsellor supported Sophie to explore and identify her goals for counselling. Sophie presented with multiple and complex emotional and psychological issues relating to prolonged Post Traumatic Stress Disorder, Anorexia and relationship breakdown with her father. Sophie identified her joint counselling goals as healing from the father relationship breakdown. Counsellor explained that the sessions would be conducted by telephone because our Centre was closed in

response to NSW Health advice due to Covid-19.

The BWHC Generalist Counsellor worked closely with Sophie to monitor and uphold psychological and emotional safety. Using a trauma-informed approach, Cognitive Behavioural Therapy, Dialectal Behavioural Therapy and Acceptance Compassion Therapy, prioritising psychological and emotional safety and stability, the Generalist Counsellor provided gradually supported Sophie to stabilise her emotions. Sophie was able to learn empowering self-regulation techniques. Working with the Generalist Counselling enables the clients to reach their goals and core values.

The Counsellor validated the client, reminding her that she is doing the best she can with the challenges she has. Sophie disclosed to the counsellor that she felt anxious before the session began and felt that the counsellor's approach was calm and very empathetic.

During her most recent phone counselling session the Counsellor asked Sophie how she was feeling. Sophie stated, "I feel so much calmer and more in control." They confirmed that the sessions would be scheduled in every week initially and eventually, the sessions would decrease as Sophie works through her emotions and the trauma symptoms begin to resolve.

\* Sophie is a pseudonym. All names and personal details in these case studies have been changed to uphold confidentiality and privacy

# Case Study 2: Dietician Supporting Clients to Achieve Health Goals

#### **Dietician Funded by SWSLHD**

The BWHC dietician, Renee Bechara, is devoted to empowering women across all ages, occupations and abilities to make nutrition and physical activity a priority. This is consistent with the SWSLHD Health Priorities: lifestyle health related chronic disease, nutrition and physical activity/healthy weight. Mental health and social wellbeing. The dietician services demonstrates a trauma informed approach and collaborative interdisciplinary teamwork. It also responds to the effects of Covid-19 on women's health and nutrition.

Women from a broad range of ages and cultural backgrounds have accessed our dietitian service. Each client attends with very different needs ranging from basic dietary modification needs to complex dietary modifications and non-nutrition related concerns impacting upon their nutritional status.

Referrals to our dietitian have included clients who are experiencing struggle and difficulty with food access and individuals with a diagnosed mental health disorder whereby emotional status and external factors impact on their eating patterns. Referrals also include women who have experienced domestic violence and are currently rebuilding their lives, separated mothers, members of the local Aboriginal and Torres Strait Islander community and women in recovery from addictions.

Food security has been a common concern and factor impacting on many referred clients. This year, our clients have further been impacted by the Covid-19 pandemic which has resulted in further trauma and negative effects on nutritional intake

Carly\* is a 50-year-old woman from Lebanon\*, married with child. Carly attend BWHC in 2016 then re-entered the service in 2020. On initial consult, Carly's main concern was related to weight loss and hypertension with complex medical history. Carly attended the initial consult at her heaviest weight to date and emotional eating daily, which intensified secondary to the Covid-19 lockdowns.

From our initial consult in November 2020 to our last consult in February 2021, Carly has lost 5 kilos of fat mass and gained 2 kilos of muscle mass.

More so, Carly has been empowered to reduce her 'emotional' eating habits and has gained the ability to avoid consumption of confectionary. Lack of access to exercise due to personal commitments, Covid-19 restrictions and motivation have remained a barrier to further progression of Carly's weight loss journey. However, Carly has voiced that she feels happy and empowered by the progress she has made so far, "Everyone has benefited from the changes I have made with you."

Renee will continue to see Carly with the goal of improving her participation in physical activity and reaching her overall weight loss goal. Carly has said 'I feel amazing and I want to thank you for all of your help. You have showed me self-care and self-love'.

## Case Study 3: Homelessness

#### **Case Management**

Case management is defined as an intervention which does not simply meet this or that need but develops a person's capacity to self-manage their own access to any support services they need. Case management achieves this outcome through an interactive relationship between the client and the case manager or case management team which has the qualities of persistence, reliability and respect, and delivers comprehensive, practical and emotional support.

Rose\* is a 32-years-old single woman who applied for public housing but was informed she was not eligible due to past issues associated with Housing NSW. Homelessness and its causes were exacerbated by the impact of Covid-19 and ongoing changes regarding crisis accommodation. This created disadvantage for Rose making it harder for her to access support services within the wider community; many services such as day centres had ceased opening and other supports were only available through phone contact. Rose had trouble with ongoing engagement due to lack of financial independence and a limited access to community resources.

## Case Study 3 - continued

Rose began using drugs, triggered by the stresses and challenges of her situation and the pandemic. She was living with different people, which placed her at high risk of incarceration, hospitalisation, and return of mental health issues.

Rose's engagement with BWHC case management service fluctuated between informal and brief interactions during this period which allowed for safety and trust to develop. Emotional supports and practical supports were actioned, allowing Rose to decide the pace of the agreed plan and respecting her agency.

With collaboration between BWHC case management service and Rose's Doctor, psychologist, psychiatrist, Housing NSW, and other service providers, private accommodation, white goods, furniture and necessities were secured for Rose at Greenacre.

Rose has never lived by herself, she is in a period of her life in which the formation of her own self-identity, gender, self-worth and personal autonomy is being formed. She is at risk because of unstable housing, increased levels of trauma, high risk behaviour (I.e. substance use, coercive relationships), barriers to peer networks, health care and relevant educational or employment opportunities and supports.

Rose is also at greater risk of social isolation and alienation from not only the wider community, but also her own family networks. Her circumstances are also associated with psychological and physical health issues due to lack of adequate nutrition, food supply, appropriate hygiene and increased risk of involvement with drugs and alcohol.

As BWHC case manager continued to advocate and encourage Rose she began to feel safe and supported, and gained the confidence and skills to maintain her lease, self-care, improve her health and wellbeing, and reduce drug and alcohol dependency. She was supported and encouraged to take control over her life. Rose's potential has developed and she is now empowered to exercise greater control over her life. Rose feels safe to contact the BWHC case management team when she feels the need for further support.

# Case Study 4: Supporting Young People and Families Through Lockdown

# Child and Adolescent Trauma Counselling Service

BWHC has been providing food hampers and intake and assessment for women and their families who had lost their income and employment during the lockdown. The CATC service has also been delivering food and essential items to families who are in isolation due to being Covid-19 positive. Large family groups have been affected by food insecurity, lack of access to online shopping services and being dependent upon other families who are not living in the same LGA.

The CATC service has been working with women to improve and manage their mental health and providing support to families and children where their welfare and wellbeing has been impacted by lockdowns. Women are talking about their mental health and the need to discuss support around parenting strategies, counselling for exacerbated anxiety and depression symptoms and the sense of isolation from loved ones.

CATC service has been able to engage with some children and young people over Zoom and provide respite to mothers who are juggling family life, work and household duties (even if it's for an hour a week!) This gives children and young people a moment to themselves where their interactions with the counsellor are solely focused on them and what is going on in their world.

# Case Study 4: Complex legal Issues and Financial Stress

#### Information and referral officer

Maria\* is an Australian-born woman from a Lebanese background. She is a 35 year- old and lives with her friend.

Maria attended the centre in 2019. She looked disorientated and didn't make any eye contact. Maria stood up in front of me and covered her eyes with her hat. She was quiet and didn't say anything.

## Case study 4 - continued

Maria presented as traumatised, disorientated, anxious and unwell. I greeted Maria and confirmed that she was safe here, and that BWHC can assist her. Maria didn't respond.

I explained to Maria that this is a safe space for her, its ok to take you time, sit and relax, we maintain the security of confidential information and that the team is available to support her. Maria mumbled, 'I need help, I have lots of issues.'

Maria had some legal issues and stated that she experiences anxiety and depression, Maria wasn't confident expressing herself and talking about her needs. As an intake officer I was very calm and careful with my words and my questions, as I was aware that this woman has experienced trauma and could be triggered by different surroundings, too much fuss, light or loud noises. I displayed empathy and understanding and made her feel safe at the centre by reassuring her that we were a team of professionals here to assist her. Each time Maria presented at the Centre, she appeared more and more confident. Maria had a history of drug use. aggressive behaviors, and had scheduled court dates. I referred Maria to the case management service and asked her if she would like to see the psychologist at BWHC. Maria mentioned that she is seeing a psychiatrist, she is on medication and already has a psychologist who is working with her.

With the support of the Case Manager, Maria was able to finalise her legal issues, housing issues, reduce her alcohol and drug use, and pay off her WDO debts.

Maria would not meet my eye gaze when she first attended the centre, is now confident, greets me, jokes with me and asks for me if I am not available. She demonstrates trust and confidence in our organisation, and she calls the centre to seek support when needed. She knows all staff members by name.

Maria now walks in with a smile on her face and a confident voice that I couldn't hear it in the past. She is now vibrant and full of life.

I have enjoyed working with Maria and it was a pleasure seeing the happiness and joy in her eyes when she attended the centre and received the key to her Housing NSW property. The BWHC team will continue to support Maria to empower her and address her ongoing needs.

# Case Study 5: Housing, parenting and underlying Domestic Violence

# Domestic Violence Case Worker funded by Responsible Gambling NSW

Teresa\* is a 31-year-old mother of 2 young children who experienced a challenging relationship with her ex-partner. Teresa has been a single mother caring for her 6-year-old and 2-year-old children for the last 2 years. Teresa was referred to the centre by Bankstown hospital.

Teresa attended the initial meeting with her hesitation about whether the centre could understand her needs and support her accordingly. Using a person-centred approach and trauma-informed practice, our Case Worker successfully created safe environment, built trust and empowered Teresa to speak about her goals. Applying the multidimensional framework, a collaborative and comprehensive assessment was conducted to identify Teresa's needs and goals. Teresa presented with several issues including lack of emotional support, financial difficulty, parenting challenge and legal issues. In subsequent meetings, Teresa felt comfortable enough to disclose to Case Worker about her past underlying issue of domestic violence and feelings of shame and guilt due to cultural stigmas and discrimination. Teresa has also revealed her struggles of how her decisions and choices have always been impacted by social and cultural stigma.

Teresa and the Case Worker have worked together to prioritise Teresa's needs in the order of basic, psychological and self-fulfilment needs. An appropriate and relevant case plan has been created including SMART goals. With the Case Worker's support and encouragement, Teresa has worked through her case plan and implemented strategies to achieve her goals.

Teresa was introduced to the BWHC weekly food share program and other local food and financial assistance services. She was also provided with information about Rent Assistance and support from Centrelink.

## Case Study 5 - continued

Teresa was also to Legal Aid to get help on her specific legal issue. We also offered to link her with free counselling service, parenting and play groups. Teresa was given information about free social groups/activities which are run by the centre and other local organisations. She was also able to find out about local childcare services with the aim of returning to her part-time employment.

Teresa has become increasingly confident and resilient. She has made new friends through her church and parenting groups and is looking forward to returning to work early next year.

# Case Study 6: Migrant Women & Domestic Violence

# Domestic Violence Caseworker funded by Women NSW

Fatima\* was referred to Bankstown Women's Health Centre following separation from her husband due to domestic violence. Fatima was referred for support around domestic violence, homelessness, legal matters and financial supports.

Fatima advised that she had no access to any income and is not an Australian citizen. Fatima also spoke of how her husband would not allow her to contact or speak with family members along with other controlling behaviour. Fatima stated that due to her husband's behaviour and the domestic violence she experienced, she did not have knowledge and understanding of Australian legal system or what her rights and entitlements are.

BWHC worked and liaised with the referring service to put in place a safety plan as well as provide Fatima with information around her entitlements, including income and support from Services Australia and Housing NSW. Fatima also was referred to a homelessness services to assist with locating accommodation as well as legal service for information and advice around

her visa status. Throughout service provision period Fatima engaged in conversation around domestic violence, psycho-education around types of abuse, power and control, her husband's patterns of abuse, his parenting decisions as well as how all of these have impacted on her health and wellbeing as well as that of the children and their overall family functioning.

In partnering with Fatima, acknowledging and validating her experiences, the caseworker was able to focus and build on Fatima's strengths as well as what she was already doing to keep herself and her children safe. This allowed Fatima to put context and meaning to the decisions that she had made.

Since commencement of service provision Fatima has been able to locate private rental accommodation and has been approved for Start Safely. Fatima is also now accessing all her Services Australia payments and has received legal advice in relation to her visa conditions.

\*All names and personal details in these case studies have been changed to uphold confidentiality and privacy

# **TESTIMONIALS**

#### Bankstown Women's Health Centre

#### Arabic Women's group:

"The best features of the group were relaxing, socializing, learning new things as well as how to be mindful."

"I discovered new ideas and able to manage relationships"

"I found the craft "very therapeutic" and enjoyed being able to work at my own pace"

#### Chinese Women's group:

"The content of the group was interesting, and I have found the information provided helpful in my everyday life. Information provided in this group was about domestic violence education as well as information on healthy relationships"

#### Vietnamese Women's group:

"I enjoy coming to the Vietnamese Women group on Tuesdays to connect with others, exercise and learn new things"

"The best features of the Vietnamese group are sharing information and life experiences with other people in the community"

#### Fairfield Women's Health Service

#### Vietnamese Cultural group

"I don't feel so isolated anymore. This group has increased my confidence, and I look forward to this each week."

"Since I got to know FWHS and all the staff here, I feel a lot better, less isolated and I feel like being heard. My stress level goes down a lot. I am not sure what is happening next but I know I will try my best"

#### **SWSDWVCAS**

"Services are always very responsive and informative. As always, thank you so much for responding so quickly- you are wonderful! Thank you so much for the information- very helpful. Thank you again, your help is awesome."



# FAIRFIELD WOMEN'S HEALTH SERVICE 2020-2021

Fairfield Women's Health Service (FWHS) had a busy, productive and rewarding year. We offered a series of multi-faceted community engagement opportunities ranging from client surveys and discussion to group stakeholder interviews. While the data is still being collated and analysed, clients, staff, and primary and secondary stakeholders are united recognising that FWHS fulfils an important niche Fairfielda women-centred, womenempowered, culturally appropriate and holistic health service.



# Preparing to Become Independent

I joined as the new Service Coordinator in September 2020. My main role is to oversee service operations as well as prepare the service to become an independent non-government organisation. We commenced developing our own Strategic Plan, policies, creating our own systems and processes, and partaking in regular professional development.

I made the decision to prioritise building and strengthening relationships, developing a more credible, local profile, and enhancing service performance.

# Building and Strengthening Relationships

We have a strong relationship with our auspicing bodies, Bankstown and Liverpool Women's Health Centres, and our Steering Committee, and it continues to grow. We worked with them in developing an Auspicee and Auspicor agreement, participated in Bankstown Women's Health Centre's accreditation process, and partnered with Liverpool Women's Health Centre on the Breast Screening Project for Arabic speaking women.



# A Growing & Trusted Local Profile

We formed strong partnerships and raised our profile and credibility through regular participation at various networks and collaborating with other services.

I facilitated the Communities of Practice session on "Addressing the Needs of Harder-to-Engage Women with Complex Trauma" at a Fairfield Domestic Violence Committee meeting.

The team at FWHS showed leadership and adaptability during the Covid-19 pandemic by supporting clients requiring essential and emergency relief services.

Dee-Dee San Jose - Service Coordinator

# SERVICE-SPECIFIC INFORMATION AND HIGHLIGHTS:

## Counselling

Our counsellor used a variety of approaches to maximise the outcomes for women. For example, Acceptance Commitment Therapy (ACT) approach to support women achieve their goals based on their personal values, and Strength-Based Approach to empower and encourage clients to take control of their lives

The Counsellor provided culturally appropriate handouts on domestic family violence and mental health issues as a form of psychoeducation. The women have found these handouts to be very useful and easy to understand. Women's feedback has been positive.



#### **DV** Casework

FWHS domestic violence case management service commenced early this year and as part of the process, new policies have been drafted and implemented.

Both DV caseworkers developed new contacts and built their connections with the local service providers as a means of creating referral pathways to FWHS.

Outreach session at Navitas College, Fairfield. These initiatives resulted in increased and ongoing referrals.

#### **Dietetics**

Women from a broad range of ages and cultural backgrounds have accessed the Dietetics service. Every woman had very different needs ranging from basic dietary modification needs to complex dietary modifications and non-nutrition related concerns impacting on their nutritional status. Referrals included women who were struggling financially, impacting their access to food, those with a diagnosed mental health disorder whereby emotional status and external factors impacted on eating patterns. Food security has also been a common concern and factor for many referred clients. This year, women have been impacted by the COVID19 pandemic which has resulted in trauma and nutritional intake.

FWHS dietitian regularly facilitated the Healthy Lifestyle Group and Outreach sessions, providing essential health education on nutrition, diet and lifestyle.





# SERVICE-SPECIFIC INFORMATION AND HIGHLIGHTS – continued.

### Casework

Our caseworkers conducted comprehensive assessment process in person or through appointments. assisted telehealth developing a case management plan, provided individualised support and coordination, and appropriate clients to services. practitioners or other services. Casework allowed many clients to realise their strengths, and discover new and existing resources available in the community. As a result, they felt more positive and more confident when dealing with issues and difficulties in life.

Both caseworkers also regularly promoted and registered clients to join in-house group activities and promoted those delivered by other services. Our Vietnamese speaking caseworker regularly facilitated the Vietnamese Cultural Group which enabled women to socialize, learn new skills, and be culturally supported. This was particularly important during COVID lockdown when most people reported loneliness, isolation, anxiety and depression. Information, education and activities offered within the group helped participants to feel more confident, empowered and positive.

Our Arabic speaking caseworker facilitated Outreach workshops at Navitas College (Fairfield), and organized excursions for the students to visit our center. She promoted our services at Neeta City and to various Navitas classes. She provided an inspirational speech at an International Women's Day celebration at Wetherill Park TAFE.

## Client Intake and Referral

Our client intake and referral officer is the first point of contact for the women. She conducted the initial intake process in person or over the phone, answered phone and email enquiries, linked up clients to appropriate services, practitioners or other services. She promoted and registered clients to join in-house groups and activities, and sent reminders.

Many clients provided feedback that they immediately felt at home having been greeted with her warm welcome, and treated with respect and a friendly manner.

Below are select de-identified case studies shared by team members. Names and personal details have been changed to uphold confidentiality and privacy



### Case studies

#### Counselling

Client V was referred to FWHS by South Western Sydney Women's Domestic Violence Court Advocacy Service. She disclosed that she experiences domestic violence that was perpetrated by her ex-partner in the forms of physical, sexual and psychological abuse. She has a history of suicide ideation and self-harming behaviours such as slitting her wrists and biting herself. She presented with symptoms of Post-Traumatic Stress Disorder (PTSD) including flashbacks, vivid nightmares, and hyper vigilance.

In the initial stage of counselling, our generalist counsellor used active listening and trauma-informed psychoeducation which allowed Client V to feel validated and gain more insight into her situation. At one stage, she expressed that she intended to take her own life as she described her life as "completely pointless". Our Generalist Counsellor conducted a risk assessment and found that Client V was at high risk of suicide.

A phone call to the Mental Health Line was made and Client V was assessed by the Mental Health Team at Liverpool Hospital. Our Generalist Counsellor continued to provide counselling and emotional support for six months. Gradually, Client V's appetite significantly improved and her vivid nightmares ceased. She was able to focus on her personal values and goals, and is making micro changes to improve her quality of life.



#### **DV Casework**

One of our DV caseworkers worked with Client T who was referred by Core Community Services, following her separation from her husband due to domestic violence. Our DV caseworker supported her with a range of services including, but not limited to, utilising interpreting services, food provision, and referrals for legal advice and financial support services.

Client T was able to locate transitional accommodation which she has moved into. She reported that being connected to the service and having someone to listen to her and provide support has been a positive experience. The client reported "feeling at peace" and she now "looks forward to her future".





#### **Dietetics**

Client M is a 20 year old woman who is Australian born and of Vietnamese Heritage. She is currently single and lives at home with her mother and supportive sisters. She self-referred to the dietitian service after her mother recommended using FWHS.

On initial consult, Client M's main concern was related to losing weight after gaining weight secondary to the commencement of medications due to depression and anxiety. She disclosed a history of Anorexia.

Client M attended the initial consult accompanied by her sister. She felt uncomfortable with stepping on the weight scales, hence, this was not performed. The initial consult consisted of the development of a healthy meal plan in which she was happy to implement.

Over further visits, Client M implemented changes previously negotiated and was feeling healthier and more energized. Her sister had also noticed a significant improvement in her mental health and her overall wellbeing.

Due to the COVID19 outbreak, our dietitians discovered at a telehealth session that Client M had been unwell which resulted in her regressing to her previous poor eating habits. With renewed support, Client M managed to re-implement changes previously negotiated over the last consequent visits, including an increase in physical and incidental activities. Our dietitian provided her with nutrition counselling and nutritional intervention to continue with her

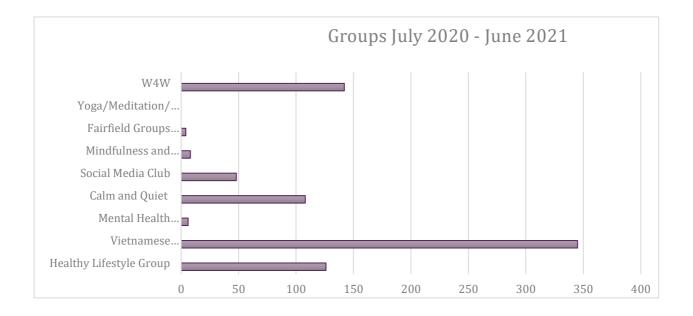
current healthy eating and weight loss journey. Our dietitian will continue to see her with the goal of improving her eating choices and behaviours and continue implementing changes.

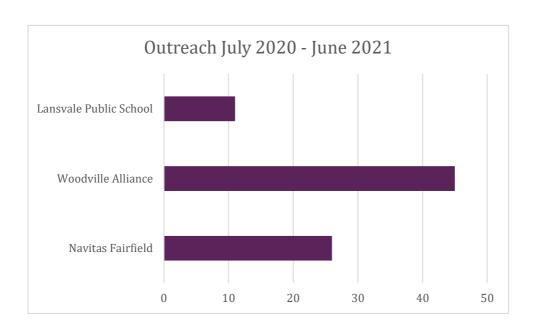
#### **Client Intake and Referral**

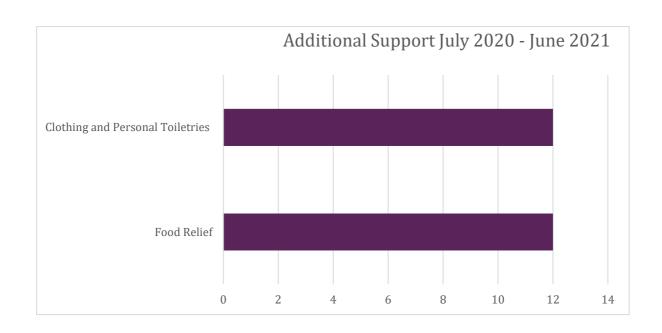
Client C has health issues. She joined the Vietnamese cultural group to have a break from her caring role, to participate in the the community, share information, and carry out some gentle exercises. She provided the following compliment "The thing I like about coming here is the very warm welcome from the team, particularly the Intake and Referral Officer. She is very caring, helpful and informative. She takes time to listen and understand my situation, and provides me with useful information. She spreads positive energy to me and the people around her. My health has improved a lot and I look at life in a more positive way".

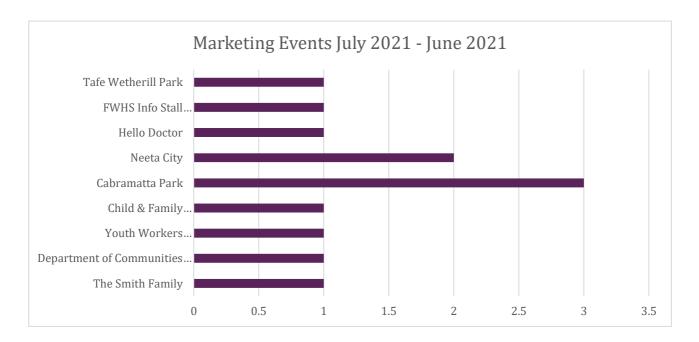
# **FWHS STATISTICS**

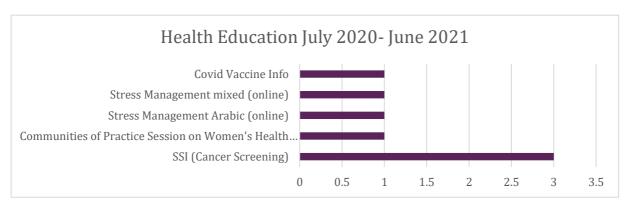
## Period 01/07/2020 to 30/07/2021











# **BWHC PRESS RELEASES AND MEDIA ENGAGEMENT**



# **Grant to help food security**

#### Planning classes on cooking 'cost effective' dishes

grant from Canterbury Bankstown Council or \$7,500.

"Plan 2 Plate aims to improve participants' food security through acquiring diverse ingredient knowledge, cooking methods and financial management skills to reduce the poverty cycle and heavy reliance on food handours." BWHC CEO Mariam Mourad said.

"For the past three years that BWHC has been delivering the Foodshare program, there has been a high demand for the service.

"However we have noted the high volume of CALD communities," which often contain standard staples and rarely include stappes used by those communities, for example lentills, spices and legumes."

AS a way to assist clients' rapid reliance on emergency relief services, Bankstown Women's Health Centre (BWHC), is developing a 'Pian 2 Plate' nitiative after receiving a relief from Canterbury Bankstown Council left of the Population, with greater health literacy and self-cest 400.







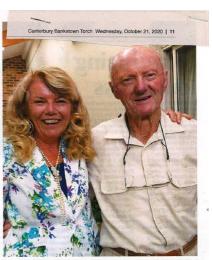


# **Christine fights** cancer her way

Said no to 'chemo, radiation' and opted for tumour shrinking drug

By CINDY LYNCH

WHEN Christine Dale was diagnosed with breast cancer seven years ago, she 'shook from head to too lin' a seven length of the control to line a week of the control too line and the control



☐ Christine Dale with Dad George, 95, a WW11 veteran, who she says taught her the Anzac spirit and to be resilient, have faith and always get back up again

# 2020 - 2021 BWHC FINANCIALS

#### Bankstown Women's Health Centre Inc.

ABN: 74 181 873 702

#### Income Statement

For the year ended 30 June 2021

	2021 \$			2020 \$
Income				
SWSAHS Grant	\$	669,200	\$	657,650
Dept Family & Community Servic	\$	101,105	S	98,793
Donations	\$	3,488	\$	2,965
Foodshare	\$	6,030	\$	6,575
Doctors Contributions	\$	2,970	\$	2,838
Interest Received	\$	585	\$	1,091
Cash Boost Stimulus		-	\$	90,132
Other Fund	\$	283,427	\$	44,000
Managed Services Reimbursement		-	\$	1,509
Workers Comp - Wages	\$	1,300		-
Miscellaneous Income	\$	19,624	\$	9,002
	\$	1,087,729	\$	914,555
Expenses				
Advertising & Promotion	\$	1,231.00	\$	1,511.00
Bad Debt Written Off	\$	385.00	_	-
Bank Fees & Charges	\$	345.00	\$	317.00
Committee & Board Expenses	\$	500.00	\$	1,706.00
Equipment	\$	4,776.00	\$	8,521.00
Covid-19 expenses	\$	514.00	\$	9,225.00
Depreciation	\$	46,023.00	S	2,727.00
Donations		-	\$	360.00
General Expenses	\$	77.00	\$	357.00
Insurance	\$	9,233.00	\$	7,574.00
Motor Vehicle expenses	\$	3,376.00		0.754.00
Maintenance		\$ 3,657.00	_	\$ 8,754.00
Office Expenses	\$	2,892.00	S	5,220.00
Other Expenses	\$	8,030.00	S	15,563.00
Program & Projects	\$	16,882.00	Ş	11,224.00
Reference Materials/Books	\$	14.00	\$	1,426.00
Rent - Building	\$	8,133.00	S	3,021.00
Staff - Conference / Meetings	\$	1,496.00	\$	2,411.00
Staff - Supervision	\$	5,374.00	\$	6,665.00
Staff - Travel & Accommodation	\$	104.00	\$	746.00
Staff Amenities	\$	629.00	\$	305.00
Staff- Training	\$	4,224.00	\$	3,298.00
Subscriptions/memberships	\$	6,977.00	S	10,428.00
Telephone	\$	9,030.00	Ş	9,440.00
Wages & Salaries	\$	674,511.00	\$	621,928.00
Wages - on Costs	_	\$ 93,503.00	_	\$ 72,334.00
	\$	901,916	\$	805,061
Net profit	\$	185,813	\$	109,494

The accompanying notes form part of these financial statements.

These statements should be read in conjunction with the attached compilation report of MEAGHER HOWARD

## **FUNDERS & PARTNERS**

Bankstown Women's Health Centre and Fairfield Women's Health Service is a member of Women's Health NSW and there are 20 sister centres across the state. We are primarily funded by NSW Ministry of Health. The Child and Adolescent Trauma Service is funded by the Department of Family and Community Services. We work collaboratively with a wide range of peer agencies and other partners across the community.



























Court Advocacy Service NSW Inc





**Cancer Institute NSW** 















































## **Our Values**

We value women's own knowledge, skills and their right to make informed decisions about their health.

We recognise the importance of the social, environmental, economic, physical, emotional and cultural factors which influence the health and wellbeing of women and their families.

We recognise the effects of sex-based stereotyping, gender discrimination, racism and homophobia on women's health and wellbeing.

We value the importance of maintaining health and wellbeing by focusing on preventative practices.

We actively encourage the empowerment of women in both the personal and social aspects of their lives with a focus on their changing roles and responsibilities throughout the lifespan, including reproductivity and parenting.

We support the emotional and social wellbeing of women and their families who have been affected by trauma

# **CONTACT US**



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