



Leichhardt Women's
COMMUNITY HEALTH CENTRE

ANNUAL REPORT 2020-2021



Leichhardt Women's Community Health Centre

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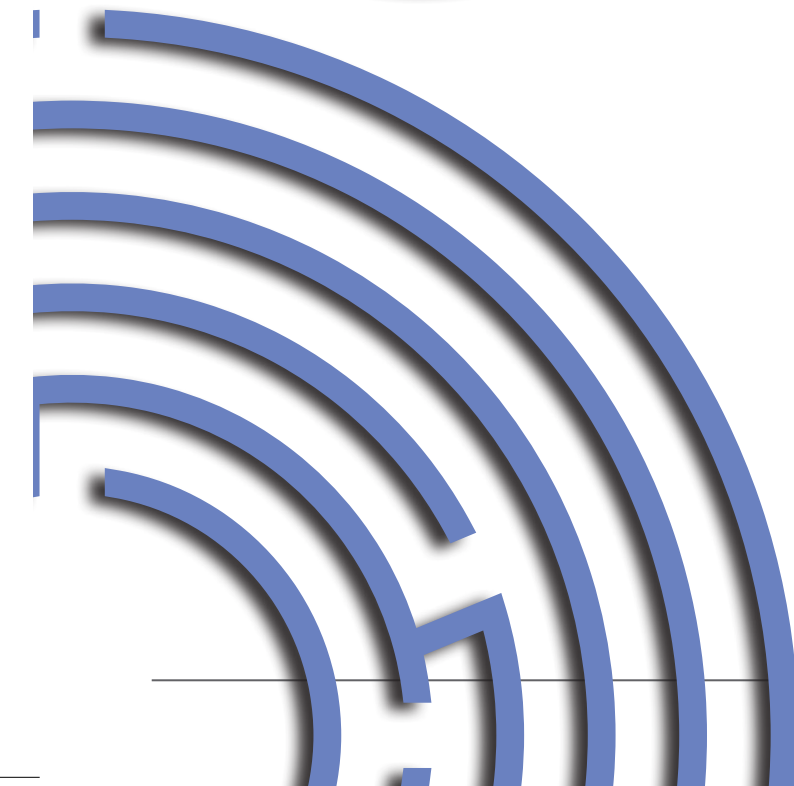


LWCHC acknowledges and pays respect to the past, present and future Traditional Custodians and Elders of this nation and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples. LWCHC supports The Uluru Statement From The Heart (Uluru Statement) calls for structural reform including constitutional change. Structural reform means establishing a new relationship between First Nations and the Australian nation based on justice and self-determination where Indigenous cultures and peoples can flourish, and we all move forward.



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OUR VISION

Every woman has the right to affordable and effective health care.

OUR MISSION

Leichhardt Women's Community Health Centre is a leader and innovator in the delivery of evidence informed health services. We partner with other organisations to meet the needs of women who are at risk of poorer health or do not access the mainstream health system.

OUR VALUES

- Collaborative
- Accessible
- Safe
- Empowering

Underpinned by NSW Health's Core values:
Collaboration, Openness, Respect, Empowerment



ABOUT US

Leichhardt Women's Community Health Centre (LWCHC) is a multidisciplinary health centre, with over 18 staff, speaking several community languages, who provide health care and education across the inner city, inner west and southwest suburbs of Sydney.

We are a Public Benevolent Institution registered with the Australian Charities and Not-for-profits Commission (ACNC), and have been endorsed as a Deductible Gift Recipient (DGR) since 2001.

LWCHC specifically focuses on NSW Health Women's Health Indicators (2019). This critical Framework places women at the centre of decision making for their own health. While the Framework is for all women, priority groups including Culturally and Linguistically Diverse Communities and Aboriginal Women are identified to improve health outcomes and social impact by guiding targeted service delivery and increased performance measurements.

Our services include bulk-billed medical clinics with highly-skilled and experienced General Practitioners specialising in Women's Health, complementary and alternative healthcare including Traditional Chinese Medicine and naturopathy, generalist and specialty counselling, and community education programs.

The Centre also provides alternatives to our face-to-face appointments in active COVID periods with virtual counselling for issues around substance

use and addiction, domestic and family violence, and relationships. In addition, Leichhardt Women's continues to provide specific community support and health promotion groups for Vietnamese women and the services for Women Partners of Bisexual+ Men, a statewide initiative funded by the population health unit of SLHD, through individual counselling and support groups.

Wrap-around care for clients is also supported by our solid external referral pathways to community GPs, medical specialists, hospital outpatient clinics, affordable allied health providers, counsellors, BreastScreen NSW, sexual health clinics, supported housing services, family support services, women's drug and alcohol residential services, refuges, and support services for financial, legal, employment and education assistance. We provided 2,123 referrals to a wide range of women-friendly services.

Our in-house partnerships include a registered psychologist and counselling for adult survivors of childhood sexual assault in partnership with Rape and Domestic Violence Services Australia.

LWCHC FUNDED SERVICES

- General Practitioner and women's health nurse clinics
- Allied health care - women's health physiotherapy and massage therapy
- Complementary therapies - acupuncture and naturopathy
- Counselling - relationships, domestic and Family violence. Drug and alcohol and survivors of child sexual abuse
- Health education
- NSW Women Partners of Bisexual Men Service for counselling and support for women living in NSW whose male partners are same sex attracted
- Referrals and collaboration with health services, community organisations and private practitioners

OUR CLIENTS ARE WOMEN

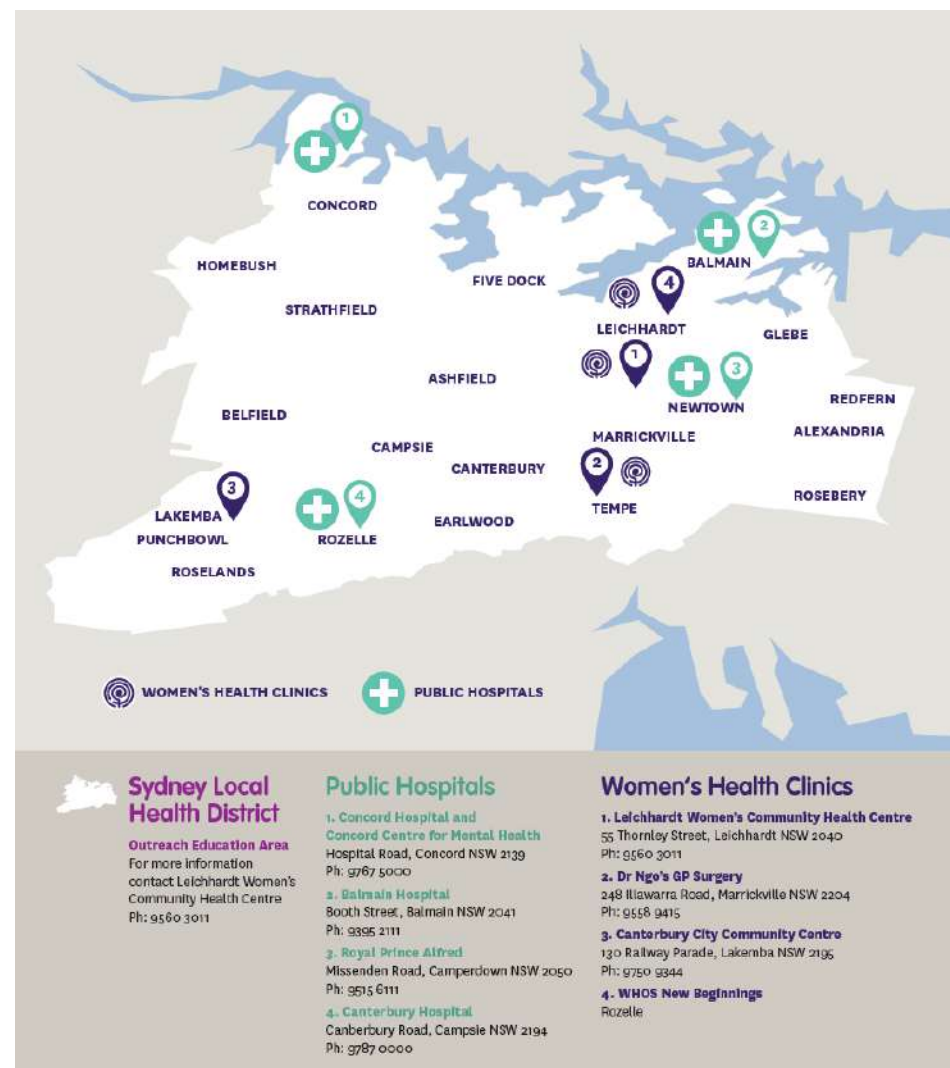
- Currently experiencing financial disadvantage
- Escaping domestic violence and recovering from its health effects
- Survivors of childhood sexual abuse. neglect and trauma
- With complex health needs who are experiencing impediments in accessing mainstream services or desiring a women's health setting, eg. women having treatment for cancer and women with chronic health issues benefiting from integrated, specialist women's health care.
- From diverse cultural backgrounds seeking culturally supportive and women's only health care settings

The Centre works from four clinic locations including Leichhardt, Marrickville, Lakemba and Rozelle. Many of our services are funded through Sydney Local Health District, NSW Health and focus on women who are currently experiencing disadvantage, however some services are accessible to a wider range of women. Medical services are funded by Medicare bulk billing and are not for profit and the women's health physiotherapy clinics are fee-paying with a sliding scale for women on low incomes.

CATEGORY

% OF CLIENTS

| | |
|--------------------|-----|
| STUDENT | 7% |
| PENSION/BENEFIT | 52% |
| NO PERSONAL INCOME | 11% |
| OTHER INCOME | 2% |
| EMPLOYED TOTAL | 27% |
| NOT RECORDED | 13% |



CHAIRPERSON'S REPORT

This last year has been challenging for Leichhardt Women's Community Health Centre.

As you may be aware, many of our longstanding Board members such as Sarah Henry (chairperson) and Melissa Phillips (Treasurer) stepped down at the last AGM in December 2020 and Leslie Garton passed away to our great sorrow.

Four intrepid women stood for the Board in their place, including:

- Victoria Thompson (Treasurer)
- Julie Maclean (ordinary member)
- Rochelle Gould (ordinary member)
- Tara Czinner (Vice Chairperson) – unfortunately Tara resigned from the Board effective in August 2021 due to the demands of a new job.

Judy Tonkin (Secretary), myself as Chairperson, the Manager, Nexhmije Shala, and three of the above women now make up the current Board. My heart felt thanks goes to these women who have given up their personal time and used their skills and expertise to bring direction and oversight to LWCHC.

The new Board has evolved over the last year to work as a cohesive unit to resolve a number of difficult issues and I thank them for their perseverance and commitment to ensuring that 'women have access to affordable and effective health care' through the work of the Centre.

During the last financial year, the Board meet formally 15 times, with many sub-group meetings / catch ups in between. However, it is the staff who deliver it. I would like to thank the staff for their hard work, in such difficult circumstances, to not only deliver health services to disadvantage women but to keep them and themselves safe and healthy during the spread of COVID -19.

I would like to thank those staff who have left us this year, including Dr Danielle Sammut, our nurse, Lisa Sing and Jackie Parker who worked with the WPBM Project.

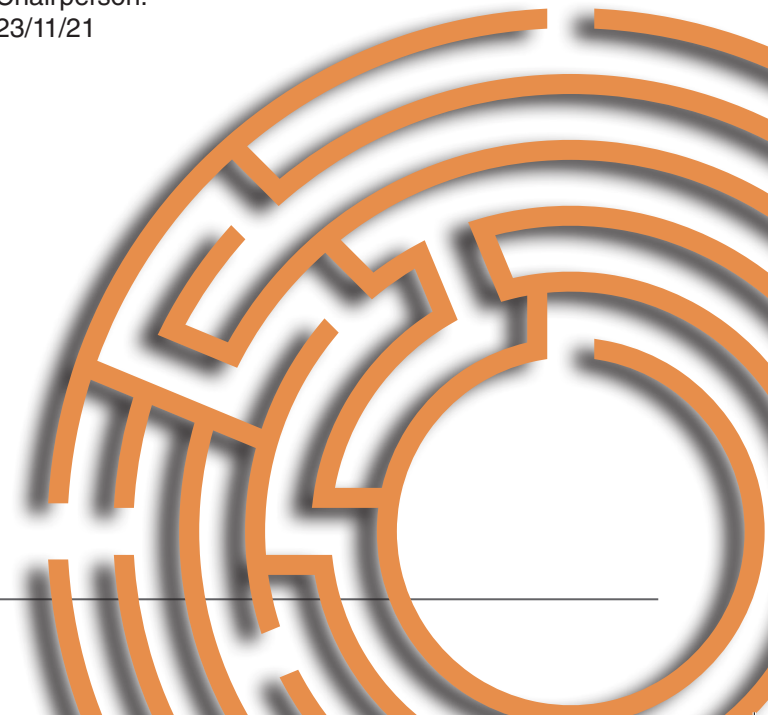
Some of the other challenges faced this year, have been the back filling of positions left by staff who are on extended leave and in February, the Centre experienced a cyber attack which caused major disruption to the Centre and its work. The additional work provided by the Manager, Nexhmije and the administrative staff, Georgia and Megan is to be commended. We also had support during the year from the Sydney Local Health District, Jobs Australia and Berkeley Health Care Consulting who provided both expertise and advice.

On a positive note, the Centre came through these challenges with flying colours and we are confident that the team at LWCHC, with our community and government partners, will continue from strength to strength. We plan to come out of this difficult period and the COVID lockdowns to a better 'normal' with improved systems, smarter ways of delivering services and better able to meet the needs of the women who come to the Centre.

Lastly, I would like to thank our funders, the NSW Ministry of Health and particularly the staff of the Sydney Local Health District (SLHD) and Primary Health Network (PHN) who have assisted and supported us throughout the year. We would also like to thank the Population Health Unit (HARP) who fund the Women Partner's Project. Our thanks also goes to the Sydney Impact 100 Foundation.

A big thank you also goes to Richard Francis-Jones of fjmt studio for his continuing donation to the Lisa MacDonald Learning Fund.

Lyn Lormer
Chairperson.
23/11/21



MANAGER'S REPORT

LWCHC has had an unusual and challenging 12 months with both COVID-19 and a cyber incident demanding agility, responsiveness and operational improvements.

As a front-line women's health centre, staff have worked tirelessly to keep our doors open for our clients. Over the past 12 months, staff have developed new ways to provide quality medical services, counselling support, health services, community activities and programs. LWCHC staff have shown extraordinary resilience in adapting to and providing effective services and support that met the needs of each and every client. It's been difficult at times but we have all worked together to provide the best services in some of the most difficult situations

These stressors have also demanded agility by the LWCHC Board, who have worked tirelessly to support improved governance, finance, legal and risk compliance, administration, and IT systems. The Board works in a volunteer capacity and have provided secretarial functions, financial support, corporate oversight and quality assurance. For four Board members, this was their first year of being on the LWCHC Board and I want to thank you for providing additional expertise, oversight, support and assistance to me and in particular the service in a very unusual year.

I also want to thank Lyn Lormer (Chairperson) who has been a member of the Leichhardt Board for many years.

She has decided that this year was her last year on the Board. We have valued her expertise, insight and commitment to women's health, and we thank her for all her support and care she has provided to the service over these many years.

This year we saw Lisa Sing (Clinical Nurse) Danielle Sammut (GP Womens Health practitioner) Allie Payne-Baggs (Counsellor) For these women, a huge thank you for all your support and commitment you have shown to our clients and the service.

I want to also that for all their guidance, support and hard work, Jane Chen from Accounting For Good, Denele Crozier CEO of Womens Health NSW , Kate Meyer Manager of the Liverpool Womens Health Centre , The Women's Health and Resources Foundation, Central Sydney GP Network, Inner West Council, UTS Law Society, Impact100 Sydney, Blake Beckett Foundation, Oz Harvest, Blackmores, donors to the Lisa Macdonald Learning Fund, Julie Velthuys Foundation , Gowland Legal and to our principle funders Sydney Local Health District, NSW Health and SLHD staff Renee Lovell, Kerry O'Neil and Kim Armstrong.

Thankyou for all your wisdom, patience and generosity in very stressful times, we are incredibly thankful for all your support.



OUR FUNDING

In the 2020-21 financial year, 98% of funding was provided by Sydney Local Health District, under the NSW Ministry of Health. The Centre has six funding streams, three of which come from the NGO Grants Program: Womens Health, Alcohol and Other Drugs, and Population Health (HIV/AIDS); and Medicare bulk-billing, which funds the GP clinics.

Independent income received from donations, and one-off grants support enhanced service delivery through brokerage and continuing education and training for staff and clients, as well as direct subsidising of group therapy and women's health-specific physiotherapy clinics. This includes the invaluable support of Richard Francis-Jones who continues to provide support of the Lisa Macdonald Learning Foundation, to whom we offer our sincere gratitude and thanks for making these services possible. In practical terms this has meant that most (83%) of women being treated by the physiotherapist were on disability benefits, students or not currently employed, and would not have been able to access this service otherwise.



LWCHC CORPORATE FUNCTIONS

Established in 1974, LWCHC has benefited from implementing 21st century business systems, and contemporary corporate best practice. As a growing and dynamic organisation, all programs aim to drive nationally consistent, be responsive and effectively support all clients and stimulate continuous improvement to deliver progressively higher quality programs with measurable social impact.

LWCHC is governed by a highly qualified and dynamic Board; Chaired by Lyn Lormer (President), Judy Tonkin (Secretary) Vicky Thompson (Treasurer), Rochelle Gould and Julie Mclean (Members). These women, as well as Tara Czinner (Vice-President, resigned July 2021) have brought a depth of specialist leadership experience from government, corporate and the community sectors LWCHC has a modern constitution and a clear and accountable governance structure.

LWCHC uses a combination of reporting and review processes as part of the quality management review systems to ensure oversight is consistent and comprehensive, ensuring monthly financial and program data reporting from Accounting for Good (AFG) ; external and internal reviews and audits; plus working parties and committees.

As reflected in our Values, the Board and staff work hard to maintain our reputation as a quality driven, ethical, outcomes-based service delivery organisation. Over the past 12 months, LWCHC has established robust working parties and committees covering governance, finance and compliance, facilities, administration and IT. These monthly working parties provide additional quality assurance and are all under pinned by a strong Risk and Governance Management Framework.

LWCHC carries out all activities as required by the provided Grant Agreement, including meeting all objectives, timeframes and milestones, and work within the processes defined by the SLHD. Given the range of NSW funded contracts LWCHC operates, we are very much a KPI driven organisation.

All of our contracts have strict data, monitoring and reporting regimes and staff work closely with the data staff to ensure timely and accurate reporting. As a leading partner of the women's health sector, we have ensured that performance and service quality are continually evaluated by dedicating resources as well as ensuring systems are established to meet all reporting requirements.



Nurse Lisa Sing and Dr Danielle Sammut, pictured at their staff farewell, 2021.

PARTNERSHIP

LWCHC is in a consortium of 22 Women's Health Centres led by NSW Women's Health (NSW WH.) Leichhardt values and will continue to strengthen these existing relationships in the pursuit of meaningful collaboration and knowledge sharing designed to meet the needs of hard-to-reach cohorts.

LWCHC has engaged several ethno-specific women's services from central Sydney, including the Sydney Women's Counselling Service, Muslim Women's Association, Hazara Women's Association, Migrant resource centres, and Settlement Services International to build a community of practice.

The MOU partnership between LWCHC and Inner West Council DFVLC has enabled LWCHC to work with Council on strategies to reduce domestic and family violence across the Inner West LGA through community-based initiatives. Although program development has decreased due to COVID, LWCHC continues to work with Inner West Council on strategies to reduce domestic and family violence through community-based initiatives.

WHOS New Beginnings (WHOS NB) to provide counselling and nursing services continued until COVID restrictions. These MOUs support WHOS NB

clients in their recovery from substance misuse to women's health screening. They also provide WHOS NB clients with opportunities for in their recovery after they leave the WHOS NB program, by continuing counselling and dance centre. Yoga, meditation, and art therapy groups were unfortunately placed on hold due to COVID space limitations preventing social distancing.

NSW Rape and Domestic Violence Service (RDVS) continue to work from LWCHC on two days per reciprocal arrangement allows RDVS counselling clients to attend face to face consultations in a women's-informed environment.

Our contributions towards sector capacity building continued with our involvement in Women's Health NSW, WHNSW Research Reference Group, NADA Women's AOD Network, Sydney LHD Domestic Violence Committee, Leichhardt Marrickville DV Liaison Committee, Inner West Council Respectful Relationships Steering Committee.





HEALTH

The role of the Leichhardt Women's Community Health service is to support and provide health and wellbeing services to women who experience social disadvantage or who do not access mainstream health services. We operate within a feminist framework. This means we understand and value women's life experiences and recognise that continued structural inequality and systematic discrimination are active determinants of women's health. Leichhardt Women's will continue to provide an intersectional, gendered analysis in our approach to health, empowerment of women and girls and strong advocacy for gender equity and women's health.

As one of the oldest continuing members of the modern women's health movement, we are proud to be part of a sector that has given voice and access to healthcare to those who have been marginalised by society; women, of course, but particularly women experiencing different forms of socioeconomic disadvantage, women across CALD communities, and Aboriginal women. Incorporating an intersectional understanding of how other forms of marginalisation affect women's health shows that LWCHC in our work and our services priorities mean we provide better engagement and care to the women we serve. Our current medical models bring together a range of health care professionals to deliver better integrated care and sharpened focus on patient outcomes.

We recognise, however, that the shared vision of equality measured in access, use and outcomes of women's healthcare is far from having been achieved

in Australia, and Leichhardt Women's is committed to targeting the health inequities that persevere within many diverse communities, compared to the general population. It is our goal to refocus attention on communities most in need of our services and build a broader understanding of how our programs and ideas respond to particular forms of social inequality and health disparities across diverse communities.



COVID WORKING ENVIRONMENT

Since the outbreak of COVID-19, LWCHC continued to deliver every day, high quality health, allied and wellbeing programs to clients across Central Sydney.

We continue to review the impact of COVID-19 on staffing and service delivery processes on a monthly basis. Outreach nursing clinics were suspended when COVID began, along with some face-to-face GP appointments and health education, acupuncture and Naturopath face-to-face services. The only clients who were provided with face-to-face services were those with medical appointments who were assessed by medical staff as requiring face to face appointments or procedures due to their risk of health complications.

Throughout the year, Leichhardt Women's Community Health Centre (LWCHC) has also aimed to provide a revised work strategy based on the existing multidisciplinary model of care that are tailored to the needs of our primary target groups, reaching clients through virtual and face-to-face individual consultations and groups.

This redesign both meets the needs of clients in a COVID environment and supports services delivery that is trauma informed and collaborative, within a Community of Practice across the women's health sector in NSW. The active use of a trauma-informed approach has enabled the teams to strengthen our understanding of mental health, managing stress and anxiety and the impact of working in a COVID environment for all staff and clients.



WOMEN'S HEALTH FUNDED SERVICES

Leichhardt Women's Community Health Centre provided multi-disciplinary occasions of care to 5230 clients and over 1487 face to face clients. There were 2055 (individual nursing, GP, health promotion activities and case management) and 429 appointments for counselling and case management.

Of all the women seen at LWCHC 51% were from CALD backgrounds, 45% Anglo and 4% identified as Aboriginal or Torres Strait Islander. 63% of women attending WH services were on pension/benefits, 7% were students, 18% were casual or part time employed, 14% had no personal income and only 1% were full time employed. 87% of clients attending WH funded services identified as currently residing in SLHD

3,743 presenting issues were physical/medical issues, emotional/mental health and reproductive/ gynaecological/ urogenital issues. Currently doctors collaborate with our Allied health team , psychiatrist and Drug and Alcohol and generalist / WPBM counsellors.

LWCHC also uses several applications that help assess the effectiveness of our services including MYMOP (targets women health funded programs), DASS-21and K10 (to assess the efficacy of interventions on client mental wellbeing), tailored

feedback forms in each group, and once every 3 years the CEFP Practice Accreditation and Improvement Survey.

LWCHC also continues to circulate a survey to over 600 clients, biannually. These survey evaluations feed into our strategic planning sessions and program evaluations.

Throughout the COVID-19 period services were maintained with an emphasis on tele-health and the majority of staff working from home with work plans. Outreach nursing clinics were suspended when COVID began, along with some face-to-face GP appointments and health education, acupuncture, and Naturopath face-to-face services.

We all would like to thank all our medical staff for providing ongoing Womens GP services throughout the year. To Dr Danielle Sammut who resigned from our practice and has been replaced by Dr Frances Chen. Dr Shyamala Hiriyanna, who has been the senior doctor for many years, continues to lead the medical team. We would also like to say a big thank you to the Administration staff (Annie Hoad, Megan Hunt and Georgia Valis) who over the past year have been working at the centre each day providing a backbone of support to all clients, practitioners and the Manager.

COUNSELLING GENERALIST

This year we have provided counselling and case management to women over 429 episodes of care. Many of these women were new clients to the service and required complex case management support for housing and legal issues. This sharp increase in client numbers is thought to be due to the pressures of lockdown and COVID-19 restrictions placing additional pressure on family structures. Counselling staff adapted and implemented additional trauma informed screening processes and changes to the delivery of health and welfare programs. Many of these new cohorts are young women are from indigenous and culturally and linguistically diverse communities and are seeking treatment for increased anxiety, substance and addiction, trauma, and sleep disorders. Staff have noticed an increased demand for complementary health services.

COMPLEMENTARY HEALTH SERVICES

Allied health services are a well-supported and increasingly popular form of health services. All Allied health Services continue to attract women from NSW Health's priority health groups and all counsellors from Leichhardt provide pathways for clients to access our Naturopath and Acupuncture health services.

Funded through the SLHD Women's Health Grant we have throughout the year provided 440 acupuncture

appointments and 250 Naturopathy appointments

99% of these clients using validated outcome evaluations reported health improvements.

COMMUNITY EDUCATION

For many years community education programs have been very popular and delivered to all areas of the SLHD, however this year COVID restrictions preventing face-to-face talks (usually popular and very well- attended) decreased the delivery of community education programs.

Our health education is based on adult education principles and utilizes evidence-based strategies including CBT, dance therapy, Mindfulness, facilitated peer support and movement, sexual health and wellbeing, stress management, healthy relationships, healthy body image, nutrition and harm minimization.

DRUG AND ALCOHOL

A total of 118 clients attended 358 counselling support, 48 clients attended health education sessions. 63% of clients were on a pension/benefit, while 18% were employed on a casual or part-time basis. 4% of clients reported no personal income, and only 1% of women were employed full-time. Most of the women accessing services were in recovery; 84% living in a residential setting and 16% at home.

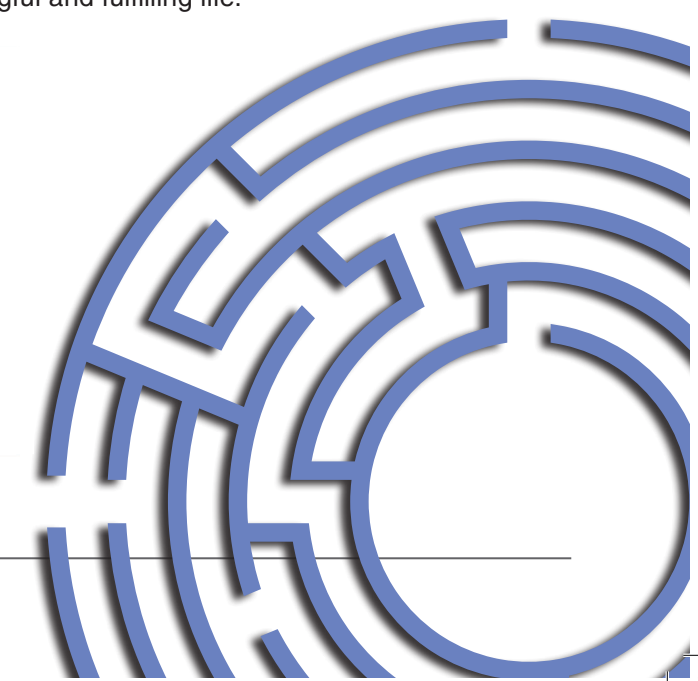
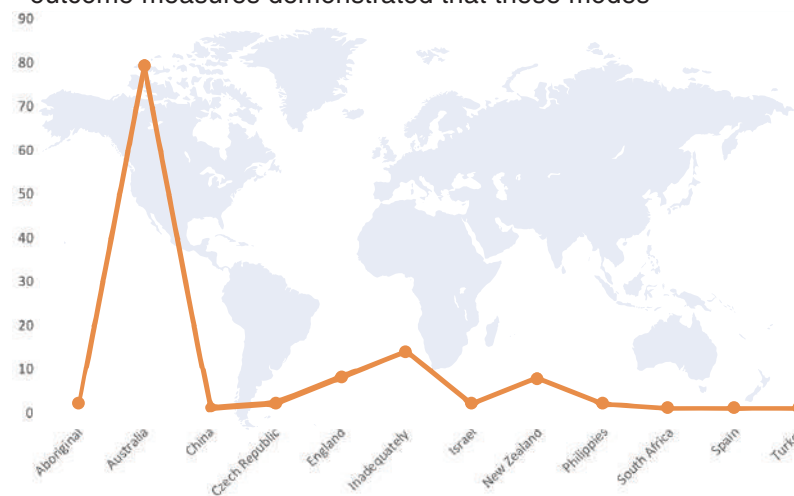
The two largest age groups amongst women engaged in the 2020-21 FY were between the ages of 35 and 44, at 30%, and the age bracket between 25 and 35 years, also at 30%. Meanwhile, women 55-64 years comprised 16% of the cohort, and 7% were under the age of 25%.

81% of women were from English-speaking backgrounds, 9% were CALD, and 10% identified as Aboriginal.

As in the previous reporting period, a large proportion of counselling sessions were conducted via phone appointments or audio-visual web conferencing platforms, due to COVID restrictions. Validated outcome measures demonstrated that these modes

of counselling produced similar results to face-face counselling techniques.

Our counsellor continues to work from a harm minimisation stance across the range of harmful substance use, from women wishing to reduce their use, to supporting referral to residential detoxification and rehabilitation programs, through to assisting clients to rebuild their lives following a residential program. Our clients learn new relapse prevention, emotion regulation and interpersonal skills and learn to value and accept themselves and their strengths, skills and experiences. We assist them to make connections with supports and services to enable them to live a meaningful and fulfilling life.



WOMEN PARTNERS OF BISEXUAL MEN PROJECT

The Women Partners of Bisexual Men Service provides counselling, support and information to improve the sexual and emotional health of women in NSW whose male partners are same sex attracted. In 2021, 74 women attended the WPBM program with 298 attending individual counselling sessions, 44 women attending support groups. Counselling most often described as emotional and/or financial control and social isolation

NEW FOCUS OF HARD TO REACH CLIENTS

Having worked in a COVID environment for nearly 2 years, LWCHC has recognised some subtle but measurable changes in our client demographics. This change is particularly important because we have seen a notable increase in new clients from hard-to-reach populations, interestingly this correlates with pandemic lockdowns and the changes to normal socioeconomic participation.

We have seen a small increase of Aboriginal women attending and accessing complementary and allied health services, but for staff we recognize that we need to work harder to improve strategies for engagement that has a commitment to design health services for Aboriginal community in a meaningful and consistent way.

CALD COMMUNITIES

Culturally and Linguistically Diverse Communities, refugees, overseas students are 51% of the client demographics. We have seen that many have experiences of poor health, limited affordable housing and a loss of social connection, trauma and anxiety. LWCHC continues to discuss, and design increased culturally appropriate and targeted in language social/health programs that attempt to provide programs that build this communities capacity and wellbeing.

LGBTQIA+

LWCHC is currently establishing a range of projects to connect more effectively with the Trans and LGBTQIA+ communities. LWCHC also aims to develop trusted working relations by attending initiatives such as Fair Day and the delivery of LGBTQIA+ support groups in collaboration with partnered agencies. Staff continue to work to break down barriers associated with stigma, discrimination and access which are particularly prevalent for people from Trans and LGBTQIA+ communities. The service is currently developing strategies that support a continued welcoming service for all women.



WOMEN'S HEALTH FUNDED SERVICES



Over
4,389
occasions of
service to at least
1,039 clients

WOMENS HEALTH CLINIC



462
462 health
nurse clinic
appointments

COUNSELLING AND CASE MANAGEMENT



429
429 counselling
and case
management
episodes of care

ALLIED HEALTH



250 250 Naturopathic
sessions and



440 440 acupuncture
appointments

PRESENTING ISSUES



3,822
3,822 presenting
issues in the
centre's statistical
database

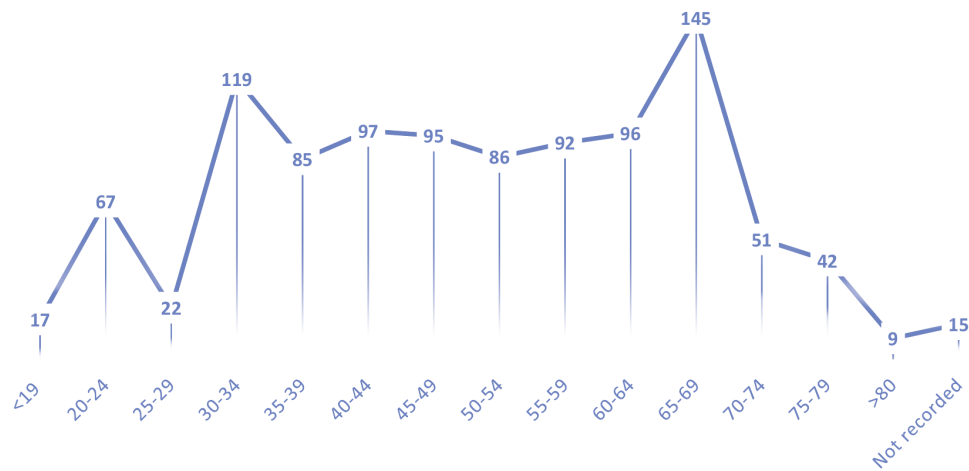
EPISODES OF CARE



2,055
There were
2055 (individual
nursing, GP,
health promotion
activities and case
management)
episodes of care;

WOMEN'S HEALTH FUNDED SERVICES

WOMEN'S HEALTH CLIENTS BY AGE GROUP



ETHNICITY OF WOMEN'S HEALTH CLIENTS

| | | | |
|-------------------------|----|-------------------------|----|
| North America | 7 | UK + Ireland | 64 |
| Central + South America | 18 | Northern Europe | 39 |
| | | Southern Europe | 50 |
| | | Eastern Europe + Russia | 37 |



| | | | |
|------------------------------|----|---------------------|-----|
| India, Nepal, etc. | 41 | Australia, non-ATSI | 441 |
| Asia, S. central Asia, Tibet | 34 | ATSI | 40 |
| Middle East | 36 | NZ | 19 |
| Africa | 33 | Pacific Islands | 5 |
| | | Southeast Asia | 204 |

DRUG AND ALCOHOL PROGRAM



A total of
118
clients attended
358
counselling support
sessions



Most of
the women
accessing
services were
in recovery



63% of clients were on
pension/benefits,



18% were casual or part time
employed,



4% had no personal income,

EDUCATION



48

48 clients
attended health
education
sessions

PRESENTING ISSUES



3,656

3,656 presenting
issues in the
centre's statistical
database



1% were full time employed,



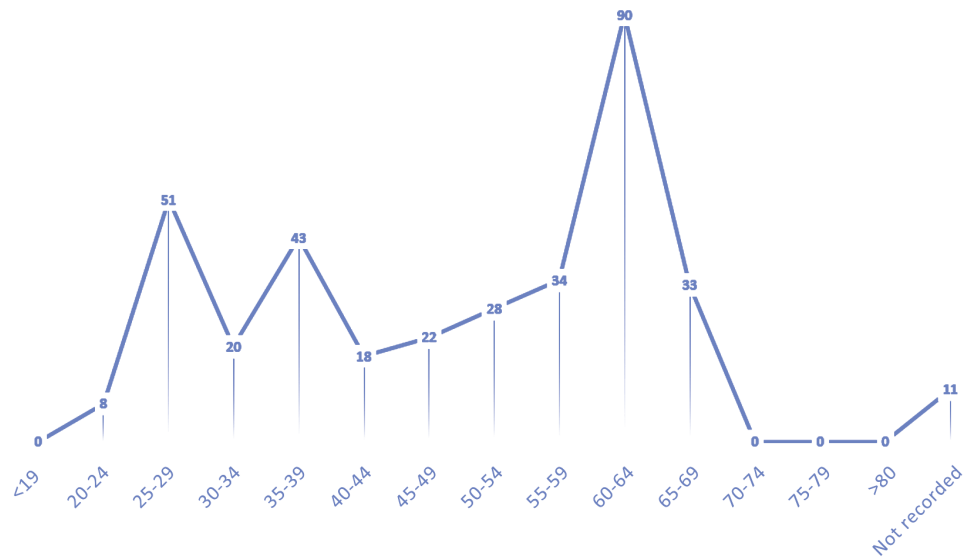
84% of clients living in a
residential setting and



16% living at home

DRUG AND ALCOHOL PROGRAM

DRUG AND ALCOHOL PROGRAM CLIENTS BY AGE GROUP



ETHNICITY OF DRUG AND ALCOHOL PROGRAM CLIENTS

| | |
|-------------------------|----|
| North America | 14 |
| Central + South America | 1 |
| UK + Ireland | 2 |
| Northern Europe | 9 |
| Southern Europe | 3 |
| Eastern Europe + Russia | 19 |



| | |
|------------------------------|-----|
| India, Nepal, etc. | 20 |
| Asia, S. central Asia, Tibet | 4 |
| Middle East | 31 |
| Africa | 1 |
| Australia, non-ATSI | 231 |
| ATSI | 6 |
| NZ | 1 |
| Pacific Islands | 2 |
| Southeast Asia | 1 |

Not recorded 11

FINANCIAL SUMMARY

The financial records for LWCHC have been prepared as at 30 June 2021 by an independent accounting firm Accounting for Good (AFG) and audited by Moore Stephens.

The accounts have been prepared in line with accounting standards. The financial statements have been prepared by Moore Stephens and reviewed by the Board. AFG has provided the Board with supporting schedules for each item raised on the Balance sheet. No unadjusted audit issues are noted by AFG or Moore Stephens.

Accounting standards changes relate to the treatment of revenue, deferred income and leases (lease asset, liability and depreciation). The changes have been described per accounting guidance in the financial summary.

Leichhardt Women's Community Health Centre Incorporated

Financial report for the year ended 30 June 2021

Statement of Profit or Loss and Other Comprehensive Income

| Figures in Australian Dollars | Notes | 2021 | 2020 |
|---|-------|------------------|------------------|
| Income | | | |
| Grants received | 2 | 1,043,227 | 1,040,040 |
| Services income | 2 | 122,016 | 153,597 |
| Other income | 2 | 207,594 | 476,286 |
| Interest income | | 227 | 7,113 |
| | | 1,373,064 | 1,677,036 |
| Expenses | | | |
| Employee benefits expense | 3 | 989,062 | 1,087,504 |
| Administrative expenses | 3 | 158,835 | 172,564 |
| Depreciation | 3 | 40,504 | 32,762 |
| Rent | | - | 2,384 |
| Insurance | | 21,341 | 16,582 |
| Health Promotion and Resource Development | | - | 6,436 |
| Medical/Clinical Supplies | | 10,740 | 8,142 |
| IT cost | | 59,403 | 39,324 |
| Equipment less than \$1,000 | | 3,903 | 6,943 |
| Repairs and maintenance | | 30,009 | 18,638 |
| | | 1,313,797 | 1,391,279 |
| Surplus before tax | | 59,267 | 285,757 |
| Tax expense | | - | - |
| Surplus for the year | | 59,267 | 285,757 |







Leichhardt Women's COMMUNITY HEALTH CENTRE

Leichhardt Women's Community Health Centre

Email: info@lwchc.org.au

Website: lwchc.org.au

Tel: 9560 3011

55 Thornley St (Cnr Thornley & Carey St) Leichhardt NSW 2040

We are a Public Benevolent Institution and donations are tax deductible

