

SHOALHAVEN WOMEN'S RESOURCE GROUP Ltd

Rosa Co-ordinated Care



ANNUAL REPORT

2018-2019

## Contents

OUR VISION .....	4
OUR VALUES.....	4
Shoalhaven Women’s Resource Group Ltd .....	5
SWRG Board of Directors Report 2018-2019.....	7
From the Manager .....	10
What is RoCC (Rosa Co-ordinated Care)? .....	12
Client Feedback.....	13
RoCC Clients .....	16
What’s on this month?.....	22
The Therapeutic Art Making Group .....	23
RoCC Staff.....	25
Collaboration.....	26
Housing options for people leaving custody pilot project.....	27
Staff professional development, training and conference attendance.....	29
The Door is Always Open .....	31
Women Prisoners in NSW .....	34
Financial Reports.....	38

Rosa Co-ordinated Care

Positive sustainable outcomes

Healthy connections to community

Supporting women to lead fulfilling lives

*The Shoalhaven Women's Resource Group Limited (SWRG) acknowledges the traditional custodians of the land on which our offices stand and pay our respects to Elders past and present.*

*SWRG receives funding for Rosa Co-ordinated Care from FACS - Family and Community Services NSW (now Department of Communities and Justice – DCJ) under the Specialist Homelessness Services, Service Support Fund.*

## OUR VISION

We are respected as a leading and sustainable service that empowers women who have become disenfranchised to lead fulfilling lives.

The Shoalhaven Women's Resource Group works within a feminist framework to provide a safe and sustainable environment for women by delivering services and programs which enable women to achieve self-determination.

## OUR VALUES

### **Feminism**

Women matter

### **Respect individuality**

Our own and others

### **Advocacy**

Speak up for ourselves and others

### **Self-determination**

The right to choose

### **Celebrate diversity**

Embrace every woman's story

### **Strength**

Courage to be ourselves

### **Contribution**

Every voice is heard

### **Trust**

Openness & good intent

### **Holistic**

Include the whole person

### **Collaboration**

Working together

## **Shoalhaven Women's Resource Group Ltd**

Shoalhaven Women's Resource Group Ltd (SWRG) is a not for profit charity providing services to the women of the Shoalhaven since 1983. We work with women from all cultural and religious backgrounds, inclusive of sexual identity, financial and social status. We respect individuality, diversity, dignity, privacy and confidentiality.

In 2018-2019 SWRG received funding from FACS NSW to provide an intensive case management service to women returning to the Shoalhaven after leaving prison or drug and alcohol rehabilitation, or who are connected with the Justice System. Priority is given to women who are homeless or at risk of homelessness and who have little family or community support.

The Company is governed by a Board of Directors elected at the Annual General Meeting. The Board of Directors is comprised of up to nine women drawn from the broader community.

The Board of Directors support staff and the service manager in achieving the best outcomes for clients and the service, meeting the legal requirements of the organisation and ensuring good governance.

## **Board of Directors 2018 - 2019**

**Director** Kristine Falzon

**Director** Lynette Kearney

**Director** Nessie Barrett

**Director** Nicole Moore

**Director** Sharlene Naismith

**Director** Sophie Ray

**Secretary** Tricia Forbes                      Manager - Rosa Co-ordinated Care

The Board of Directors volunteer their time to support and guide the organisation in achieving its aims and objectives.

The staff at Rosa Co-ordinated Care would like to extend their thanks and gratitude to all the Directors for their guidance and support; with a special thanks and best wishes to Kristine and Lynette who finished their time with us this year.

## **SWRG Board of Directors Report 2018-2019**

I am pleased to again report on the work of SWRG and the RoCC program.

In the last financial year, staff have provided professional and client centred services to women of the Shoalhaven. As with previous years, clients present with complex needs requiring a high level of support. We continue to work with a high number of Aboriginal and Torres Strait Islander clients, this year 32% of all clients. While this is clearly reflective of the over representation of Indigenous women in the justice system, I also believe it is reflective of staff skill and competence in providing culturally appropriate services.

Our statistics also show that the majority of our clients are transitioning from custodial arrangements, have previous mental health diagnoses and problematic drug and alcohol use. This is reflective of past years' experience in delivering services. The services the RoCC program provides are aimed at addressing these needs in a holistic and inclusive way, and most importantly, without judgment.

The client survey carried out this year indicated we have had success in achieving our goals. It was immensely gratifying to have the feedback from those most important to our service – our clients. It is clear that the program affects lives in a positive way, whether that be one on one support and/or increasing connectedness with community by participation in group programs.

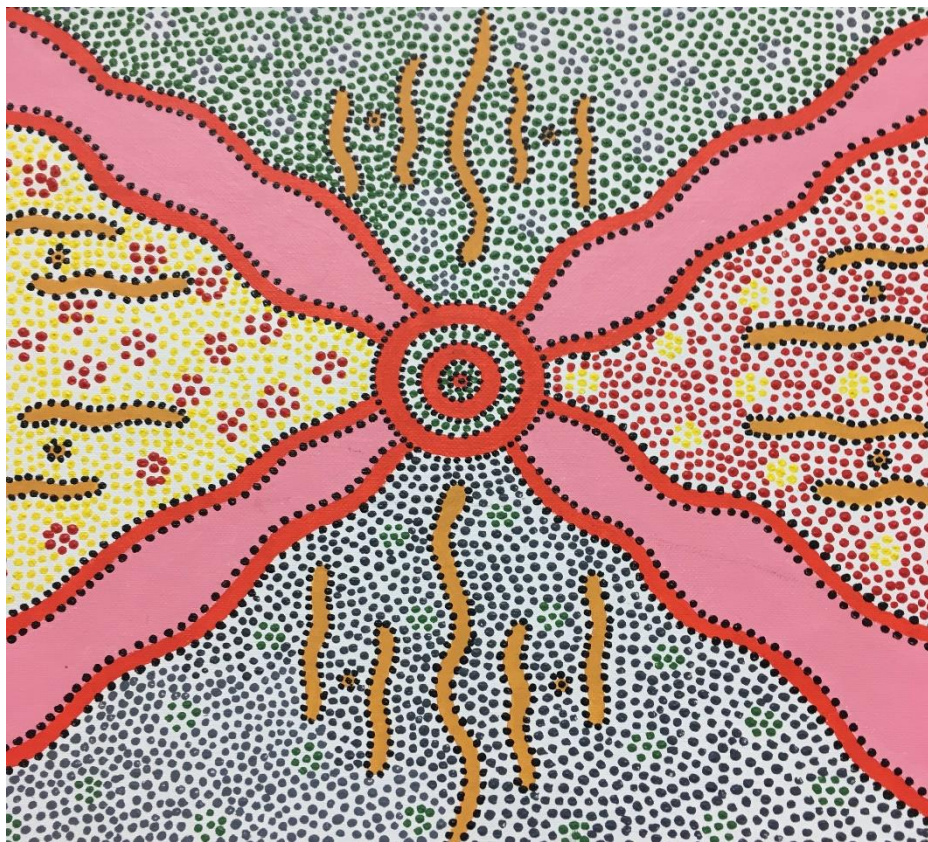
The experience and insights gained from RoCC's work was once again called upon when our manager Tricia Forbes was asked to give evidence to the NSW Parliamentary Inquiry into the Drug ICE. Tricia was able to share the RoCC experience with clients and hopefully have some sort of influence over the future of government policy and the availability of treatment programs.

I want to thank the staff for another great year. Your hard work and dedication does not go unnoticed. I'd also like to thank my fellow Board members who give up their time in pursuit of the common good of SWRG and the RoCC program. A special thanks to Kristine Falzon and Lynette Kearney who stepped down from the Board this year. It's been great to have your experience and expertise and you will both be missed.

*Sharlene Naismith*  
*Chair SWRG*







## From the Manager

Annual Report writing provides a time to reflect on the last 12 month's achievements and challenges. 2018-2019 was a strong stable year. We built on our strengths and knowledge in order to enhance our participation in both systemic and individual advocacy to address the challenges facing the women in our client group.

As well as ongoing informal feedback, for the month of May 2019 we conducted a client satisfaction survey. We asked clients to tell us what we were doing well and what areas we could improve on. We have used the information to further develop our group program, which aims at decreasing social isolation and encouraging a healthy connection to community. We have included a summary of the results in this report.

This year we updated our Facebook page and use it to promote our own programs as well as other services, supports and opportunities available for women in the community. It provides positive messages of empowerment and connection.

RoCC staff participated in local, regional and state-wide sector meetings and seminars. Through these forums we learnt more about the issues facing people who are homeless or at risk; and were able to identify and promote the particular issues facing women leaving prison or drug and alcohol rehabilitation. Staff presented at other agency's team meetings and to students studying a Diploma

of Community Welfare. The RoCC Manager was invited to prepare a submission and give evidence at the Special Commission of Inquiry to the Drug ICE. More information about the year's activities and programs are included in this report.

I would like to acknowledge and thank the RoCC staff team for their dedication and commitment. I appreciate the sense of humour and positivity they maintain while working in such a complex work environment. I would also like to acknowledge the Board of Directors for their ongoing support, wisdom and governance. Thanks must also go to our funding bodies, partner organisations, and services with whom we work so closely and without whom we could not achieve the outcomes for our clients.

Tricia Forbes



## What is RoCC (Rosa Co-ordinated Care)?

- ◆ RoCC provides holistic intensive case management support for women in the Shoalhaven pre and post release from prison; women connected to the criminal justice system and women leaving alcohol and other drugs rehabilitation
- ◆ RoCC provides support to attend court or parole; reconnect with community or family; secure and maintain tenancies; attend medical and legal appointments; and connect to training and education programs.
- ◆ Our case management support includes: help with obtaining ID and Centrelink payments; transport to appointments; advocacy with housing, FACS and other agencies and services; support for court appearances; assistance to negotiate Mental Health Care plans; support to pay off state debts through the Work Development Order (WDO) program and support to reconnect with community
- ◆ This intensive client focused support aims to enhance social reintegration, assist women to achieve positive sustainable outcomes and healthy connections to community in order to prevent re-offending and maintain sobriety.

RoCC is the only program in the greater Shoalhaven area funded to specifically address the needs of women exiting prison and rehabilitation programs.

## Client Feedback

Compliments and complaints: RoCC values and encourages feedback from our clients, whether it is a compliment, complaint, enquiry or suggestion. Feedback can be provided in person, online or using one of the feedback forms available from our staff. Feedback helps us improve our service.

During May 2019 we conducted a client satisfaction survey. The survey link was available via our Facebook page and paper copies were available at the office or from staff. Of the 40 women who were active clients at the time, we received 17 survey responses. This is a response rate of 42.5%.

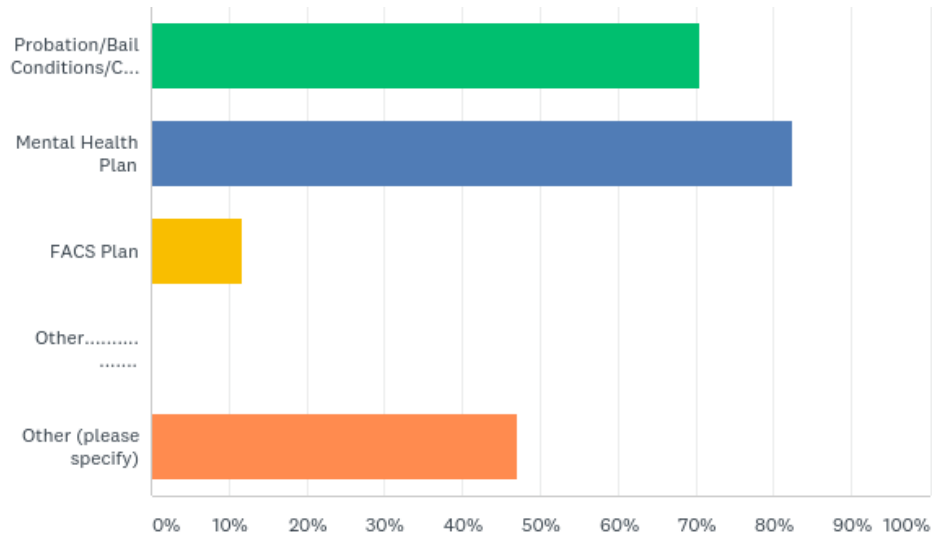
A summary of the responses follows, with further comments found throughout the report:

➤ **I have managed to stay clean and sober since working with RoCC = 81%**

➤ **Since working with RoCC, I have got my: (tick the ones that apply)**

- |   |     |
|---|-----|
| • Housing sorted                        | 80% |
| • Mental Health Plan                    | 87% |
| • Driver Licence back                   | 27% |
| • Centrelink payment                    | 40% |
| • Debts under control (including fines) | 60% |
| • NDIS plan                             | 7%  |

➤ **With support from RoCC, I have been able to stick to my:**



Other:

- ◆ Life coaching
- ◆ Housing

- ◆ AA / NA
- ◆ Medical plans

➤ **The biggest improvement in my life since working with RoCC is:**

- Feeling less isolated
- Security
- Transitioning back into society
- Having my children back
- My whole life is back on track: housing, driver licence, Centrelink
- Staying out of prison
- Having support and help and someone to talk to about my problems
- Support and having people I am not afraid to speak to
- Able to work on a routine for myself to keep myself on track - mindfulness
- Keep my finances in control
- Health, mental health, stability, security, feeling stronger, competent, capable, happy inspired and understood
- Feeling uplifted and encouraged in all aspects of my life
- Getting my life on track and knowing there is help available that I can ask for if I need it
- My satisfaction with life
- I feel better because I have help

*With help from RoCC staff I have been able to get out of the house and re-engage with society. I feel safe to attend activities organised by RoCC*

RoCC Client

## RoCC Clients

Service information for 2018-2019:

- Number of clients = 74 clients
- 32% identify as Aboriginal or Torres Strait Islander
- 58% previous diagnosis of mental health condition
- 58% present with problematic drug, substance or alcohol use
- 51% transitioning from custodial arrangements

Referrals were received from

- Community Corrections
- FACS
- Waminda
- Correctional Centres
- Justice Health
- Centrelink
- Aboriginal Legal Service
- arbias ITS
- Legal Aid
- Shoalhaven Women's Health
- Self-referral
- Other client
- Family
- Solicitors in private practice
- Link 2 Home
- SAHSSI



Staff drove **18,830** kilometers:

- visiting women in prison
- supporting women from Kangaroo Valley, Shoalhaven Heads, Wandandian, Sussex Inlet, Sanctuary Point, Ulladulla, Lake Tabourie and many other communities down to South Durras
- attending case management meetings
- conducting home visits
- supporting women in court
- taking women to parole, health, housing, counselling, psychologists, doctors, mental health, legal appointments
- linking women with employment and education providers
- networking and advocating

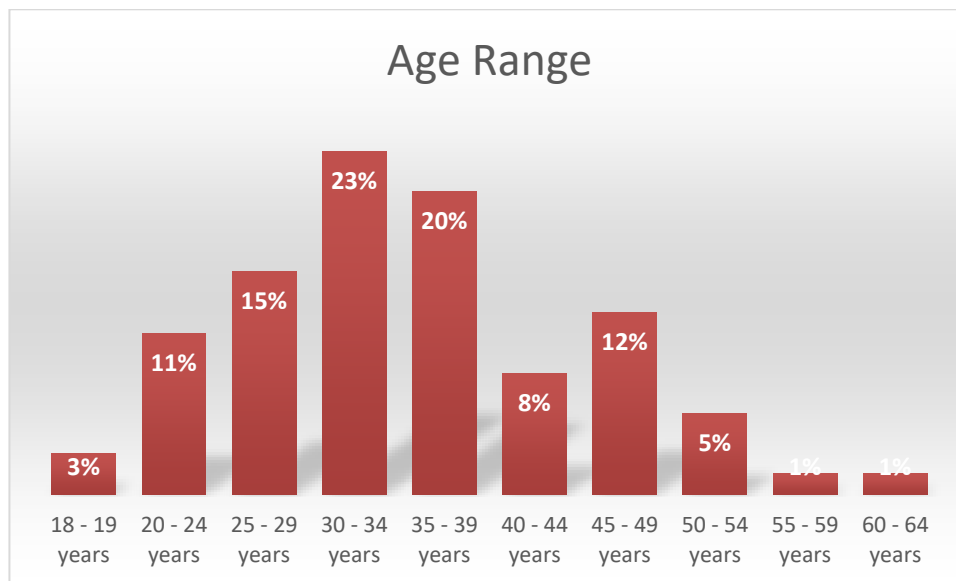


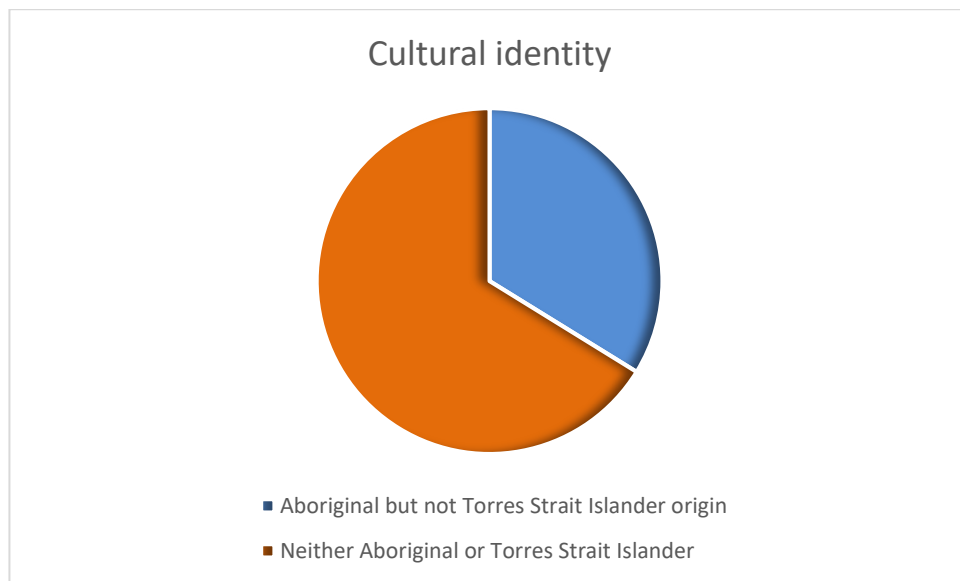
*I find RoCC staff to be very helpful and caring and so supportive*

RoCC Client

*I am so grateful for the wonderful help offered to me. I never knew that such help existed. Thank you!*

RoCC Client



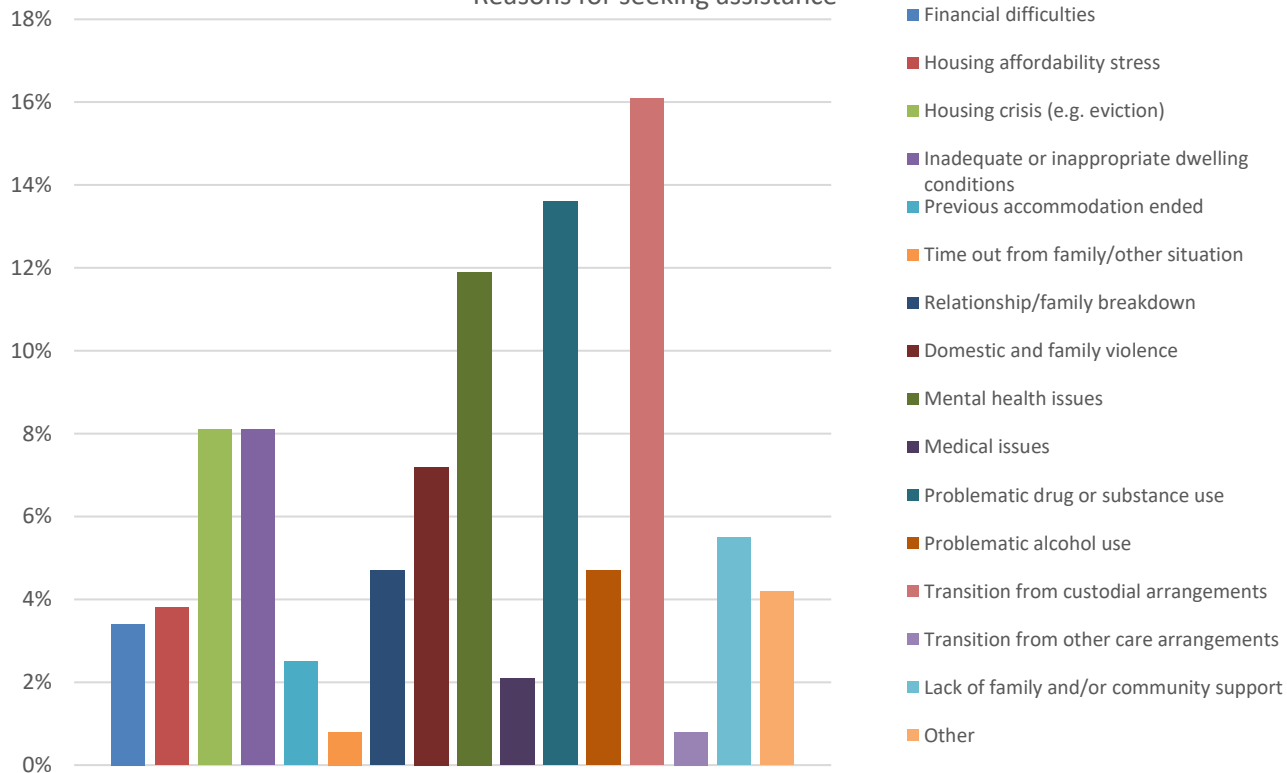


Total number of support period days 11856

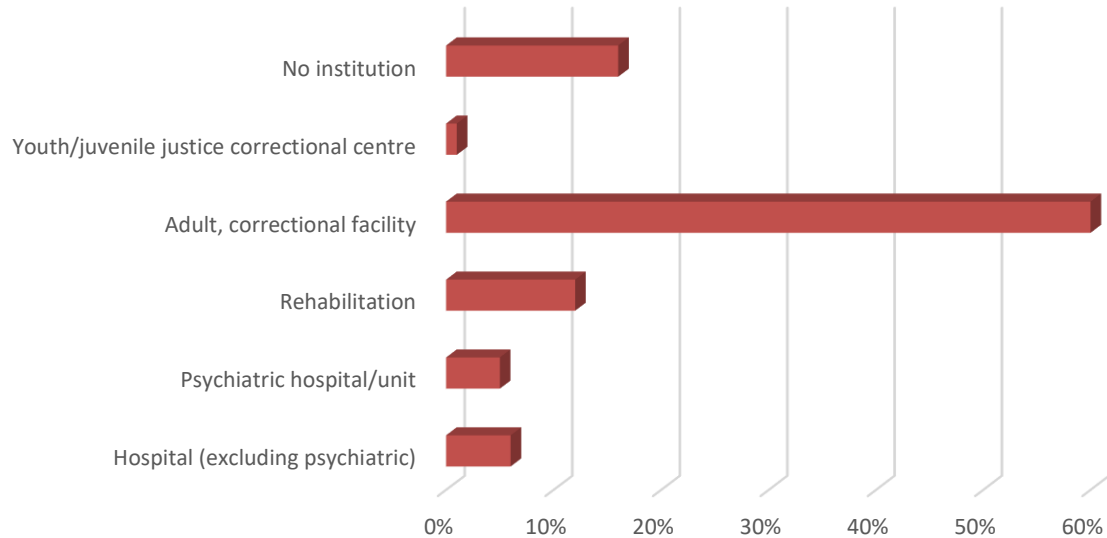
Total number of support periods 98

Total number of bed nights provided 846

# Reasons for seeking assistance



## Facilities / Institutions in last 12 months



## What's on this month?

Monday	Tuesday	Wednesday	Thursday	Friday
RoCC Team Meeting  Legal Aid client appt	Therapeutic Art Making Group	Homelessness Interagency Network Meeting	CIMS reports  Housing Options for People Leaving Custody project	Nowra Court Court support
Walking group  Prison visit – Silverwater	Therapeutic Art Making Group  LIACC	Case Management Meeting  Art Gallery visit	FACS client meeting	Psychologist client appt
Walking group  Community Corrections Team Meeting	Therapeutic Art Making Group  Waminda meeting	CLSD  Client MH assessment	Prison visit – Bolwara Transitional Centre	Trauma Informed Care Seminar
RoCC Team Meeting  Nowra Court	Therapeutic Art Making Group	CHADD  Corrections client appt	MH Rehab client appt	Housing client appt

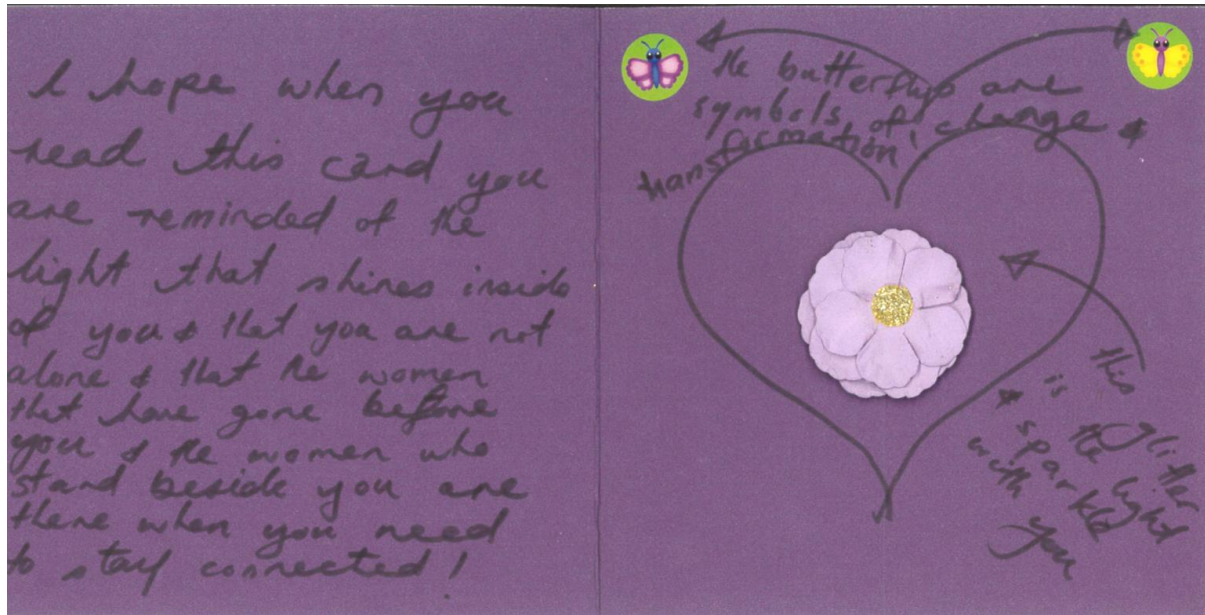
## The Therapeutic Art Making Group

This year the Therapeutic Art Making Group was offered every week during school term. The women who attended told us that they looked forward to the group and it was a highlight of their week.

### **The themes discussed and explored through the group art process included:**

- ✓ Making connections
- ✓ Managing anxiety and using the art process to settle and connect
- ✓ Noticing the inner critic and finding ways to work with and challenge critical unhelpful ideas about self and creativity
- ✓ Power and control in abusive relationships
- ✓ Missing with and connecting to culture through art
- ✓ Using art to connect with children
- ✓ Hopes for their children
- ✓ Working with new ideas and materials and feeling surprised and proud
- ✓ Creating safety and encouraging each other

Next year we plan to expand the group program to allow an opportunity for further social connection and reduction in social isolation. We have developed a new group program after consultation with clients.



During the Therapeutic Art Making group, the women were invited to make cards that include a message of encouragement that they would have found helpful at the start of their journey. This is one of those cards.



Holistic    Respect    Strength    Advocacy    Trust    Contribution

## RoCC Staff

RoCC staff work from a woman-centred, strengths-based approach, underpinned by evidence-based practice. We work collaboratively with other service providers to achieve the best possible outcomes for our clients. RoCC staff are advocates and mentors. We work from a Trauma Informed practice perspective and our support is not time limited.

Whenever possible, staff schedule prison visits in order to meet women who will be released to the Shoalhaven. Evidence shows that connection with women prior to release leads to better outcomes and lower rates of recidivism.

Staff participate in service network meetings and shared case management meetings with other services. This year these included Waminda, SAHSSI, Flourish, Legal Aid, The Junction, Housing NSW, Community Corrections, Community Connections, Binji and Boori, Southern Cross Housing and FACS.

All staff participate in regular external professional supervision.

*RoCC staff gave me my life back, without my case worker I'd be dead or back in jail*

RoCC Client

## Collaboration

Staff participate in a range of interagency and network meetings:

- ✓ DIG – District implementation group for Specialist Homelessness Services
- ✓ CHADD – Corrections, Housing and Dual Diagnosis – interagency case management
- ✓ CLSD – Cooperative Legal Service Delivery – Legal issues impacting on the community
- ✓ Shoalhaven Homelessness Interagency Network
- ✓ LIACC – Local implementation and coordinating committee
- ✓ Homelessness NSW Specialist Homelessness Services Sector Network

This year we joined with many other services and members of the community when we participated in the Sorry Day march, to show our commitment to reconciliation.

*I hope to see RoCC continue, they do a fantastic job with all their clients we truly are lucky to have such an awesome support network like RoCC*

RoCC Client

## Housing options for people leaving custody pilot project

During the year we were involved in establishing the Housing Options for People Leaving Custody pilot project. This project aims to develop local service system responses to the housing and support needs of people leaving custody. The pilot will continue for two years. The participating agencies include: Corrective Services NSW, Southern Cross Housing, Rosa Coordinated Care, Illawarra Shoalhaven Homelessness Men's Service, arbias Initial Transitional Service, South Eastern Aboriginal Regional Management Services, Aboriginal Housing Office, and the Illawarra Aboriginal Corporation.

Sourcing suitable housing and accommodation options for people on release from custody is a significant challenge for community organisations supporting people to reintegrate when transitioning from incarceration. Homelessness significantly increases the risk of imprisonment and imprisonment itself increases the likelihood of homelessness. (*Homelessness in Ex-Prisoner Populations: A CRC Submission for FACS Prepared by Mindy Sotiri and Alex Faraguna for the Community Restorative Centre.*)

In addition to experiencing violence, many women in the criminal justice system have long histories of drug use, unstable accommodation and separation from family. Social isolation and loneliness underpin many women's return to or continuing violent relationships.

## Staff 2018-2019

Case workers: Jen Somers  
Lizz Gerlowska  
Maree Lawrence  
Renee Hill (until July)

Senior Case Worker: Sharon Millett

Bookkeeper: Vicki Schatzman

Service Manager: Tricia Forbes

Total number of Case Worker hours = 118  
hours per week.

*RoCC staff are very helpful and friendly, I enjoy  
being around everyone. RoCC has a nice  
atmosphere*

RoCC Client

## RoCC Staff at the Women's Wellness Festival



## Staff professional development, training and conference attendance

Title	Provider
➤ Security Awareness Training 2018-2019	➤ Corrective Services NSW
➤ WDO information	➤ Legal Aid
➤ Provide First Aid Provide Cardiopulmonary Resuscitation	➤ Eurobodalla Adult Education Centre
➤ Trauma and Addictions	➤ FACS
➤ Psychological First Aid - a Crisis Intervention Model	➤ MTS – FACS
➤ Unpacking the Complexity of Hoarding and Squalor	➤ Centre for Community Welfare Training
➤ Connecting Health and Justice Forum	➤ Legal Aid NSW & ISLHD
➤ Supervising Case Management	➤ CCWT
➤ SHS Sector Network Meeting	➤ Industry partnership
➤ Drug & Alcohol First Aid	➤ Lives Lived Well
➤ Single Touch Payroll	➤ MYOB
➤ Workforce Capability Framework	➤ Homelessness NSW



This year we participated in a “Get Healthy at Work” program sponsored by the NSW Government. The goal of our participation is to encourage healthy eating and encourage exercise while at work. We have introduced walking meetings and walking supervision sessions as well as lunch-time walks. Through the program we have purchased Fitbits for staff to help monitor our step count and encourage us to get up and move. We have sit / stand desks and receive a weekly delivery of fresh fruit. Staff encourage each other to make healthy food choices for lunch or when providing catering. We are using the program to provide mentoring and guidance to our clients about the benefits of being active and of making healthy food choices. Staff are already feeling the benefit and the bowls of fresh fruit in the meeting room are much appreciated by both staff and clients.



### Weekly Stats

92, 196 total steps

Average steps: 13,171 per day

17,507 more than last week

## The Door is Always Open

### Long-Term Case Management

Jane was first referred to RoCC from Community Corrections. Jane was on parole and wanted support to engage with Mental Health services, to find accommodation and maintain her parole conditions. It was identified that she also needed support for her problematic drug and alcohol usage and to address the PTSD that resulted from the domestic violence with her current partner and a history of violence and abuse from her family of origin. Jane suffered physical mental and sexual abuse as a young child. This ongoing violence has left her with both physical and mental health concerns.

In conjunction with her case worker, Jane was able to identify immediate, medium and long-term goals, but due to her complex trauma, these goals needed to be broken down to “what can be achieved today or this week?” Jane was living in a caravan which provided her with some limited short-term stability; although this was shared with her violent partner. Jane admitted that she was actively using ICE, Cannabis and alcohol at the time of the referral. This drug use exacerbated her mental health conditions and her disorganised thinking. Jane had adult children and grandchildren that she was estranged from and she identified that she wanted to re-establish a relationship with them.

Jane’s immediate goals were to obtain a referral to drug and alcohol counselling and a mental health assessment. She also needed more stable housing so that she could work to re-gain the trust of and connection with her family.

Initial meetings with Jane often focussed around the daily crisis of no money and no food; this created an opportunity to meet and connect. Regular contact continued with transport to appointments and formal and informal meetings over coffee and lunch. As trust started to build in the professional relationship, conversation was able to occur about the impact of trauma and childhood abuse, personal boundaries, drug use and rehabilitation programs.

Over time, Jane has learnt to control her fear and anxiety. She has regular appointments with a drug and alcohol counsellor, although she struggles to keep them; and has a mental health care plan in place. RoCC has been supporting her in transitional accommodation while her housing application is in place. Unfortunately, Jane still battles with addiction and has many relapses. She experiences great loneliness and has resumed a relationship with a violent partner. Jane will need ongoing support to sustain her sobriety, to maintain her tenancy and to reconcile with her family. She has begun to talk about the abuse in her childhood and the continued abuse she experiences today. Jane continues to work with RoCC long after her parole conditions are over.

Jane's story is not uncommon in our service. RoCC staff appreciate that we are able to offer long-term, intensive case management support; to walk alongside women in their journeys. (*The average length of support provided by RoCC during 2018-2019 was 230 days per client*) It can take several months for women to begin to trust staff, and several more to be willing to share their very personal stories.





Whether they are Canadian, Scottish, British, American or Australian studies, the same profile and needs of female prisoners are identified. In no particular order these are:

- histories of childhood victimisation, particularly sexual abuse;
- state care;
- mental disorders such as borderline personality disorder (BPD), major depression, posttraumatic stress disorder (PTSD);
- intellectual and cognitive impairments;
- substance abuse and dependency;
- housing instability;
- primary care for dependent children;
- low educational attainment;
- minimal employment histories compared to male prisoners; and
- subsequent victimisation as adolescents and adults such as sexual assault and family and domestic violence (*e.g. Corston, 2007; Gelsthorpe, 2010; Ogloff et al., 2006; Salisbury & Van Voorhis, 2009*)

*I am blessed that this organisation is in my life I don't know where I would be without them*

RoCC Client

## **Women Prisoners in NSW**

### **Drug and Alcohol Issues of Women Prisoners in NSW**

The majority of women in prison in NSW have a history of illicit drug use. Often for these women their offending and subsequent imprisonment is associated with their drug use issues.

- 24% of women in prison are convicted of illicit drug offences, the single highest figure for any category of offence.<sup>1</sup>
- 52% of women had injected illicit drugs at some point in their life.<sup>2</sup>
- 54% of women had used illicit drugs regularly in the 12 months prior to imprisonment.<sup>2</sup>
- 44% used illicit drugs while in prison (17% had injected drugs while in prison).<sup>2</sup>

### **Mental Health of Women Prisoners in NSW**

People in prison are more likely to have a psychotic illness, major depression, and a personality disorder than the general population, and for women in prison the rates of poor mental health are even higher.

- 52% of Aboriginal women and 55% of non-Aboriginal women had received treatment at some point in their life for a psychiatric problem, with depression being the most common diagnosis for both.<sup>2</sup>

## **Illness and Injury of Women Prisoners in NSW<sup>2</sup>**

Generally, women in prison have poor physical health compared to the general population. They suffer from high rates of chronic health conditions, child sexual assault, head injuries and are more likely to smoke than women in the community.

- 54% had an illness or disability that lasted for more than 6 months.
- Aboriginal women had higher rates of asthma (62% vs. 32%) and heart condition (30% vs. 22%) compared to non-Aboriginal women.
- 45% tested positive to Hepatitis C.
- 60% had been sexually abused before the age of 16, and 30% had been sexually abused before age 10.<sup>3</sup>
- 35% had had a head injury resulting in unconsciousness.
- 88% of Aboriginal women and 76% of non-Aboriginal women were current smokers.
- Prior to incarceration 39% of female prisoners had never accessed a medical centre, 20% had never accessed a GP and 4% had never accessed any health care prior to incarceration.

See [Prisoner Health in NSW](#) for more information.

## **Family Responsibilities**

Female prisoners are more likely than male prisoners to have primary responsibility for dependent children. It has been estimated that more than 80% of incarcerated women are single parents.<sup>4</sup> The criminal justice system does not take into account these primary carer responsibilities when incarcerating women, and as a result, women may find themselves placed in a prison a long way from home. Female prisoners are also much more likely to have had their children removed from their care either prior to incarceration or as a result of incarceration. 68% of Aboriginal women and 42% of non-Aboriginal women had at least one child under the age of 16.<sup>2</sup>

## **Post Release Issues**

Women face a multitude of complex, interconnected issues once released from prison. These include; lack of accommodation options, few or no social supports, loss of personal effects, debt and unemployment, breakdown in family relationships, issues around getting children back into their care and ongoing mental health and drug and alcohol issues.

- On release, female prisoners owe an average of \$3,417.<sup>5</sup>
- 70% of prisoners were given no information on accommodation and support options pre-release.<sup>6</sup>
- 52% of Aboriginal women and 50% of non-Aboriginal women had issues with their accommodation in the first 6 months post release<sup>7</sup>.

See [About Criminal Justice Clients](#) for more information.

*Aboriginal women are the most rapidly growing group of prisoners in Australia. In New South Wales, though they make up 2% of the female population, Aboriginal women make up approximately 30% of the women's prison population. They have higher rates of return to prison; higher numbers of dependent children; higher rates of mental health disorders; and experience higher rates of domestic and sexual violence and homelessness than their non-Aboriginal counterparts*

(Lawrie 2002; Cunneen 2002; Aboriginal and Torres Strait Islander Social Justice Commissioner 2003; Butler and Milne 2003; Baldry & Maplestone 2005; Baldry et al 2006).

Information from nobars.org.au: *Supporting drug and alcohol services to work with criminal justice clients*

1. Corben, S. (2010) *NSW Inmate Census 2009*, Sydney: Corrective Services NSW.
2. Indig, D. et al. (2010) *NSW Inmate Health Survey 2009: Key Findings Report*, Sydney: Justice Health.
3. Butler T. & Milner L. (2003) *The 2001 NSW Inmate Health Survey*, Sydney: Corrections Health Service.
4. Law Reform Commission, NSW (2000). *Report 96 (2000) - Sentencing: Aboriginal offenders*, [www.lawlink.nsw.gov.au/lrc.nsf/pages/R96CHP6](http://www.lawlink.nsw.gov.au/lrc.nsf/pages/R96CHP6)
5. Stringer A. (1999). *The Prison and Debt Project*, Prisoners Legal Service Inc. Queensland.
6. Baldry, E. & Maplestone, P. (2003) *Barriers to Social and Economic inclusion for those leaving prison*.
7. Baldry, E. et.al. (2003) *Ex-prisoners and Accommodation: What bearings do different forms of housing have on social reintegration for ex-prisoners*, Position Paper 27, AHURI, Sydney: UNSW & UWS Research Centre

## Financial Reports

Shoalhaven Women's Resource Group Limited  
Statement of Financial Position

ABN 94 002 660 120  
As at 30 June 2019

	2019	2018
<b>CURRENT ASSETS</b>	\$	\$
Cash and cash equivalents	290,033	273,382
Trade and other receivables	5,917	3,765
Other current assets	<u>5,170</u>	<u>5,012</u>
<b>TOTAL CURRENT ASSETS</b>	<u>301,120</u>	<u>282,159</u>
<b>NON-CURRENT ASSETS</b>		
Property, plant and equipment	<u>38,658</u>	<u>47,509</u>
<b>TOTAL NON-CURRENT ASSETS</b>	<u>38,658</u>	<u>47,509</u>
<b>TOTAL ASSETS</b>	<u>339,778</u>	<u>329,668</u>
<b>CURRENT LIABILITIES</b>		
Trade and other payables	9,947	14,590
Short term provisions	34,184	36,479
Other current liabilities	<u>194</u>	<u>2,420</u>
<b>TOTAL CURRENT LIABILITIES</b>	<u>44,325</u>	<u>53,489</u>
<b>TOTAL LIABILITIES</b>	<u>44,325</u>	<u>53,489</u>
<b>NET ASSETS</b>	<u>295,453</u>	<u>276,179</u>
<b>EQUITY</b>		
Retained earnings	<u>295,453</u>	<u>276,179</u>
<b>TOTAL EQUITY</b>	<u>295,453</u>	<u>276,179</u>

# Profit and Loss Statement

For the year ended 30 June 2019

	2019	2018
<b>INCOME</b>	\$	\$
FACS Grants Received	549,025	536,157
Management Fees	164,630	62,308
Less Management Fees	(164,630)	(62,308)
Members Fees	20	20
Rental Income	3,362	8,799
Interest Received	<u>4,047</u>	<u>3,736</u>
	<u>556,454</u>	<u>548,712</u>
<b>EXPENDITURE</b>		
Salaries and Wages	320,842	318,513
Salary on Costs	28,715	28,219
Administration and Management	78,344	129,053
Operating Costs	<u>109,278</u>	<u>51,739</u>
	<u>537,179</u>	<u>527,524</u>
<b>NET PROFIT (LOSS)</b>	<u>19,275</u>	<u>21,188</u>

