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Who we are

Women's Health East (WHE) is a regional women's health promotion organisation working across the Eastern Metropolitan Region (EMR) of Melbourne. We work to improve the health and wellbeing of girls and women.

The Eastern Metropolitan Region includes an area of almost 3000 square kilometres, a population of over one million people and seven local government areas – Boroondara, Knox, Maroondah, Manningham, Monash, Whitehorse and Yarra Ranges.

The organisation is a not-for-profit incorporated association, and receives the majority of its funding through the Victorian Department of Health.

The health promotion team at Women's Health East works exclusively in gender-based health promotion, which involves:

- Working in partnership with other health and community agencies to promote gender-based planning in health promotion and service delivery, and to improve service system access and responsiveness for women
- Training and education programs for service providers on women's health issues and gender awareness in planning and service delivery

- Research into women's health needs
- Advocacy and consultancy within the health and community sector to promote women's health and wellbeing
- Raising awareness of health and wellbeing issues experienced by women
- Partnerships with service providers and establishing networks to improve services for women

Where a specific area of need has been identified, or when specific funding has been secured, WHE also works directly with women to enhance their health and wellbeing.

Our mission is to ensure that women in the EMR have the best possible opportunity to reach their potential. We do this by addressing the following priority areas:

- Prevention of Violence Against Women
- Promotion of Mental Health and Wellbeing
- Enhancing Sexual and Reproductive Rights

This work all sits within an overarching priority of enhancing gender equity. We recognise that if our society provided equitable opportunities and experiences for men and women, this would make enormous strides towards improving the health and wellbeing of women.

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Chair Report

- Jackie Kelly

On behalf of the Board of Governance of Women's Health East, I am proud to present you with our annual report for the 2011/2012 year. Women's Health East has progressed from strength to strength in recent years and this one was no different. I am sure you will also be impressed by the work of our committed and motivated staff as you make your way through this report.

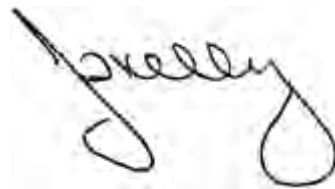
This was a year of change with the departure of Jenny Jackson as our Chief Executive Officer in November 2011. The Board would like to express our great appreciation for all that Jenny achieved in her 2 ½ years with the organisation. She was clearly instrumental in developing Women's Health East into the reputable organisation that it is today. Jenny valued working with others and consequently nurtured trusting and enduring relationships between WHE and our partners in the region. This will hold the organisation in good stead into the future.

In February 2012 we were pleased to warmly welcome Kristine Olaris as the incoming Chief

Executive Officer. Kristine has a strong background in health management and in health promotion. In Kristine's first few months she instilled the Board with confidence that the organisation was in competent hands.

On a less positive front, this year also brought us news of a cut to the organisation's funding of 5% per year for the next two years. This will certainly challenge the organisation in the upcoming years, however the Board and staff will remain focussed on ensuring that the WHE continues to meet its vision of making a positive impact on the health and wellbeing of women in the Eastern Metropolitan Region.

I would like to also acknowledge the fantastic women, who form the Board of Governance of WHE, for their time, commitment and strategic leadership over the year. This year we have welcomed new members Cindy Barnes (treasurer) and Tricia Ong and have farewelled Liz Olle and Isabel Collins.



Jackie Kelly



Board of Governance

Over the period of 1st July 2011 – 30th June 2012 the Board of WHE comprised the following women:

- Jackie Kelly – **Chair**
- Larissa Seymour – **Deputy Chair**
- Cindy Barnes – **Treasurer**
- Marg D’Arcy
- Judy Flanagan
- Tricia Malowney
- Tricia Ong – commenced December 2011
- Isabel Collins – resigned March 2012
- Liz Olle – resigned April 2012



Some WHE Board Members

CEO Report

– Kristine Olaris

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In February this year, as the incoming Chief Executive Officer, I participated in a strategic planning day to set directions for 2012- 2013. It was only my second week with the organisation but by the end of the day I knew that I had made the right decision in joining Women’s Health East. I feel very fortunate to be working with such a dedicated, skilled and supportive Board, and a team of staff who are motivated, enthusiastic and totally committed to their work.

For a small organisation, an enormous amount of work has been achieved over the last year, despite the extended period without a Chief Executive Officer. It is clear that the work of the organisation did not stop or even slow down over this period, and I believe the staff should be commended for their efforts over this time.

Highlights of the year have included the commencement of the Eastern Media Advocacy Project, the Prevention of Violence against Women Peer Learning Sessions, the Investing in Women Grants Program and the Financial Literacy workshops for newly arrived and refugee women. Internal work of the organisation has included a focus on increasing the relevance of our quality improvement systems, and beginning to review and strengthen the environmental sustainability of our operations. These great initiatives and more are all outlined later in this report.

Over the year since I commenced at Women’s Health East, I have been overwhelmed by the incredible level of support that the organisation experiences from our fantastic partners including each of the local governments and community health services as well as a range of others. I have realised what an enormous amount of goodwill there is for this organisation in the region. This is of course very much the legacy of Jenny Jackson who was incredibly successful in leading the team at WHE in building these relationships. WHE would like to extend our sincere thanks to all of our partners over the last year, because without you we cannot achieve our aims.

I look forward to the upcoming year and am confident that Women’s Health East will continue to make a difference in the health and wellbeing of women in the Eastern Metropolitan Region.



Kristine Olaris



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WHE Staff

- Kristine Olaris
CEO
- Tasha Manoharan
Finance Officer
- Colleen Russell
Quality Project Officer
- Liz Smith
Health Promotion
Officer
- Loren Imbriano
Health Promotion
Officer
- Vanessa Czerniawski
Research Assistant
- Jill Exon
Health Promotion
Officer
- Deanna Imbriano
Administration Officer
- Jenny Jackson
CEO until October 2011
- Tiana Felmingham
Health Promotion
Officer until July 2011
- Emma Ludeman
Health Promotion
Officer until August
2011
- Magdalena Jackson
Administration Officer
until September 2011
- Mandy Hudson
Project Officer until
December 2011



Some WHE staff members

Volunteers

Women's Health East would like to take this opportunity to thank the 26 volunteer advocates who are part of the Eastern Media Advocacy Project. These women are brave and inspiring. With their help we are working towards preventing violence against women.

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Student Placements

Taryn Muller and Brooke Wilkinson, Deakin University

In July to November 2011, Taryn and Brooke from Deakin University joined WHE to undertake their Health Promotion placement. During their time at WHE they developed numerous media releases, collated workshop evaluations and contributed to project and event planning.

Courtney Sanders and Samantha Leslie, Deakin University

In April to May 2012, Courtney and Samantha joined WHE to undertake their final year placement as Health Promotion students. During this time, they developed a Stakeholder Consultation Survey.

Melissa Chong and Meredith Isabel Salmon Krone, Monash University

In 2012, Medical students, Melissa and Meredith completed their Community Based Placement (CBP) at WHE. Students built on the work of previous CBP students by developing a communication strategy between WHE and GP Divisions to prevent violence against women in the EMR.

WHE would like to thank and acknowledge all the students for their contributions during 2011-2012.

'Completing my university placement at WHE was a wonderful experience, which has equipped me with the skills and knowledge to work effectively in health promotion. Learning about effective ways to deal with the media and better promote health issues was extremely valuable'.

(Student)

'Undertaking my placement at WHE ignited a passion in me to work in promoting violence against women and preventative measures. I am so grateful to the wonderful team at WHE for such a great experience'. (Student)

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.

Statement of Purpose

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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

Integrated Health Promotion Report 2011-2012

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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, the environment, education and income that can 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 influence community attitudes, organisational directions and individual behaviours by using a balanced mix of 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, reach 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.



Health Promotion Team
Liz, Loren, Vanessa and Jill

The goals and objectives that have directed our work are;

Upholding Gender Equity

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

1

- Increase the understanding of gender equity within the community and the health and community sector within the EMR.
- Influence the health and community sector in the EMR to consciously consider gender in their work

Promoting Mental Health & Wellbeing

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

2

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

Preventing Violence Against Women

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

3

- Reduce men's violence against women in the EMR.
- Reshape attitudes around men's violence against women in the EMR throughout the community and the health and community sector.
- Improve and increase the reporting to more accurately reflect the incidence of violence against women in the EMR.

Enhancing Sexual & Reproductive Health

To ensure women in the EMR experience optimal sexual and reproductive health.

4

- Reshape attitudes around sexual assault in the EMR throughout the community and the health and community sector.
- Advocate for women's sexual and reproductive health amongst the health and community sector in the EMR

WHE Projects

Investing in Women

Building a Socially Connected East

In 2009-10 Women's Health East developed the Investing in Women project and it is now in its final six months, due to be complete by December 2012. The project aims to strengthen women's social connection by building the capacity of the health and community sector, and women in the community, to understand the barriers to social connection and develop new and innovative ways to establish meaningful social activity.

The past year has focused on the Investing in Women Grants Program. This aspect of the project provided opportunities for women to establish meaningful social connections and engage with other women in their community. The aims of the Grants Program are to:

- Address barriers to being socially connected
- Improve women's mental health and wellbeing
- Encourage women's engagement with their peers in the community.

Through this program WHE supported the establishment of twenty-eight social connection initiatives across the region. The next six months will involve collating the evaluation results from the Grants Program, supporting the social connection initiatives to continue and assembling an Investing in Women project report which will be available later this year.

The "Social Connection Resource Kit" is part of the "Investing in Women – Building a Socially Connected East" project. The resource kit includes a range of comprehensive information and resources from a range of reputable sources to support the health and community sector to address social isolation. It serves as a valuable 'one-stop-shop' for information and resources around social connection, social isolation and women's health and wellbeing. Through using this resource kit, organisations in the Eastern Metropolitan Region will be able to be more responsive to women's specific needs. The resource kit has both paper based and electronic components. Please visit our website to download the kit.



Mums for Mums Group
This initiative provided women, who are new to Melbourne, with the opportunity to meet other mothers in their community to socially connect and support each other due to the lack of extended family

A number of women, who participated in the grants program, chose to keep journals as a way to capture their experience. Some quotes include:

"Knowing that we can trust each other and have someone to call in need is a wonderful thing, lovely experience and relief in our small group."

"This is my opportunity to connect with my community."

"There are now people in town I can say 'G'day' to and I have found out about great activities."

"I am not a 'joiner' and am quite shy, so it was a big step for me to ring and see if I could join in. It

was the best thing I could have done!"

"I am so pleased to have this bunch of women who are all very different but very nice. Personally I have had some of the hardest times of my life (and I certainly have had some rough times) and it has been so great to have so much support."

"Connection with other women with similar struggles...hearing their stories and sharing my own makes me feel like I am not alone in my situation."



Depression & Anxiety Support Group



The Eastern Media Advocacy Project

The Eastern Media Advocacy Project ensures that the voices of women who have experienced family violence and sexual assault are heard through the media and public events. Led by Women's Health East, in partnership with the Women's Domestic Violence Crisis Service, the Eastern Centre Against Sexual Assault and the Eastern Domestic Violence Service, the project seeks to influence a change in community attitudes and to promote the prevention of violence against women.

One in three Australian women experience physical violence over their lifetime and one in six women have experienced sexual violence since the age of 15 years. Women speaking out about their experience encourages other women to come forward, it also helps to challenge many of the attitudes that support family violence and sexual assault and makes the issue real.

Through this project, women survivors of sexual assault and family violence in the EMR were trained as advocates to share some of their experiences and to bring a human face to help stop violence against women. Workers from community agencies were also provided with training to respond effectively to media. The main focus of the training was the process of interviews including how to prepare, how to deflect difficult questions, how to strategically respond to questions and how to deliver key messages.

The advocates are able to challenge many of the commonly held beliefs around sexual assault and family violence. They can correct misconceptions and stereotypes about victims and support the Victorian Government and Victorian Police in ensuring that perpetrators are held accountable.

The impact on the advocates of participating in the project has been profound. One advocate said that *"Becoming an advocate through the Eastern Media Advocacy Project meant that I was no longer in 'hiding'. I was 'out'. I moved through vulnerability to become stronger and more empowered than I have ever been."*

Since the commencement of the project, the advocates have been involved in 54 opportunities. The advocates have featured in newspaper articles, attended press conferences and have been involved in public speaking at various events.

This dynamic and challenging initiative, through repeated exposure via various media outlets, impacts on community attitudes to violence against women, enhances recovery of women who have experienced family violence and sexual assault and ultimately reduces the incidence of violence against women.



Snapshots from the Project



Advocate who presented at a Council White Ribbon Day event.



Advocate being interviewed at White Ribbon Day 2011. The interview was broadcast across Channels 7, 9, 10 and SBS.



Advocates working hard on their speeches during the training.

Practice interviews with journalist Lina Caneva from the sector media training



Financial Literacy Project

For many newly arrived and refugee women, understanding the financial systems in Australia is an incredible challenge yet it is also an important part of the settlement process. In 2012 Women's Health East partnered with Women's Health in the North to develop and deliver a series of Financial Literacy workshops to 3 newly arrived groups in the EMR including; Hakha Chin, Karen and Middle Eastern community groups. Other key partners in this work included the Migrant Information Centre (Eastern Melbourne) and Eastern Access Community Health (EACH) - The aim of the workshops was to increase the skills, confidence and knowledge of newly arrived and refugee women around financial literacy. The workshops covered topics such as budgeting, saving, credit, contracts, financial counselling, and consumer rights and responsibilities.

A Financial Literacy manual entitled **"Managing Money: Every Woman's Business- A guide to increasing women's financial capability"** is being developed and will be available as a resource for use by community organisations in the near future.

The Karen workshop.



Prevention of Violence Against Women (PVAW) Peer Learning Sessions

In 2011, WHE were funded by the Department of Health to run two peer learning sessions on the prevention of violence against women. The sessions engaged health promotion practitioners working to PVAW in the EMR and were facilitated by Marilyn Beaumont, a long-standing advocate for women's health and former Executive Director of Women's Health Victoria.

The first session included a presentation by David Flynn, who was the project coordinator of *Baby Makes 3* - a primary prevention project that promotes equal and respectful relationships within new-parent relationships (a partnership project between Whitehorse CHS and the City of Whitehorse Maternal Child Health Services). Marilyn used the *Baby Makes 3* presentation as a springboard for discussions which prompted peers to reflect and share openly about their experiences and learnings working in primary PVAW.

The second PVAW Peer Learning session (back by popular demand!) was an opportunity to build on important discussions and deepen participants' knowledge around PVAW and primary prevention practice. Jill Exon from WHE also presented and launched WHE's PVAW Overview Document.

Overall, the peer learning sessions provided a great forum to learn from each other and gain some valuable insights and knowledge around effective practice to take back to individual workplaces.



Lively group discussions at the PVAW Peer Learning Sessions

International Women's Day

International Women's Day is held in March each year. It globally celebrates the economic, political and social achievements of women in the past, present and future. The day also provides an opportunity to recognise women's achievements, raise awareness of women's issues, and encourage continued action to redress inequalities.

This year Women's Health East held an 'International Women's Day' event at Ringwood Bowls Club on Wednesday 7th March 2012. We had over 50 women who volunteered through our organisation during the year and we wanted to celebrate the contribution that they have made to their community around preventing violence against women, encouraging social connection and advocating against sexual assault.

The evening included a game of lawn bowls and a sit down dinner. The meal was cooked by Karen women from Burma who were participants in our

Investing in Women Grants Program. We also had a number of inspiring presentations by survivor advocates of sexual assault and family violence from the Eastern Media Advocacy Project.

Feedback from the event was extremely positive and we would like to take this opportunity to thank those who made International Women's Day visible and for reminding us what we are striving for - **gender equality**.

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

- Bakers Delight: Ringwood Square
- Kmart: Eastland
- Souvlaki Station
- Whitehorse Centre
- Knox Community Arts Centre
- Ringwood Bowls Club.



Women enjoying International Women's Day

16 Days of Activism Media Campaign

Over the *16 Days of Activism against Gender Violence* (25 November – 10 December 2011), WHE ran a website campaign to raise awareness about violence against women for each of the 16 Days. The campaign addressed a range of myths and facts around violence against women and promoted information about the significant days, including; International Day for the Elimination of Violence against Women and International Human Rights Day, just to name a few.

Stepping Out... to End Violence Against Women

Another way that WHE, together with the Eastern Region Family Violence Partnership PVAW Working Group, promoted the 16 days of Activism was through the *'Stepping Out to End Violence Against Women and Children'* event held at Lilydale Lake. The event took place on the morning of 1 December 2011 and included a number of fun activities.

Workers, community members and children took part in an organised walk (or a run for the more energetic) around the lake which included a variety of distances. Participants also heard a moving presentation by Gerdina, a trained Family Violence Advocate. They enjoyed an informative expo from a range of organisations and local support services in the EMR, and a delicious morning tea. There was plenty to keep the children engaged, from face painting, frisbee throwing and bubble blowing activities, and certainly, the free lolly bags were a hit!

Despite the menacing clouds, the event attracted over 80 people. While the day provided a platform to raise awareness of violence against women as a serious public health issue, it was also a wonderful success in bringing together community members and workers alike to step out to end violence against women.

One worker commented *"What a great day! I would love to see this take place as an annual event."*



Some snapshots from the day



Regional PVAW Activities

WHE is an active partner in a range of initiatives across the region.

Outer East Cluster Project: Preventing violence against women in our communities' project

The *Preventing Violence against Women in Our Community* project seeks to develop a whole-of-community approach to the prevention of violence against women. Since its inception, the project has begun to raise the profile of PVAW and gender equity across the 3 outer east councils: Maroondah, Yarra Ranges and Knox City.

WHE looks forward to contributing to the project through our involvement in the project working group and progressing this important work!

Regional Family Violence Partnership PVAW working group

Women's Health East chairs this working group of the Regional Family Violence Partnership. The group meets monthly to address two major strategies of the work of the RFVP. These are to establish partnerships across government and non-government agencies and accountable leadership structures for sustainable prevention, and to strengthen community leadership to drive change. New members are always welcome!



Working group from the Inner East PVAW Project

Inner East PVAW Project

At the conclusion of the Inner East PVAW project (in June 2012) the region celebrated the successes of the project. The 15 month project - funded by the Inner East Primary Care Partnership (IE PCP) and housed within Monash City Council – sought to embed PVAW as a priority and drive cultural change within the City Councils of Boroondara, Manningham, Monash and Whitehorse.

As a member of the steering committee, WHE worked closely with project partners including: City Councils of Boroondara, Manningham, Monash and Whitehorse; the Regional Family Violence Partnership; MonashLink; and the IE PCP. The project was successful in raising the profile of PVAW and creating a strong platform for the four inner east councils to continue to drive cultural change and address the key determinants of violence against women.

The project was also significant in strengthening key partnerships, and breaking new ground in the EMR – working across a range of sectors to prevent violence against women.

Steering committee members of the Inner East PVAW Project now look forward to sharing key learnings more broadly and to ensuring that the momentum which was created in this project is built upon.



Communications



Website

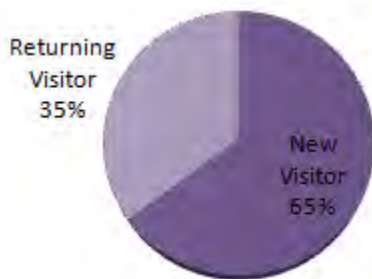
Our website aims to maintain and inform women and our partner agencies about the services, support and programs we can offer them. Over the last year, our percentage of returning visitors has increased showing that our website contains a range of valuable resources and information that keeps users coming back to the site. Visitors to the site come from all over Australia.

The peak number of visitors to our site and highest number of downloads was around the time of 16 days of Activism and White Ribbon Day

Women's Health East Data Book has been the highest download document within the year with approximately 800 downloads.

Women's Health East has a strong online presence and we hope to only increase this.

Visitors



This data shows the percentage of new versus returned visitors to our website.

Top 8 Page Views

1. Home page
2. About us
3. Contact us
4. WHE Programs>Why Women's Health
5. About us>Staff
6. WHE Programs>Integrated Health Promotion
7. Women's Health Resources
8. About us>Strategic Directions

Social media, other media & Newsletters

WHE has been active in regional media as we strive to raise awareness about key women's health and wellbeing issues. Over the year, Women's Health East has had numerous media entries across the local newspapers. The Eastern Media Advocacy Project helped to increase the number of media opportunities about violence against women.

Topics covered include: prevention of violence against women, sexually transmitted disease, mental health and also an extensive focus on the Eastern Media Advocacy Project and its work.

In 2011, WHE joined the social media bandwagon and developed a Facebook page. We use this communication tool to let our 'friends' know of recent issues/events that they may be interested in. WE encourage you to 'friend' WHE and let us assist you to keep up to date in women's health issues.

Over the year, WHE also produced 4 eNewsletters that provided an update of the organisation's work and the latest news and activities within the Eastern Metropolitan Region. Our newsletter is sent out electronically to our membership and contacts. If you would like to receive our newsletter please email

health@whe.org.au

Resource Development & Advocacy

In order to support our aim of improving the health and wellbeing of women and girls, to build the capacity of the EMR and to advocate for change, WHE develops and maintains a range of resources and advocacy papers. Our resources are available on our website. They include the regularly accessed Women's Health East Data Book, the Social Connections Resource Kit, and our series of Fact sheets.

New resources developed over the year included the:

- PVAW Overview Document
- Guide to Services for Women

Some highlights of the year in this area of work included:

Guide to Services for Women

This booklet contains information regarding a range of services that are provided by health and community organisations to support women who work, live or study in the Eastern Metropolitan Region. Some of the organisations work across the state and some work more locally.



Photo courtesy of Lucy Di Paolo and Yarra Ranges Weekly

PVAW Overview document

The PVAW Overview document was officially launched and disseminated in December 2011 at the 2nd Peer Learning Session on PVAW. The document is designed as a useful resource for practitioners working in local government, community and health sectors to increase understanding of violence against women and its gendered nature, and to provide a local context

to primary prevention work in the EMR. Between December 2011 and June 2012, the PVAW Overview was downloaded from our website 228 times.

Action Plan Consultation Framework

In March 2012, WHE provided feedback to the Office of Women's Policy (OWP) regarding the Action Plan Consultation Framework for Addressing Violence Against Women and their Children. WHE participated in two consultation sessions; including one general session and another specific to primary prevention, and also submitted a written response. WHE look forward to seeing the outcomes and future development of the Action Plan.

National Disability Insurance Scheme

Along with thousands of others, WHE staff attended the National Disability Insurance Scheme (NDIS) rally at Federation Square in April. We had a great afternoon supporting such an important cause.

The NDIS is aimed at providing long term, high quality support for around 410,000 people who have a permanent disability that significantly affects their communication, mobility, self-care or self-management.

All Australians would benefit from this scheme because disability can affect anyone, anytime. Everyone will benefit from building a more inclusive, more diverse community (Every Australian Counts, 2012).



Quality Improvement at WHE

Throughout 2011-12, Women's Health East has maintained a strong commitment to continuous quality improvement, updating our governance and operational policies, and initiating various improvements to our organisational systems and procedures. Key quality initiatives this year include the development of a special leave policy for employees who experience/have experienced family violence, sexual assault, mental illness, disability or serious physical illness; preparation of a 'Guide to Services for Women' booklet to assist in referring women to appropriate health and support services; and improved office recycling and energy saving measures.

In October, 2011 the Board of Governance made the decision to discontinue external accreditation through QICSA and instead establish an internal quality improvement system tailored specifically to WHE's health promotion and capacity building work.

Key components of our new quality framework include a set of quality standards tailored to health promotion in the women's health sector, an annual Quality Improvement Plan, and a quality assessment process which incorporates regular internal assessment and advice from an external Quality consultant. We are consulting with other women's health services with a view to sharing the quality framework across the women's health sector. This is an exciting initiative for WHE and the women's health sector.

Financial reports

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Balance Sheet As at 30 June 2012

	2012	2011
	\$	\$
Equity		
Retained Earnings	325,968	284,854
Total Equity	<u>325,968</u>	<u>284,854</u>
Represented by:		
Current Assets		
Cash on Hand	350	350
Cash at Bank - Bendigo Solutions	1,071	568
Cash at Bank - Bendigo Savings	-	291,839
Cash at Bank - Bendigo Statement Sandhurst	126,690	79,328
Undeposited Funds	-	490
Cash at Bank - Bendigo Term Deposit	280,000	-
Security Deposits	3,333	3,333
Trade Debtors	324	5,654
	<u>411,768</u>	<u>381,562</u>
Non-Current Assets		
Motor Vehicles	19,544	19,544
Less Accumulated Depreciation	7,546	2,408
	<u>11,998</u>	<u>17,136</u>
Office Furniture & Equipment	53,032	53,032
Less Accumulated Depreciation	29,683	19,136
	<u>23,349</u>	<u>33,896</u>
	<u>35,346</u>	<u>51,032</u>
Total Assets	<u>447,114</u>	<u>432,593</u>
Current Liabilities		
Bendigo Mastercard	7,316	1,916
Trade Creditors	30,786	6,922
Other Creditors	(606)	2,563
Provision for Holiday Pay	17,487	26,567
Provision for Long Service Leave	5,985	4,012
Provision for GST	9,165	16,355
Accrued Charges	800	-
Income in Advance	50,213	89,404
	<u>121,146</u>	<u>147,739</u>
Total Liabilities	<u>121,146</u>	<u>147,739</u>
Net Assets	<u>325,968</u>	<u>284,854</u>

Income Statement

For the Year ended 30 June 2012

	2012	2011
	\$	\$
Income		
Interest Received	12,093	10,065
Recoupments	10,932	11,480
Other Income	9,187	2,504
DH Health Promotion Funding	521,272	502,341
DH Workforce Development Funding	27,323	26,491
Other Funding	80,274	64,451
Profit on Sale of Non-current Assets	-	746
Profit on Rental Operations	1,779	16,200
	<u>662,861</u>	<u>634,279</u>
Expenditure		
Administration Costs	138,308	93,184
Donations	-	40,000
Employment Expenses	413,651	380,617
Motor Vehicle Expenses	6,477	5,056
Occupancy	63,312	78,630
	<u>621,747</u>	<u>597,487</u>
Operating Profit	<u><u>41,114</u></u>	<u><u>36,792</u></u>

Statement of Changes in Equity

For the Year ended 30 June 2012

	2012	2011
	\$	\$
Retained Earnings at the beginning of the financial year	284,854	248,063
Operating profits attributable to members	41,114	36,792
RETAINED EARNINGS AT 30 JUNE 2012	<u>325,968</u>	<u>284,854</u>

Notes to and forming part of the Financial Statements For the Year ended 30th June 2012

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 the Year ended 30th June 2012

	<u>2012</u>	<u>2011</u>
CASH FLOW FROM OPERATING ACTIVITIES		
Receipts from Operating Activities	616,907	687,253
Payments to suppliers and employees	(593,464)	(570,087)
Interest received	12,093	10,065
	-----	-----
Net cash provided by (used in) operating activities (Note 2)	35,536	127,231
CASH FLOW FROM INVESTING ACTIVITIES		
Proceeds from (payment for) property, plant, equipment and motor vehicles	-	(41,745)
Proceeds from (payment for) investments	(47,362)	672
	-----	-----
Net cash provided by (used in) investing activities	(47,362)	(41,073)
CASH FLOW FROM FINANCING ACTIVITIES		
Proceeds from (payment for) loans	-	-
	-----	-----
Net cash provided by (used in) financing activities	-	-
Net increase (decrease) in cash held	(11,826)	86,158
Cash at beginning of year	293,247	207,089
	-----	-----
Cash at end of reporting period (Note 1)	281,421	293,247

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	281,071	292,897
	-----	-----
	281,421	293,247
	=====	=====

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

Operating Profit(Loss) after income tax	41,114	36,792
Depreciation of Non-current Assets	15,685	15,948
(Surplus) Deficit on Sale of Fixed Assets	-	(2,943)
Changes in Net Assets and Liabilities:		
(Increase)/decrease in trade and other receivables	5,330	3,635
(Increase)/decrease in deposits	-	(3,333)
Increase/(decrease) in trade and other payables	19,705	3,301
Increase/(decrease) in provisions	(7,107)	14,427
Increase/(decrease) in revenue in advance	(39,191)	59,404
	-----	-----
	35,536	127,231
	=====	=====



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 30th June 2012, 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 has 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 managements 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 auditors judgment, 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 of **WOMEN'S HEALTH EAST INC**

- (a) gives a true and fair view of **WOMEN's HEALTH EAST INC's** financial position as at 30th June 2012 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

13th September 2012



Chartered Accountants

Thanks

Women's Health East would like to sincerely extend our thanks to our partners and supporters over the last year. Without them, Women's Health East could not make the difference that it does. **Some of our partners have already been acknowledged earlier in this report. Here are some more!**

Very special thanks go to:

Department of Health	Yarra Valley Community Health Service
Office of Women's Policy	Inner East Community Health Service
Women's Health Association of Victoria	Knox Community Health Service
Outer East Health & Community Support Alliance	MonashLink Community Health Service
Department of Planning & Community Development	Knox City Council
Inner East Primary Care Partnership	Maroondah City Council
Eastern Regional Family Violence Partnership	Boroondara City Council
ERFVP PVAW Working Group	Whitehorse City Council
Ian Potter Foundation	Manningham City Council
Women's Domestic Violence Crisis Service	Yarra Ranges Council
Eastern Centre Against Sexual Assault	Monash City Council
Eastern Domestic Violence Service	Eastern Melbourne Medicare Local
Women's Health in the North	Inner East Melbourne Medicare Local
Eastern Access Community Health Manningham	Eastern Migrant Information Centre
Community Health Service	Local Media
Whitehorse Community Health Service	Bendigo Bank
Ranges Community Health Service	

Donations and Support

Over the last year our work has been supported by a number of businesses, funding bodies and individuals. As a small organisation, with weighty and important responsibilities, this support is invaluable.

Please visit www.givenow.com.au/whe to donate.

Thank you.

Becoming a Member

Who can join?

If you are a woman who lives, works or studies in the Eastern Metropolitan Region of Melbourne, you are eligible to join the membership of Women's Health East. Organisations based in the region are also able to become members.

What does it cost?

Membership is free.

Why join?

Membership provides you with access to our quarterly newsletter and invitations to organised events. As an individual member you are also eligible to nominate to become a member of our Board of Management, and/or to vote at our annual or special general meetings. WHE may also call on you from time to time to ask your opinion of our work and directions. Having a strong membership assists us in circulating important information about women's health and wellbeing to the community. It also provides us with support and advice from some of our most important stakeholders, women and agencies in the region.

How do I become a member?

To join either call us on 88733700 or download a membership form from our website at www.whe.org.au

Please sign up today and support Women's Health East, your regional women's health service.

Contact:

Address: Suite 5/37 Heatherdale Rd
Ringwood 3134

Phone: (03) 8873 3700

Email: health@whe.org.au

Website: www.whe.org.au



