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# Where We Work... Eastern Metropolitan Region



The Eastern Metropolitan Region (EMR) is defined by the Victorian Government Department of Human Services (DHS) as an area covering almost 3,000 square kilometres extending east from Melbourne's inner suburbs to the rural fringe. The EMR comprises the seven Local Government Areas (LGAs) of Boroondara, Knox, Maroondah, Manningham, Monash, Whitehorse and Yarra Ranges. Included in these municipalities are inner and middle suburbs such as Hawthorn, Kew, Camberwell, Balwyn, Blackburn and Mount Waverley, large outer suburbs such as Ringwood and Boronia, and semi-rural and rural townships such as Healesville and Warburton. As at 30 June 2009, the population of the EMR estimated to be 1,029,533.

At the sub-regional level, the EMR has two Primary Care Partnerships (PCPs) that bring together a number of health and wellbeing agencies for integrated health promotion, service coordination and integrated chronic disease management. The two PCPs are the Inner East PCP (covering the LGAs of Boroondara, Manningham, Whitehorse and Monash) and the Outer East Health and Community Support Alliance (covering the LGAs of Maroondah, Knox and Yarra Ranges).

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## 2012 - "DAYS OF SIGNIFICANCE"

Feb 6<sup>th</sup> – International Day of Zero Tolerance to Female Genital Mutilation

Feb 20<sup>th</sup> – World Day of Social Justice

March 8<sup>th</sup> – International Women's Day

March 17<sup>th</sup> – 23<sup>rd</sup> – Cultural Diversity Week

March 21<sup>st</sup> – International Day for Elimination of Racial Discrimination

April 7th - World Health Day

May 21<sup>st</sup> – World Day for Cultural Diversity for Dialogue and Development

May 27<sup>th</sup>-June 3<sup>rd</sup> – National Reconciliation Week

June 20<sup>th</sup> – World Refugee Day/ June 20<sup>th</sup> – Refugee Week

June 26<sup>th</sup> – International Day in Support of Victims of Torture

July 1<sup>st</sup> – 8<sup>th</sup> – NAIDOC Week (NAIDOC stands for the National Aboriginal and Islander Day Observance Committee)

Aug 9<sup>th</sup> – International Day of the World's Indigenous People

Aug 19<sup>th</sup> – World Humanitarian Day

Sept 21<sup>st</sup> – International Day of Peace

October 10<sup>th</sup> – World Mental Health Day

October 17<sup>th</sup> – International Day for Eradication of Poverty

November 16<sup>th</sup> – International Day for Tolerance

November 19<sup>th</sup> – 27<sup>th</sup> – Social Inclusion Week

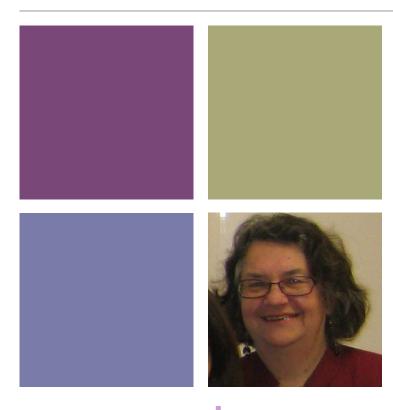
November 25<sup>th</sup> – International Day for the Elimination of Violence Against Women

**December 1**<sup>st</sup> – World AIDS Day

**December 3**<sup>rd</sup> – International Day of Persons with Disabilities

**December 10**<sup>th</sup> - Human Rights Day

**December 18**<sup>th</sup> – International Migrants Day



# <sup>\*</sup>Chair Report

# Marg D'Arcy

On behalf of the Women's Health East Board of Governance, I wish to commend the staff for their fabulous work again this year. The work undertaken by this committed and highly professional group of staff with the leadership of the CEO, Jenny Jackson, has been quite extraordinary. They are to be commended on their work which has covered the seven local government areas of the Eastern Metropolitan Region. Many aspects of the work of Women's Health East are covered in this report and I very much hope that you enjoy reading about the number, reach and variety of projects – all aimed at improving the health and wellbeing of women in the region and beyond.

I also extend my sincere appreciation to the members of our Board who have volunteered their time to provide expert strategic guidance and leadership to the organisation over the past year. The Board has undertaken many new activities in the past year – from assessing our own performance as a Board collectively and also as individual Board members, to successfully recruiting new and highly experienced Board members as well as reflecting on our work and how we can be of most benefit to women.

I look forward to seeing what the year ahead will bring for this terrific organisation and I invite you to join us on this journey!

## Marg D'Arcy Chair

# \*CEO Report

# Jenny Jackson

Welcome to the Annual Report for 2010-2011. What an amazing year it has been for Women's Health East. We have again focused much attention on working with our partners in the region as we work towards enhancing the health and wellbeing of women. Several new projects have been commenced and much of this work is described in greater detail throughout this Annual Report. All of our work is underpinned by a social model of health and stems from our 3-year Strategic Plan which was developed in 2009. We will again be undertaking a three-year strategic planning process in early 2012 and will look forward to consulting with all of you in that process.

One of our key achievements has been in the area of partnerships and relationships. We are very often now sought out by regional partners and decision makers to work alongside them in improving the health and wellbeing of women in the region. Whether it be presenting to service delivery staff on "Why Gender Matters?", or participating in working groups to Prevent Violence Against Women in our community -Women's Health East has been

very active across the region. I am thrilled by the level of engagement we have with our partners and that the expertise of WHE is so positively regarded. In presenting the Annual Report for 2010-2011 to you, I wish to finally, but importantly, acknowledge a number of people. I wish to thank the staff for their hard work and absolute dedication to the work of WHE as we work towards improving women's health and wellbeing. Our work is very often not all that easy and they have shown great professionalism and knowledge in all of their work. I feel enormously privileged to work with such a dedicated and wonderful team. I also wish to acknowledge and thank our Board of Governance for their fantastic and committed work and effort on behalf of the organisation. I would also like to thank our partners and stakeholders within the region and the State for being so committed to the journey and for actively working alongside us to further enhance opportunities for women.



Jenny Jackson Chief Executive Officer



The past year has seen a major focus on our key priority areas of:

- Achieving Gender Equity
- Promotion of Mental Health and Wellbeing
- Prevention of Violence Against Women
- · Enhancing Sexual and Reproductive Health



# Board of Governance as at 30th June 2011

- Marg D'Arcy Chair
- Jackie Kelly Treasurer
- Larissa Seymour
- Liz Olle
- Judy Flanagan
- Isabell Collins
- Tricia Malowney



WHE 2011 Board Members – Liz Olle absent.





Some of the team...

← Jenny, Colleen, Jill, Liz and Loren

### Staff as at 30<sup>TH</sup> June 2011

- Jenny Jackson
   Chief Executive Officer
- Tasha Manoharan Finance Officer
- Colleen Russell Quality/Projects Officer
- Magda Jackson
   Administration Officer /

   Receptionist

- Mandy Hudson
   Project Manager –
   Health Promotion
- Tiana Felmingham
   Health Promotion Officer
   (Maternity Leave)
- Liz Smith
   Health Promotion Officer

- Loren Imbriano
   Health Promotion Officer
- Emma Ludeman
   Health Promotion Officer
- Jill Exon
   Health Promotion Officer

"Volunteering has given me personal satisfaction as I am working with an organisation that strives to increase the health and wellbeing of women throughout the Eastern region of Melbourne".

- Vanessa Czerniawski

## Volunteers as at 30<sup>™</sup> June 2011

- Deanna Imbriano
- Vanessa Czerniawski

# \* 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 of Melbourne (EMR) 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 the 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 the 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 health and wellbeing outcomes of women in the EMR.
- 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.





## **Achieving Gender Equity**

The focus on Gender Equity highlights our goal of ensuring fairness and justice. Recognising diversity and disadvantage, we aim to direct services and resources towards those most in need to ensure equal health outcomes for all.

## **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 in order to prevent violence against women.

### **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 EMR.

## **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.

#### WHE's Garden







# \* STATEMENT OF PURPOSES

Women's Health East is a health promotion organisation working collaboratively to address disease prevention and control, health inequities and disadvantage for women.

Women's Health East, using a social model of health and an holistic approach, aims to prevent illness, disease and injury and promote the independence, health and wellbeing of women through a range of strategies and interventions.

Women's Health East engages in and facilitates health promotion activities through:

- (a) community education, research, information sharing, awareness raising and action on women's health issues
- (b) education and training for health professionals concerning women's health issues
- (c) health programs aimed at improving women's health and wellbeing
- (d) participation of women in health networks at regional, statewide, national and international levels.

Women's Health East aims to actively involve and empower women in seeking:

- (a) ultimate choice, responsibility and control over their own health
- (b) equity and access to women-sensitive health care options recognising a woman's whole life-span and various roles
- (c) dignity and respect for women, with sensitivity towards those physically, emotionally or educationally disadvantaged
- (d) an holistic approach to health care and wellbeing and a broadening of options
- (e) decision making input into planning and development of health care organisations, and the influencing of policy and practices

Women's Health East engages in charitable and/or benevolent activities concerning women's health which are consistent with these purposes

# VICTORIAN WOMEN'S HEALTH PROGRAM

### **Aims**

To improve the health and wellbeing of all Victorian women (with an emphasis on those most at risk), through the development and dissemination of health information and research and through the provision of community and professional education. These activities take place directly with women and in partnership with the health and community sectors. There are 12 services funded through the Women's Health Program in Victoria (VWHP). They include 9 regional services, and three statewide services. The Victorian Women's Health Program was established in 1987, and was developed to provide services 'by women for women'. The dual strategy of delivering gender-specific health services whilst working to improve mainstream services remains a key aspect of women's health.

### Target group

Women's Health Services work to improve the health and wellbeing of all women, but prioritise those population groups for whom access to health services is difficult. These include Koori women; women from culturally and linguistically diverse backgrounds; women with disabilities; rural women and those identified by state-wide, regional and community health planning processes.

## **Philosophy**

Women's Health Services are based on an understanding of health within a social context and recognises that:

- health factors are determined by a broad range of social, environmental and economic factors
- differences in health status and health outcomes are linked to a range of factors including gender, sexual orientation, socioeconomic status, ethnicity and disability, and
- health promotion, prevention, equity of access and strengthening the community and home-based health system are necessary along with high quality treatment services.

# TINTEGRATED HEALTH PROMOTION REPORT July 2010 - June 2011

The Health Promotion team at Women's Health East conducts their work within a feminist framework and has gender equity at the forefront of all initiatives. We focus our efforts on the social determinants of health, aiming to address the conditions in which women are born, grow, live, work and age. We recognise that health is influenced by more than biology and therefore consciously consider other determinants such as culture, sexuality, education and income that impact on women's health and wellbeing.

The majority of our effort is focused on upstream approaches that aim to prevent poor health and wellbeing outcomes for women. We seek to shift individual behaviours and community attitudes in a favourable direction via strategies that target social, economic, physical and cultural environments. To produce this shift, we use a balanced mix of population and individual focused strategies such as capacity building, policy development, advocacy and education. We primarily work in partnership with organisations such as local government and community health services as we believe these partnerships strengthen the effectiveness and sustainability of our efforts to improve the health and wellbeing of women.

With gender equity overarching all our work, we focus on redressing the gender inequalities that limit the lives of women through a range of health promotion strategies. The goals and objectives that directed our work are below with a snapshot of what our work has looked like throughout 2010-2011.



"An equity approach recognises diversity and disadvantage, and redirects services and resources toward those most in need to ensure equal health outcomes for all".

**Jill Exon**Health Promotion
Officer

# ACHIEVING \*GENDER EQUITY

To increase the level of equity experienced by women in all aspects of their lives.

- To increase the understanding of gender equity.
- To influence the health and community sector to consciously consider gender in their work.

#### What this has looked like...

- Development of an Introduction to Gender Equity training (1 hour)
- International Women's Day Movie Night

# PREVENTION OF VIOLENCE AGAINST WOMEN +

To ensure women have safe and respectful lives by working to prevent men's violence against women.

- To reduce men's violence against women.
- To reshape attitudes around men's violence against women.
- To improve and increase the reporting to more accurately reflect the incidence of violence against women.

#### What this has looked like...

- Development of a Prevention of Violence against Women Overview Document
- Development of a journal article around General Practitioners awareness of violence against women (developed from research conducted by Monash Medical Students on their Community Based Placement at WHE)
- Development of Media and Advocacy Training Project (in partnership with ERFVP Prevention Working Group)
- Provision of formal mentoring to the Prevention of Violence against Women Project Officer (Inner East Primary Care Partnership initiative)
- Chair of the Eastern Region Family Violence Partnership Prevention Working Group



Eastern Region Family Violence Partnership Prevention Working Group



# PROMOTION OF MENTAL HEALTH AND WELLBEING

To increase the number of women who experience positive mental health and wellbeing.

- To build the capacity of the health and community sector to more effectively respond to women's mental health and wellbeing needs.
- To build the capacity of women in the community to engage in activities that promote mental health and wellbeing.

#### What this has looked like...

- Delivery of the Investing in Women Building a Socially Inclusive East Project
- Delivery of Mental Health First Aid Training
- Development of a Mental Health and Wellbeing Overview Document

# ENHANCING \* SEXUAL AND REPRODUCTIVE HEALTH

To ensure women experience optimal sexual and reproductive health.

 Advocate for women's sexual and reproductive health amongst the health and community sector in the EMR by 2011.

#### What this has looked like...

- Development of Media and Advocacy Training Project (in partnership with ECASA and WDVCS)
- Development of a Sexual and Reproductive Health Overview Document
- Delivery of the "I Vote for Choice" website/campaign (in partnership with WHAV)

# WOMEN'S HEALTH EAST \*\* SOME HIGHLIGHTS FOR 2010 - 2011:

# Investing in Women-

# **Building a Socially Inclusive East**

We have had a very busy and successful first year of the project. A series of Social Connection Workshops and the development of a Social Connection Resource Kit have been the most significant outcomes of year one.

Firstly a full day Social Connection Workshop was held on May 27th 2011 for people working in the health and community sector (e.g. neighbourhood houses, local government, community health). The workshop was held at the Mooroolbark Community Centre where 92 people attended. Secondly we ran four interactive half day workshops for women in the community at the Women's Health East office in Ringwood throughout June and July. In total we had 39 women attend.

"Thank-you very much for such an interesting, inspirational day!"

"Eye opening...well worth the efforts of all who organised today."

We are now in the midst of the Investing in Women Grants Program where 28 local social connection initiatives will be financially supported by Women's Health East to establish meaningful social opportunities for women in the region. We received 48 applications - we would like to thank everyone who submitted applications. The passion and enthusiasm of women in the region was evident in the wonderful project ideas.







Women participating in the Community Workshops.





Regional partners in the Health and Community Sector Workshops.





At the time of writing, we have been successful in receiving over \$125,000 funding to support the project from:

The Ian Potter Foundation

Department of Planning and Community Development

Inner East Primary Care Partnership

Outer East Health and Community Support Alliance

Bendigo Bank (Ringwood East & Heathmont Branches)

Yarra Ranges Council

Manningham City Council

Boroondara City Council

Maroondah City Council

Whitehorse City Council

Monash City Council

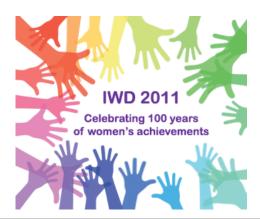


# International Women's Day 2011

International Women's Day is an occasion for looking back on past struggles and accomplishments, and importantly, for looking ahead to the opportunities that await future generations of women. It is important to recognise and evaluate these differences in order to move towards a future that is inclusive and supportive for women.

Some of the inequalities that women are currently faced with include;

- Women in Australia earn 82 cents for every dollar earned by men
- Women hold only 8.3% of Board Directorships
- Women spend three times more time looking after children than men.
- Women's superannuation payouts are less than half of those received by men (\$63,000 compared to \$136,000)
- Women make up 73% of Single Age Pension recipients
- One in three Australian women experiences physical violence in their lifetime
- Nearly one in five Australian women experiences sexual assault in their lifetime



Equity is about directing resources and services towards those most in need to ensure equal outcomes for all. It's about recognising diversity and disadvantage for all regardless of gender differences.

This year's International Women's Day theme was "Celebrating our Past, Planning for our Future". It was a wonderful opportunity for us to reflect on progress and achievements in women's health and wellbeing and to look towards the future as we identify emerging trends and requirements for women's health.

Women's Health East held an International Women's Day Movie Night at Readings Cinema, Chirnside Park on Tuesday 8th March 2011. We had more than 120 women attend the evening.

Feedback from the event was extremely positive and a similar event will be organised next year. Women's Health East would also like to take this opportunity to thank all people making INTERNATIONAL WOMEN'S DAY a visible day to remind us what we are striving for: gender equity.

Women's Health East would like to sincerely thank the following people for their support for the event;

- Bakers Delight: Chirnside Park

Boost Juice Bars: Chirnside Park

Hairhouse Warehouse: Chirnside Park

- Rainbow Meats: Chirnside Park

Target: Chirnside Park

- Woolworths: Chirnside Park

Whitehorse Centre

Knox Community Arts Centre

Ray White: Mooroolbark

- Video Ezy: Mooroolbark

The Body Shop

Fernwood: Chirnside Park

- Readings Cinema: Chirnside Park

# International Women's Day 2011













# QUALITY IMPROVEMENT COMMUNITY SERVICES ACCREDITATION (QICSA) REPORT:



Following our successful quality re-accreditation in May 2010 through QICSA, Women's Health East has focused on continually updating and improving the systems we have in place to support our work.

Some key quality initiatives this year include the development of a uniform branding style for WHE presentations and publications, achieving HONcode certification for our website, detailed documentation of finance procedures, and development of a WHE Partnerships Evaluation Tool. Considerable work has also gone into revising WHE's operational plans, policies and procedures to reflect our new office environment.



# Women participating in the Mental Health First Aid

## MENTAL HEALTH FIRST AID

In February 2011 we ran a Mental Health First Aid Course for women in the community. We believe that because women are the main providers of care, support and advice to family, friends and colleagues, it is important to build their capacity to provide initial support to people who may be experiencing mental health issues.

Sometimes it can be relatively easy to give supportive advice but at times it can be difficult to know what to say, how to act and know what role is appropriate. The Mental Health First Aid course provides women with the skills and knowledge to

provide help to someone developing a mental health issue or who may be experiencing a mental health crisis. The course teaches participants more about depression, anxiety disorders, schizophrenia and bipolar disorder and equips them with the skills to know what to do in crisis situations such as panic attacks, suicidal behaviours, acute stress reactions and acute psychotic behaviours. Participants of the course will learn the signs and symptoms of these mental health issues, where and how to get help and what sort of help has been shown by research to be effective.

We delivered this course in partnership with Manningham Community Health Service and Rotary Doncaster.







## COMMUNICATIONS

### Website

Women's Health East's website aims to offer women in the region health and well being information and information about services and programs which are available to them. It is also designed to offer people working and studying within the region with information about women's health and wellbeing – particularly in relation to WHE's priority areas of: Achieving Gender Equity, Prevention of Violence Against Women, Enhancing Sexual and Reproductive Health, and Promotion Mental Health and Wellbeing.

When analysing our website over the year, the most important statistics is that our website has increased its reach by more than 400%. Over the year we have 7,251 visits to the site compared to 1,375 visits the previous year.



Compared to last year, there has been an increase of 76% of returning visitors.

This suggests that the site content is engaging enough to keep visitors coming back.

## **Top 10 Page Views**

- 1. Women's Health East Homepage
- 2. About us
- 3. Why Women's Health?
- 4. Contact us
- 5. Priority Area- Violence Against Women
- 6. About us > Staff
- 7. WHE Programs > Integrated Health Promotion
- 8. Women's Health Resources
- 9. Priority Area Enhancing Sexual and Reproductive Health
- 10. WHE Programs > Women's Health and Wellbeing

### Media

WHE has been active in the regional media as we strive to raise awareness about key women's health and wellbeing issues. Over the year Women's Health East had 25 media entries across the seven local papers. With the up coming Media and Advocacy Project, Women's Health East will aim to get more into the papers.

#### Topics covered include:

- Prevention of Violence against Women
- Mental Health
- WHE programs
- International Women's Day

Some examples:

# **Training can** offer support

#### MY MENTAL HEALTH

#### Liz Smith, Women's Health East

IN OUR community, women are the main providers of care, support and advice to family, friends, colleagues and community members.

Sometimes it can be relatively easy to give supportive advice but at times it can be difficult to know what to say, how to act and know what role is appropriate.

If someone you know is experiencing mental health issues and they come to you for help or you feel as though you would like to support them, there is Mental Health First Aid training available to learn how to provide initial support to those around us.

The Mental Health First Aid course can provide women in Maroondah with the skills and knowledge to provide help to someone developing a mental health problem or who may be experiencing a mental health crisis.

The course will be run from February 23 until March 16 over four consecutive Wednesdays from 9.30am at Women's Health East in Ringwood. Cost: \$17. Details: whe.org.au or phone Women's Health East on 8873 3700. RSVP by Friday, December 17.

# **Mental health first-aid**

#### MY COURSE

### Liz Smith, Women's Health

IN OUR community, women are the main providers of care, support and advice to family, friends, colleagues and community members.

Sometimes it can be relatively easy to give supportive advice but at times it can be difficult to know what to say, how to act and know

what role is appropriate. If someone you know is experiencing mental health issues and they come to you for help or you feel as though you would like to support them, there is Mental Health First Aid training available to learn how to provide initial support to those around us.

The Mental Health First Aid course can provide women in Manningham with the skills and knowledge to

provide help to someone developing a mental health problem or who may be ex periencing a mental health crisis.

The course will be run from February 23 to March 16 over four Wednesdays from 9.30am at Women's Health East in Ringwood. Cost will be \$17.

► Details: whe.org.au or phone Women's Health East on 8873 3700.

# **Breaking** down the **barriers**

### Loren Imbriano Women's Health East

ABOUT 100 health and commu-

ss, carer responsibilities and

ness, carer responsibilities and cultural diversity.

"We know that when women are able to join together they support each other during the tough times and the good times. This has a really positive effect on how women feel."

A similar half-day workshop on June 15 is open to women in Maroondah who are interested in learning more about social connection and who may also be keen to establish social connection opportunities within ABOUT 100 health and community sector workers attended the Women's Health East social connection workshop on May 27. The workshop was held to help workers better understand the relationships people have with others, and the mental health and wellbeing benefits these relationships ean bring to an individual as well as to society. Women's Health East believes social connection can be a social connection and who may also be and well being benefits these relationships can bring to an individual as well as to society. Women's Health East for establish social connection when a social connection and who may also be a social connection and who ma

# AUSTRALIAN HEALTH PROMOTION ASSOCIATION – CONFERENCE REPORT

Over 10-13 April 2011, WHE Health Promotion team attended the AHPA 20<sup>th</sup> National Conference held in Cairns. This was a great opportunity to collectively refocus our attention on the determinants of health and to hear from others doing innovative work in the field.

Highlights included listening to engaging speakers such as Professor Fran Baum who presented on "Avoiding Lifestyle Drift in Australian Health Policy and Practice", Professor Ronald Labonte who presented on how globalisation processes affect our daily health, and many others who shared snippets of inspiring work from across Australia.

Other highlights included a wonderful 'under the sea' themed conference dinner where delegates got their dancing shoes on and partied in style. All in all, the conference was a great opportunity to mingle with other health promotion delegates, to be re-inspired about the important work that we do, and importantly, the conference offered a great opportunity for us Melbournians to enjoy the beautiful sunny weather that Cairns had to offer!



### DATA BOOK

Women's Health East released a Data Book on women in Melbourne's eastern region. The Data Book includes statistical information extracted from a range of reputable population and health data sources in order to build a comprehensive profile of women across the local government areas. It serves as a resource for gender-specific population health and wellbeing planning in the region. The Data Book brings together (into one resource) current statistical information about women in Melbourne's east, thereby providing planners with the impetus to find out more about women's needs, determine gaps, and develop appropriate program and service responses.

Please visit our website to view/download the Data Book. Hard copies of the Data Book are available to purchase for \$25.00 which includes postage.

# PRIMARY PREVENTION OF VIOLENCE AGAINST WOMEN

Over the past year there have been many exciting developments in the area of preventing violence against women (PVAW) – one of WHE's key priority areas. In August 2011, WHE interviewed three women to provide a snapshot of PVAW activities and highlights happening across the Eastern Metropolitan Region of Melbourne (EMR) for 2011 to date.

Highlights were provided by Erin Davis, the Regional Family Violence Coordinator for the Regional Family Violence Partnership (RFVP), Laura Wood, Inner East Project Officer for PVAW, and Nicole Hunter, Acting Coordinator Community Access and Equity at Knox City Council.

# Key highlights for 2011 include:

 At a regional level, the range of local prevention responses happening across community health services and councils connecting with family violence and sexual assault services through the RFVP PVAW working group.

- Erin believes that one of her key highlights has been the "exemplary leadership of Women's Health East in prevention work across the region, with CEO Jenny Jackson as Chair of the regional PVAW working group and as a member of the Executive Committee of the RFVP".
- The commencement of the Inner East Primary Care Partnership funded PVAW Project which works across the City Councils of Boroondara, Manningham, Monash and Whitehorse. The project aims to embed and drive cultural change across all areas of Council operations to address the determinants of violence.
- Outer East Metropolitan Cluster (one of three clusters) which was announced in June 2011 by Minister Mary Wooldridge. The Outer East Cluster engages the City Councils of Knox, Maroondah and Yarra Ranges in a "world-first" initiative aimed at preventing violence against women. The project will be rolled out over the next 4 years.
- Successful establishment and endorsement of the Outer East PVAW Strategic Alliance.

In looking forward, Erin is excited to see the development of the 'Speaking Out to End Violence' Media and Advocacy project being delivered through the partnership work of Women's Health East, Women's Domestic Violence Crisis Service and the RFVP.



"It will be exciting to see workers and women who have been responding to family violence speak out about their experiences and make a positive contribution to the portrayal of violence against women in the media."

#### **Erin Davis**

Regional Family Violence Coordinator for the Regional Family Violence Partnership

Across the Inner and Outer Local Government areas, both Laura and Nicole look forward to future developments and seeing key initiatives help to drive the process of strengthening the role of council in preventing violence against women. While interviewees noted the important work of WHE in sharing their knowledge and expertise to help imbed this important work in the EMR, WHE are excited to share the journey with and support the exciting developments happening in the EMR. Many thanks to Erin, Nicole and Laura for contributing to this article!

# + Financial Reports For the Year Ended 30 June 2011

Balance Sheet as at 30<sup>th</sup> June 2011

	2011	2010 \$
Equity		
Retained Earnings	284,854	248,063
Total Equity	284,854	248,063
Represented by:		
Current Assets		
Cash on Hand	350	350
Cash at Bank - Bendigo Solutions	568	7,591
Cash at Bank - Bendigo Savings	291,839	199,148
Cash at Bank - Bendigo Statement Sandhurst	79,328	80,000
Undeposited Funds	490	3.9
Security Deposits	3,333	
Trade Debtors	5,654	9,289
	381,562	296,378
Non-Current Assets	CONT. STORY	5017925
Motor Vehicles	19,544	15,637
Less Accumulated Depreciation	2,408 17,136	4,689 10,948
	2007-2009 2007-2009	
Office Furniture & Equipment	53,032	20,787
Less Accumulated Depreciation	19,136	9,444
	33,896	11,343
	51,032	22,291
Total Assets	432,593	318,669
Current Liabilities		
Bendigo Mastercard	1,916	102
Trade Creditors	6,922	9,089
Other Creditors	2,563	2,291
Provision for Holiday Pay	26,567	16,152
Provision for Long Service Leave	4,012	10.0
Provision for GST	16,355	11,873
Accrued Charges	-	1,100
Income in Advance	89,404 147,739	30,000 70,607
		70,007
Total Liabilities	147,739	70,607
Net Assets	284,854	248,063

## Income Statement for the year ended 30th June 2011

	2011	2010
	\$	\$
Income		
Interest Received	10,065	5,481
Recoupments	11,480	39,551
Other Income	2,504	111
DHS Health Promotion Funding	502,341	512,733
DHS Workforce Development Funding	26,491	
Other Funding	64,451	3,000
Profit on Sale of Non-current Assets	746	159
Rental Income	16,200	27,281
	634,279	588,316
Expenditure		
Administration Costs	93,184	120,956
Donations	40,000	
Employment Expenses	380,617	336,838
Motor Vehicle Expenses	5,056	4,359
Occupancy	78,630	60,633
	597,487	522,785
Operating Profit	36,792	65,530

## Statement of Changes in Equity for the year ended 30th June 2011

	2011	2010
	\$	\$
Retained Earnings at the beginning of the financial year	248,063	182,532
Operating profits attributable to members	36,792	65,530
RETAINED EARNINGS AT 30 JUNE 2011	284,854	248,063
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# Notes and forming part of the Financial Statements for the year ended 30<sup>th</sup>June 2011

#### 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 recognized 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 recognized 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.

# Statement of Cash Flows for for the year ended 30th June 2011

,	2011	2010
CASH FLOW FROM OPERATING ACTIVITIES Receipts from Operating Activities Payments to suppliers and employees Interest received	687,253 (570,087) 10,065	609,218 (515,393) 5,481
Net cash provided by (used in) operating activities (Note 2)	127,231	99,306
CASH FLOW FROM INVESTING ACTIVITIES Proceeds from (payment for) property, plant, equipment and motor vehicles Proceeds from (payment for) investments	(41,745) 672	(5,870) (80,000)
Net cash provided by (used in) investing activities	(41,073)	(85,870)
CASH FLOW FROM FINANCING ACTIVITIES Proceeds from (payment for) loans	-	
Net cash provided by (used in) financing activities	97	5
Net increase (decrease) in cash held Cash at beginning of year	86,158 207,089	13,436 193,653
Cash at end of reporting period (Note 1)	293,247	207,089

#### 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 Cash at Bank	350 292897	350 206739
	293,247	207,089
NOTE 2. RECONCILIATION OF NET CASH P OPERATING ACTIVITIES TO OPER		
Operating Profit(Loss) after income tax Depreciation of Non-current Assets (Surplus) Deficit on Sale of Fixed Assets Changes in Net Assets and Liabilities: (Increase)/decrease in trade and other receivab	36,792 15,948 (2,943)	65,530 15,757 (159) (5,617)
(Increase)/decrease in other current assets (Increase)/decrease in deposits Increase/(decrease) in trade and other payables Increase/(decrease) in provisions Increase/(decrease) in revenue in advance	(3,333)	(88) - (11,587) 5,470 30,000
	127,231	99,306

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# + Auditors Report



INDEPENDENT AUDITOR'S REPORT To the members of **WOMEN'S HEALTH** EAST INC **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 30<sup>th</sup> June 2011, 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 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 Managements 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 of

- (a) gives a true and fair view of **WOMEN'S HEALTH EAST INC's** financial position as at  $30^{th}$  June 2011 and of its performance for the year ended on that date in accordance with appropriate accounting policies;
- (b) and complying with appropriate Australian Accounting Standards

Janet Collyer

J L COLLYER & PARTNERS

J.T. Ellyn

7<sup>th</sup> October 2011

**DIRECTORS** 

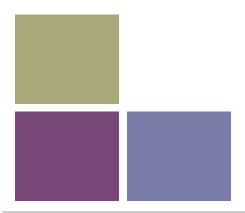
JANET L. COLLYER FCPA

LIONEL R. ARNOLD CA B.BUS

RAELENE LAI CPA B.COM



LIABILITY LIMITED BY A SCHEME APPROVED UNDER PROFESSIONAL STANDARDS LEGISLATION



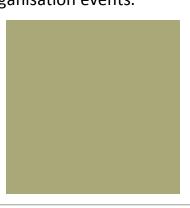
## **DONATIONS**

In order for us to have a greater impact on the lives of all women across the seven Local Government Areas of the region, Women's Health East relies heavily on donations and funding from a variety of other sources in addition to our core funding. We work very hard to ensure that each and every dollar is used in the most effective and efficient way. To us, every dollar counts. Please visit www.givenow.com.au/whe to donate. Thank you.

## JOIN US!

All women living, working or studying in the Eastern Metropolitan Region of Melbourne are eligible for membership to Women's Health East. Membership is free and incudes a quarterly eNewsletter and invitations to organisation events.

To find out how to join call us on 8873 3700 or visit or complete an online membership form at www.whe.org.au.







# Women's Health East

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