



Women's Health East

Supporting Women To Live The Lives They Want

ANNUAL REPORT
2008-2009

'Days of Significance' for Women

2009 - International Year of Reconciliation

www.un.org

8th March - International Women's Day

www.internationalwomensday.com

7th April - World Health Day

www.who.int/world-health-day/2010/en/

4th -10th October - World Mental Health Week

www.mentalhealth.org.au

16th November - International Day for Tolerance

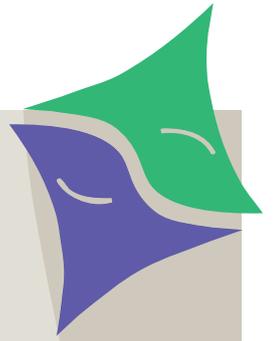
<http://www.un.org/depts/dhl/tolerance/>

25th November - International Day for the
Elimination of Violence Against Women

www.whiteribbonday.org.au

10th December - Human Rights Day

www.un.org



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Report from the Chair

I took over the chair of the Board of Governance in September 2008, having joined the Board in March that year. Since that time we have been through a period of enormous change. The CEO, Lesley Walsh resigned in September, we would like to thank her for her contribution to Women's Health East (WHE) and wish her well for the future. A number of other staff also resigned in the second half of the year – we would like to thank Mavis Chessell for her commitment to WHE over the period of 6 years as finance officer, Barb Harling, Fiona Read, Rachael Lennon and Suellen Peak for their roles within the agency. Robyn Murray and Lisa Gray decided not to complete their tenure on the Board and we also thank them for the support they provided to WHE. We would particularly like to thank Elizabeth Day for taking on the role of Partnerships and Development manager while we went through the lengthy process of recruiting a new CEO.

Elizabeth particularly guided the work with Women's Health Association Victoria in the very successful campaign for the decriminalisation of abortion. WHE advocated through the media and met with local members of parliament to highlight the importance of this move for women. We also produced a number of fact sheets entitled Violence Against Women, Women and Mental Health, Women and Financial Security and Sexual and Reproductive Health – all of which you can find on our website.

During the time of recruitment of a new CEO we were provided with invaluable support by Women's Health Victoria who have worked in partnership with us to ensure that WHE is a strong and independent voice for women in the Eastern Metropolitan Region (EMR). We would particularly like to thank Marilyn Beaumont and Rosemary Sexton for their generosity of spirit and sharing of their expertise to ensure we have been able to move forward.

We welcomed new board members, Liz Olle, Jackie Kelly, Samantha Spooner and Mary Hansen on to the board.

This has provided us with an opportunity to review the strategic directions of WHE, which began with a planning process involving board members and staff and with the help of consultant Maree Davidson we have now developed a new three year strategic plan. The direction is towards one of capacity building within the region to ensure that the issues which affect women's health and wellbeing are addressed by services and programs in the region.

The shift in direction of the organisation to high level advocacy is indicated by the new theme 'Supporting Women to Live the Lives They Want'. To enable us to do that we have appointed a new CEO, Jenny Jackson who comes with a long history of involvement in women's health. Jenny has tackled the challenges facing us and worked to strategically position WHE in the region. Jenny has brought a refreshing level of enthusiasm and energy to her role and we look forward to continue working with her over the coming years.

Finally, I would like to thank all the current and former staff and board members and look forward to an exciting time as we embark on the first stage of both our new strategic direction and the first phase of the new 3 year organisational plan.



Marg D'Arcy

CEO Report

Since I commenced at Women's Health East (WHE) in May 2009 I have had the opportunity to engage with many fabulous and passionate people both within and outside the organisation – all of whom are interested in ensuring that WHE is positioned to be able to improve the health and wellbeing of women in the Eastern Metropolitan Region (EMR).

Just after I started at WHE in May, the Board of Governance and staff came together to plan and articulate the strategic directions for the next three years for WHE. This, along with stakeholder consultation, has really assisted the organisation to become very clear about its role and purpose, the way in which we will work and has also enabled us to be really clear about where and how we can be most effective.

The strategic planning process has also assisted us to develop priority areas for our work:

- Women's Health and Wellbeing in the EMR
- Prevention of Violence Against Women
- Promotion of Mental Health and Wellbeing
- Enhancing Sexual and Reproductive Health

The work of WHE will continue to be based on health promotion principles and strategies which are underpinned by the social model of health.

The organisation is also committed to being a "quality" organisation – this heightened awareness on quality is fundamental to our success and has "set the scene" for how we will behave and operate in the future. Highly efficient systems and processes will support the organisation to be more responsive and effective in the region.

At WHE we recognise that we need to work alongside key stakeholders in order for us to be successful in improving the

health and wellbeing of women – we are committed to working with Federal, State and Local Governments, Community Health Services, and Primary Care Partnerships amongst other stakeholders in order to achieve positive outcomes for women. I have very much enjoyed seeing the organisation become involved in a number of forums and activities within the region over the past few months – in particular, we have been pleased to become involved within the region in the development of several of the Local Governments (LGs) Municipal Public Health Plans and look forward to expanding this to all seven LGs in the future. We are also involved in the work of the both the Inner East Primary Care Partnership (PCP) and the Outer East Health and Community Support Alliance and look forward to making a valuable contribution to both of these PCPs as a member agency. In addition, we are becoming better informed about the work of the Community Health Services within the region and are looking forward to working with these agencies on common areas of interest and to help bring a focus on women to the work that they do.

I would like to thank the Board of Governance and staff for their fabulous support since commencing as CEO. Their enthusiasm, commitment to making a difference and genuine sense of team work make WHE a great place to work.

I am really pleased to be able to present this annual report and look forward to sharing our work with everyone in the EMR in the coming months as we work towards improving the health and wellbeing of women in the region.



Jenny Jackson

Schedule of Staff Movements

July 2008- June 2009

BOARD OF GOVERNANCE AS AT 30TH JUNE 2009

Marg D'Arcy – Chair
Jill Faulkner – Deputy Chair
Mary Hansen – Treasurer
Maryclare Machen
Jackie Kelly
Samantha Spooner
Larissa Seymour
Liz Olle

STAFF AS AT 30TH JUNE 2009

Jenny Jackson – Chief Executive Officer
Elizabeth Day – Partnerships and Development Manager
Colleen Russell – Administrative Projects Officer
Ilsa Evans – Community Development Worker
Tasha Manoharan – Finance Officer
Amanda Geshev – Administration Officer / Receptionist
Lorraine Dupuy – Administration Officer / Receptionist

SCHEDULE OF STAFF MOVEMENTS JULY 2008 – JUNE 2009

Lesley Walsh – Chief Executive Officer 08/08/08
Mavis Chessell – Finance Officer 05/02/09
Barbara Harling – Health Promotion Officer 12/02/09
Rachel Lennon – Health Promotion Officer 07/08/08
Suellen Peak – Health Promotion Officer 01/08/08
Fiona Read – Health Promotion Officer 25/08/08
Sarah Turner – Receptionist, Training & Administration Officer 13/07/08

Strategic Directions 2009-2012

'Supporting Women To Live The Lives They Want'

Our vision

To have a positive impact on the health and wellbeing of women in the Eastern Metropolitan Region through our influence on policy and practice.

To be actively engaged with stakeholders and sought out by decision makers in regards to women's health and wellbeing.

Our mission

Reason to be

We are here to ensure that women in Eastern Metropolitan Region (EMR) have the best possible opportunity to live the lives they want (reach their potential).

Who we are

Women's Health East is a not-for-profit women's health organisation focusing on informing and influencing policy and service delivery in order to enhance health and wellbeing of women in the EMR.

What we do

As a women-focused organisation we work with stakeholders in the region to build capacity of services and programs to ensure they optimally address issues affecting women.

What we stand for

- We strive to make sure that issues faced by women and the changing needs of the community are consciously considered in policy decisions, services and programs.
- We want to be regarded by women in the community as an entity that hears and understands their situations and concerns that advocates on their behalf and supports them to take control over their decisions and their lives.
- We recognise and take action on the political, social and economic factors that influence the health and wellbeing outcomes of women in the East.
- We recognise and respect the strength and life experiences of the women in our diverse region.
- We understand that we cannot achieve our goals by working alone so we rely on the passion, skill and expertise of others and value the opportunity to work together.

Major Areas of Focus for 2009-12

Health Promotion Approach

This strategy period will reinforce our commitment as a health promoting organisation with an 'upstream' focus on changing policy, systems and structures so that they better meet the needs of women in EMR. Considerable time and staffing resources will be invested in this approach and it will provide a framework for all of our work.

EMR Women's Health Strategy

A tangible product of our health promotion approach will be the development and dissemination of an EMR Women's Health Strategy. The development process will include our key stakeholders.

Knowledge Acquisitions and Transfer

We will build on our research and communications skills and capacity to ensure that we are well placed to supply the necessary data and the translation and application of the data to improve policy and practice in the area of women's health and wellbeing.

Prevention of Violence Against Women

This continues to be a priority area for our work – research, information and influence. Our focus will be on raising awareness of this often silent yet significant problem and working with key stakeholders to find solutions.

Promotion of Mental Health and Wellbeing

In addition to clinical conditions, determinants such as discrimination, economic participation and social inclusion/ connection are factors in the emotional and mental wellbeing of women in the East.

Our focus will be on working with others to better understand and to inform and influence what is happening in the region.

Enhancing Sexual and Reproductive Health

We will build relationships with key stakeholders in the EMR to improve the sexual and reproductive health of women in the region. Our focus will be on building awareness of issues relating to this priority area and working with others to make a difference.

Integrated Health Promotion Report

July 2008 – June 2009

Overview

A focus on the development of upstream health promotion strategies over the past year has come with the many organisational changes at Women's Health East. This shift has strengthened partnerships across the region and provided opportunities for current and future capacity building for community health and local government services throughout the region.

Health promotion activities for 2008-2009 focused on five Strategic Goals identified in the 2008-2009 Operational Plan (with a focus on the three organisational priority areas of prevention of violence against women, mental health and wellbeing, and sexual and reproductive health).

- To rebuild organisational strength and capacity
- Provision of demographic and health status data
- Influence and assist local government to adopt the 'Safe, Well and Connected' Victorian Local Government Action Plan for women's health
- Develop and implement a financial literacy program
- Contribute to an increased understanding of a gendered perspective to health and wellbeing to guide work around health equity for women

Key achievements

Safe Well & Connected

With support from Women's Health Victoria and Women's Health in the North (as the lead agency), Women's Health East (WHE) began to implement the Safe, Well and Connected project aimed at strengthening local governments role in addressing women's health and wellbeing. This involved the translation of the 10 Point Plan for Women's Health into a local government context, in addition to securing pre-election commitments from council candidates to women's health and to support the implementation of the translated plan.

Five successfully elected councillors from Manningham, Knox, Whitehorse and Maroondah signed a pledge indicating their commitment to the plan if they were to be elected. WHE continues to be involved in supporting councillors in their role through ongoing communication with these councillors.

Abortion Law Reform Campaign

WHE joined the Women's Health Association Victoria (WHAV) campaign for the decriminalisation of abortion. This campaign presented itself urgently when the Bill to decriminalise abortion was scheduled for debate in Parliament. WHE lobbied strongly with other women's health services across Victoria, which included attendance at Parliament, distribution of information and communication with media and other key stakeholders including individual Ministers who supported the Bill.

Women's Health Fact Sheets

Following a strategic planning session in late 2008, it was recognized that services within the Eastern Metropolitan Region (EMR) required more detailed information about health equity needs of women in the EMR. This data was gathered and presented in the form of fact sheets, available to support the

service planning for agencies addressing women's health issues across the region. In partnership with local women, governments and media, along with federal and state members of Parliament, WHE produced the series of fact sheets addressing Violence Against Women, Women & Mental Health, Women & Financial Security and Women & Sexual and Reproductive Health.

Financial Literacy workshops

WHE recognises the connections between women's financial security, safety, social standing and social inclusion, and used the opportunity to participate in the Financial Literacy project during 2008-2009 offered by the Office of Women's Policy. In partnership with agencies such as Foundation House, Migrant Information Centre (MIC), Adult Migrant Education Service (AMES) and consultations with likely participants, WHE delivered financial literacy training to over 50 Sudanese and Chin women. Participation in the program improved skills, knowledge and awareness of good economic practices as well as building confidence in money management and the participant's financial future.

Partnerships

WHE has worked and will continue to work actively with both the Inner East and Outer East Primary Care Partnerships. These partnerships have been strengthened over the past 12 months with active participation in planning and program delivery.

The Safe, Well & Connected program has been strongly supported by effective partnerships between WHE and local governments across the region. The 2009-2012 planning process has strengthened these partnerships even further, creating many more opportunities to work together to improve outcomes for women living in the EMR.

Highlights

International Women's Day

International Women's Day 2009 was marked by WHE on Wednesday 11th March with a celebratory continental breakfast on the premises.

*The guest speaker was Associate Professor Adrian Howe of RMIT University, author of such books as *Sexed Crime in the News* and *Sex, Violence and Crime*, who spoke eloquently on naming men's violence against women.*

Approximately thirty people attended the breakfast, including representatives from local government, health and community sectors throughout the EMR as well as Mary Wooldridge, the Shadow Minister for Mental Health, Women's Affairs, Drug Abuse, Community Services and Ageing.

Community Consultation / Survey

In May 2009, Women's Health East (WHE) conducted a Community Consultation Survey. The Consultation was designed to capture qualitative and quantitative information regarding health and wellbeing issues affecting women throughout the Eastern Metropolitan Region (EMR). However, the aim was not to simply collect information about individual experiences, but to also gather opinions and understandings of selected current issues, whether or not the respondent was personally affected.

WHE would like to particularly thank the individual women and organisations who participated in this consultation, for their support in the data collection and/or the data analysis process of the Community Consultation 2009.

Main findings

Significant health and wellbeing issues:

The most significant health and wellbeing issue registered for the survey was body image, with 14% of respondents seeing this as a major issue for them personally. Only 40% did not have an issue with their body image at all. Anxiety was a problem for 50% of respondents and depression for 41% overall.

Social Inclusion:

The majority of respondents (76%) belonged to a social group of some type, such as sporting, online or religious groups. (38%) were participating in voluntary work. Those who did not belong to a social group at all were more likely to be experiencing at least one problem affecting their health and wellbeing, such as depression, feelings of isolation or substance abuse. The majority of those who did not belong to a social group clearly articulated the positive benefits of belonging to a social group, indicating that their current exclusion was not necessarily a deliberate lifestyle choice.

Superannuation:

Relatively few respondents (10%) were very confident that their superannuation payout would be sufficient for retirement, while 48% were not confident and 14% had no superannuation

at all. Also evident was a current or anticipated reliance, by some respondents, on their partner's superannuation rather than their own. These findings suggest a widespread financial vulnerability for women, particularly at retirement.

Climate Change:

Climate change was included within the survey as a topical issue concerning overall wellbeing however the question was not answered by 18% of respondents. Of the remainder, the majority rated their concern as either medium or high and very few displayed any climate change scepticism. Related concerns included lack of water, increase in natural disasters, and rapid increase in population. Perceptions of individual responsibility varied greatly with many respondents detailing a range of personal measures being taken while others saw themselves as being able to offer very little to the 'big picture'.

Violence Against Women (VAW):

The findings indicated that the majority of women who were experiencing VAW were also experiencing multiple additional health and wellbeing issues, such as anxiety, depression and feelings of isolation. Numerous studies from organisations such as Amnesty International and the World Health Organisation,

Highlights continued

have found that the overwhelming burden of partner violence, is primarily an abuse of power, whereby women experience the violence from men.

Also reported was that 45% of respondents overall (and 35% of those who had current problems regarding VAW), had not seen or read any material (posters, pamphlets etc) regarding domestic violence at their local doctor's clinic.

Victorian Charter of Human Rights and Responsibilities:

Respondents were also asked about their awareness regarding the Victorian Charter of Human Rights, which came into effect on 1 January 2007, and has the potential to be a very useful tool, particularly for those who work in the community sector. However awareness was relatively low, with only 11% of respondents rating their awareness as high and 23% having never heard of the charter at all.

Feminism:

Despite the large majority (87%) of respondents stating that gender equity was extremely important, only 51% described themselves as feminist. Qualitative data indicated a range of negative perceptions as well as misinterpretations of feminists/feminism, and a common reluctance to identify as such. Of particular concern is the lack of understanding displayed by the 18-24 age bracket. This is worrisome because feminism, as a fundamental belief in social, political, and economic equality, has both a direct and indirect bearing on the health and wellbeing of women.

Women's Health East (WHE):

The consultation provided WHE with an opportunity to increase awareness about our organisation whilst simultaneously gathering rich information about the health and wellbeing of women throughout the EMR. Whilst there did appear to be a geographical component to levels of awareness regarding WHE, there was also a region-wide appreciation of the benefits that a service such as WHE could offer. In particular, there was a positive response to WHE as a "vibrant organisation responding to women's health needs" that can "advocate for women, raising awareness about the cultural paradigms that are harmful for women."

The full consultation report is available at www.whe.org.au

Auditors Report



J L COLLYER & PARTNERS
ACCOUNTANTS & AUDITORS

To the members of WOMEN's HEALTH EAST INC

Initial Engagement

In our opinion –

- (a) The opening balances do not contain misstatements that materially affect the current period's financial report;
- (b) The prior period's closing balances have been correctly brought forward to the current period; and
- (c) Appropriate Accounting Policies are consistently applied in accounting policies and have been properly accounted for and adequately disclosed.

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of WOMEN's HEALTH EAST INC which comprises the balance sheet as at 30th June 2009, and the income statement, statement of changes in equity and cash flow statement for the year then ended.

Management's Responsibility for the Financial Report

The management of WOMEN's HEALTH EAST INC is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the needs of the members. The management's responsibility also includes designing, implementing and maintaining internal control that is relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement,

including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report on order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the management, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the Management's financial reporting requirement. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the relevant independence requirements.

Auditor's Opinion

In our opinion the financial report

- (a) gives a true and fair view of WOMEN's HEALTH EAST INC's financial position as at 30th June 2009 and of its performance for the year ended on that date in accordance with appropriate accounting policies; and
- (b) complying with appropriate Australian Accounting Standards.

Janet Collyer

J L COLLYER & PARTNERS

6th October 2009

Financial Statements And Notes

Balance Sheet As at 30 June 2009

	2009	2008
	\$	\$
Equity		
Retained Earnings	182,532	74,522
Total Equity	<u>182,532</u>	<u>74,522</u>
Represented by:		
Current Assets		
Cash on Hand	350	350
Cash at Bank - Bendigo Solutions	27,140	23,574
Cash at Bank - Bendigo Savings	166,163	73,738
Trade Debtors	3,672	15,745
Prepayments	-	1,402
	<u>197,326</u>	<u>114,809</u>
Non-Current Assets		
Motor Vehicles	20,562	45,073
Less Accumulated Depreciation	<u>4,925</u>	<u>6,613</u>
	15,637	38,460
Office Furniture & Equipment	43,641	103,754
Less Accumulated Depreciation	<u>27,348</u>	<u>93,374</u>
	16,293	10,380
	<u>31,930</u>	<u>48,840</u>
Total Assets	<u>229,256</u>	<u>163,649</u>
Current Liabilities		
Bendigo Mastercard	4	-
Trade Creditors	20,260	14,662
Other Creditors	4,445	11,625
S.E.A. Group Fund	-	5,648
Provision for Holiday Pay	10,682	23,546
Provision for Long Service Leave	-	14,736
Provision for GST	11,332	13,622
Accruals	-	5,289
	<u>46,723</u>	<u>89,128</u>
Total Liabilities	<u>46,723</u>	<u>89,128</u>
Net Assets	<u>182,532</u>	<u>74,522</u>

The accompanying notes form part of these financial statements.

Financial Statements And Notes

Income Statement For the Year ended 30 June 2009

	2009	2008
	\$	\$
Income		
Special Projects	2,587	5,016
Interest Received	4,039	5,832
Room Hire	20,828	15,140
Co-Tenancy Reimbursements	62,693	61,889
Other Income	12,460	1,735
DHS Health Promotion Funding	476,738	452,397
DHS Workforce Development Funding	25,141	23,858
Other Funding	6,995	17,380
Loss on Sale of Non-current Assets	(2,709)	(2,374)
	<u>608,772</u>	<u>580,872</u>
Expenditure		
Administration Costs	76,619	64,457
Employment Expenses	354,751	433,435
Motor Vehicle Expenses	3,912	12,008
Occupancy	51,635	56,566
Projects	13,844	13,970
	<u>500,761</u>	<u>580,436</u>
Operating Profit	<u>108,011</u>	<u>435</u>

Statement of Changes in Equity For the Year ended 30 June 2009

	2009	2008
	\$	\$
Retained Earnings at the beginning of the financial year	74,522	74,086
Operating profits attributable to members	108,011	435
RETAINED EARNINGS AT 30 JUNE 2009	<u>182,532</u>	<u>74,522</u>

Financial Statements And Notes

Statement Of Cash Flows For the year ended 30th June 2009

	2009	2008
	\$	\$
CASH FLOW FROM OPERATING ACTIVITIES		
Receipts from Operating Activities	616,805	579,781
Payments to suppliers and employees	(527,610)	(633,431)
Interest received	4,039	5,832
Net cash provided by (used in) operating activities (Note 2)	<u>93,234</u>	<u>(47,818)</u>
CASH FLOW FROM INVESTING ACTIVITIES		
Proceeds from (payment for) property, plant, equipment and motor vehicles	2,757	(5,826)
Proceeds from (payment for) investments	-	-
Net cash provided by (used in) investing activities	<u>2,757</u>	<u>(5,826)</u>
CASH FLOW FROM FINANCING ACTIVITIES		
Proceeds from (payment for) loans	-	-
Net cash provided by (used in) financing activities	-	-
Net increase (decrease) in cash held	95,991	(53,644)
Cash at beginning of year	97,662	151,306
Cash at end of reporting period (Note 1)	<u>193,653</u>	<u>97,662</u>

NOTES TO THE STATEMENT OF CASH FLOWS

NOTE 1.

RECONCILIATION OF CASH

For the purposes of the statement of the cash flows, cash included cash on hand and in at call deposits with banks or financial institutions, investments in money market instruments maturing within less than two months, net of bank overdrafts

(a) Reconciliation of Cash

Cash at the end of the reporting period as shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:

Cash on Hand	350	350
Cash at Bank	<u>193,303</u>	<u>97,312</u>
	<u>193,653</u>	<u>97,662</u>

NOTE 2. RECONCILIATION OF NET CASH PROVIDED BY OPERATING ACTIVITIES TO OPERATING PROFIT

Operating Profit(Loss) after income tax	108,011	435
Depreciation of Non-current Assets	11,444	15,644
(Surplus) Deficit on Sale of Fixed Assets	2,709	2,375
Changes in Net Assets and Liabilities:		
(Increase)/decrease in trade and other receivables	12,073	743
(Increase)/decrease in other current assets	1,402	1,624
Increase/(decrease) in trade and other payables	(14,806)	(63,505)
Increase/(decrease) in provisions	<u>(27,599)</u>	<u>(5,134)</u>
	<u>93,234</u>	<u>(47,818)</u>

Financial Statements And Notes

Notes to and forming part of the Financial Statements For the Year ended 30th June 2009

NOTE 1 – STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements are special purpose financial reports prepared for use by the Committee and members of Women's Health East Inc. The Committee has determined that Association is not a reporting entity and there is no requirement to apply Accounting Standards and other mandatory professional reporting requirements (Urgent Issues Group Consensus Views) in the preparation and presentation of these statements.

These statements are prepared on an accruals basis from the records of the Association. They are based on historical costs and do not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following specific accounting policies, which are consistent with the previous period, unless otherwise stated, have been adopted in the preparation of these statements.

Property, Plant and Equipment

Each Class of property, plant and equipment are carried at cost less, where applicable, any accumulated depreciation.

The carrying amount of plant & equipment is reviewed annually by the Committee to ensure it is not in excess of the recoverable amount of those assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets' employment and subsequent disposal. The expected net cash flows have not been discounted to present values in determining recoverable amounts.

The depreciable amount of each fixed asset is depreciated over the useful life of the asset to the association commencing from the time the asset is held ready for use.

Employee Entitlements

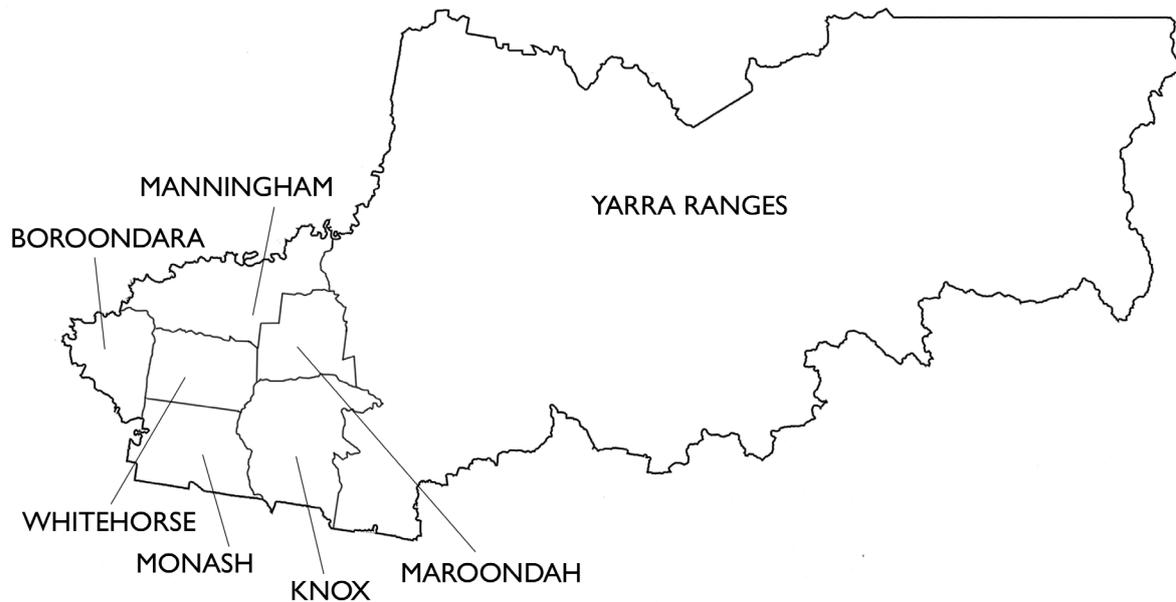
Provision is made for the association's liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements expected to be settled within one year together with entitlements arising from wages and salaries, annual leave and sick leave which will be settled after one year, have been measured at their minimal amount. Other employee entitlements payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those entitlements.

Contributions are made by the association to employee superannuation fund and are charged as expenses when incurred.

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of the GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of the acquisition of the asset or as part of an item of the expense. Receivables and payables in the Balance Sheet are shown inclusive of GST.

EASTERN METROPOLITAN REGION



Women's Health East

28 Warrandyte Road,

Ringwood, Vic. 3134

Phone: 9845 8000

Fax: 9879 6519

email: health@whe.org.au

www.whe.org.au

Women's Health East is a community-based women's health organisation funded by the State Government.

Located in Ringwood, its outreach covers all women who live, work or study in the eastern region of Melbourne.