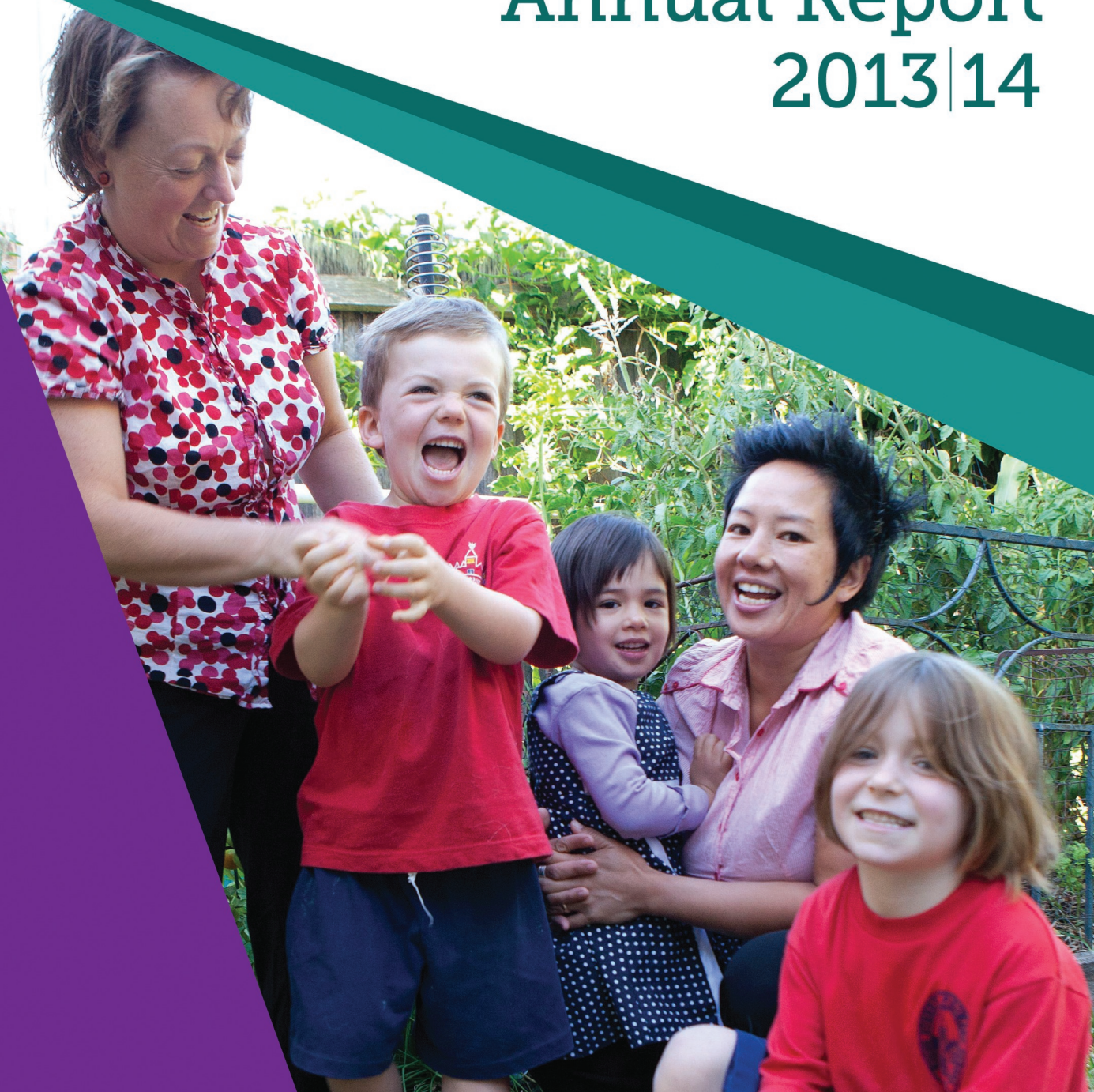


Investing in Equality and Wellbeing for Women



Women's Health East
Investing in Equality and Wellbeing for Women

Annual Report 2013|14



*Women's Health East acknowledges the Wurundjeri people,
the traditional owners of the land on which we work.*

Cover images

Top: Kristine Olaris - CEO Women's Health East, Natasha Stott Despoja AM - Ambassador for Women and Girls
and Jackie Kelly - Chair, Women's Health East Board of Governance

Bottom: Susan, Xavier, Anouk, Kate and Hannah

About This Report

The Women's Health East Annual Report 2013 –2014 presents an overview of our key achievements, activities and work during the financial year toward our vision of equality, empowerment, health and wellbeing for all women. It also provides an overview of our financial reports and position. The complete Women's Health East financial statements for the year ending 30 June 2014 can be found on our website.

We hope you enjoy reading our Annual Report!

At Women's Health East we strive to continually improve what we do and how we communicate with our partners, government and wider audience. We encourage you to share with us your feedback about our work, our organisation and this report. You can do this by speaking to any one of our staff or by email to health@whe.org.au.

For further information about the contents of this Annual Report please see our website at www.whe.org.au, or contact us at health@whe.org.au or on 03 9851 3700.

Please note:

To easily access further information referred to in this report, you can download an electronic copy from the Women's Health East website www.whe.org.au, or scan the QR code to the right.



Acronyms

The following acronyms will be used throughout the report:

- EMAP – Eastern Media Advocacy Program
- EMR – Eastern Metropolitan Region
- PVAW – Prevention of Violence Against Women
- SRH – Sexual and Reproductive Health
- TFER – Together For Equality & Respect
- WHE – Women's Health East

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Chair Report

On behalf of the Board of Governance I am proud to present the Women's Health East (WHE) Annual Report 2013 – 2014.

After reading this report, I think you will agree that the Staff and Chief Executive Officer should be congratulated on the excellent quality and quantity of work that was undertaken over the year.

During the last year, WHE moved house – to the new and very lovely offices in Doncaster East. The WHE logo and branding has also been updated, bringing a fresh new feel to the organisation's profile whilst respecting its rich history.

The Board of Governance of WHE have continued to provide reliable and skilled direction to the organisation, including setting the agenda and directions for the development of WHE's Strategic Plan 2013 –2017. Over the year, the Board also reviewed the WHE constitution in line with changes to legislation, and participated in a quality improvement review of the organisation.

The Board members bring with them impressive levels of experience, skills and knowledge that collectively results in strong and effective governance for the organisation. During the year the Board bid farewell to Marg D'Arcy. Marg sat on the WHE Board for more than six years and we are grateful for her long-standing commitment to WHE. Marg's dedication to improving women's health and wellbeing is remarkable and she remains a valued member and supporter of the organisation and its work.

I hope you enjoy reading this report.

Jackie Kelly



WHE staff in the process of moving to new premises in Doncaster East.

Chief Executive Officer Report



The last year has been an exciting and incredibly productive one at WHE. It was also one of new beginnings with the relocation of our office, our new branding and new vision, purpose and strategic directions. These are outlined in the Strategic Plan section of this report, as is our progress towards achieving these over the last year.

The bulk of the organisation's work is, of course, health promotion. This year also saw the setting of our health promotion priorities for 2013–2017. These are Preventing Violence Against Women, Sexual and Reproductive Health and Gender Equity for Health Outcomes.

WHE's team has applied their energy, commitment and skill to achieving the following highlights over the year:

- Much progress was made in the implementation of Together for Equality & Respect: A Strategy to Prevent Violence Against Women in Melbourne's East 2013 –2017 (TFER). With the support and hard work of many of our partners, particularly those in the Leadership Group and the Evaluation Working Group, we have developed shared objectives, evaluation tools and methodologies to support TFER partners in their work. These will allow us to measure the difference that working together can make on the prevention of violence against women.
- An independent evaluation of the Eastern Media Advocacy Program showed that the program was not only effective in assisting women who had experienced violence in their trauma healing, but also resulted in sensitive and high quality media reporting.
- WHE led the development and piloting of a Quality Improvement Framework for Women's Health Services.
- The Listening to and Learning from Women campaign resulted in prevention messages developed by women who had experienced family violence and/or sexual assault being shared across the region over the 16 Days of Activism Against Gender-Based Violence – via posters, social media, email signatures and a short video.
- Seven Gender Equity training sessions were provided to four agencies across the region.
- Work commenced on a sexual and reproductive health needs analysis for the Eastern Metropolitan Region.
- WHE supported research investigating the gendered perspective of caring for people with intellectual disabilities.

Another achievement of the year has been the solidifying of partnerships across the region. Without the trust, support and respect of our partners, much of this work would not have been accomplished.

I would like to thank WHE's dedicated Board of Governance for their strategic support and direction over the year.

Kristine Olaris

Our People

Board of Governance

Jackie Kelly, *Chair* • Yvette Pethebridge, *Treasurer* • Tricia Malowney • Tricia Ong, *Deputy Chair* • Sarah Kleinitz, *Secretary* • Wendy Roberts • Judy Flanagan • Annette Rudd • Marg D'Arcy (to January 2014)



Left to right: Tricia Ong, Wendy Roberts, Judy Flanagan, Yvette Pethebridge, Annette Rudd.

Staff

Kristine Olaris, *Chief Executive Officer* • Melissa Tully, *Finance Officer* • Colleen Russell, *Quality Project Officer* • Deanna Imbriano, *Administration Officer* • Vanessa Czerniawski, *Health Promotion Officer* • Jill Exon, *Health Promotion Officer* • Belinda Haydon, *Health Promotion Officer* (May 2014) • Kate Ravenscroft, *Health Promotion & Communications Officer* • Sue Rosenhain, *Health Promotion Manager* (August 2013) • Sue Sharrock, *Health Promotion Officer* (November 2013)



Left to right, back row: Kate Ravenscroft, Colleen Russell, Belinda Haydon, Sue Rosenhain, Vanessa Czerniawski.
Front row: Sue Sharrock, Deanna Imbriano, Kristine Olaris

Student Bianca Penak (January 2014)

Volunteers Cynthia Grenfell (October-November 2013) • Belinda Haydon (March-April 2014) • Bree Morison (June 2014) • Eastern Media Advocacy Program Volunteers (see page 11)

Women's Health East Strategic Plan 2013–2017

Our Vision

Equality, empowerment,
health and wellbeing
for all women

Our Purpose

Women's Health East acts to improve women's health, safety and wellbeing through leading, partnering, shaping, informing and delivering responses that address the needs of women

Our strategic directions

- Fostering leadership and innovation in health promotion
- Facilitating a responsive service system
- Strengthening our dynamic and sustainable organisation

Our Values

Our work is underpinned by a commitment to the following:

- Human rights
- Social Justice
- Diversity
- Collaboration
- Innovation
- Respect
- Environmental sustainability

Our Guiding Frameworks

Our work is guided by the following frameworks and approaches:

- Social model of health
- Feminism
- Intersectional approach
- Gendered approach
- Evidence informed practice
- Health Promotion for Population Health

Our Health Promotion Priorities:

- Sexual and reproductive health,
- Prevention of Violence Against Women (Mental Health)
- Gender equity for health outcomes

For more information about WHE's Strategic Plan and Health Promotion Priorities, see our website at www.whe.org.au.

Key Achievements 2013–2014

Fostering leadership and innovation in health promotion

- Leading an integrated regional effort to prevent violence against women - Together for Equality & Respect.
- Partnering with organisations across the region to develop shared objectives, indicators of success and evaluation tools for use in regional work to prevent violence against women.
- Leading the Listening to and Learning from Women social media campaign for the 16 Days of Activism Against Gender-Based Violence.
- Shaping an understanding of women's sexual and reproductive health (SRH) needs in the region by commencing a women's SRH needs analysis.
- Informing the evidence base for media advocacy in the prevention of violence against women through an independent evaluation of EMAP.
- Delivering Gender Equity training workshops to partner organisations.

Facilitating a responsive service system

- Informing planning across the region through our active participation in a range of planning networks, bringing a gendered perspective to this work.
- Informing the evidence base on women as carers through supporting Not Just a Carer: Women's Gendered Experience of the Primary Care Role research, which focused on women as carers of adults with intellectual disabilities.
- Informing public policy by providing gendered responses to various reviews including the Review of the Australian Curriculum, the Department of Health consultation on Health Literacy and the Review of Sexual Offences Legislation.

Strengthening our dynamic and sustainable organisation

- Leading initiatives that build our credibility such as the development and piloting of a Quality Improvement Framework for Women's Health Services and the Women's Health Associations Victoria's Communications working group.
- Shaping the organisational identity by updating the WHE logo, tagline, banners, brochure and organisational documents and developing a communications strategy.
- Informing knowledge and practice through presentations at the Community Indicators Victoria Masterclass and the Crime Prevention & Communities Conference.
- Delivering actions that build organisational efficiency, effectiveness and sustainability including:
 - relocation of the organisation to a more cost effective and suitable location,
 - securing additional grant funding in line with WHE strategic directions,
 - restructuring to create a Health Promotion Manager position and
 - updating the WHE Constitution in line with the Associations Incorporation Reform Act 2012.

Integrated Health Promotion

Gender-based health promotion is core business for WHE.

Operating within a feminist framework, we adopt an approach to health promotion which aims to redress inequality and discrimination that women face as a result of their gender. We recognise that a woman's experiences, choices, socioeconomic status and level of advantage or disadvantage are shaped by an array of intersecting factors in addition to gender. These may include race, sexuality, religion, disability and history of migration and/or colonisation.

Our focus is on the cultural, social, economic, environmental and biological factors that influence health outcomes for women and girls in the Eastern Metropolitan Region (EMR).

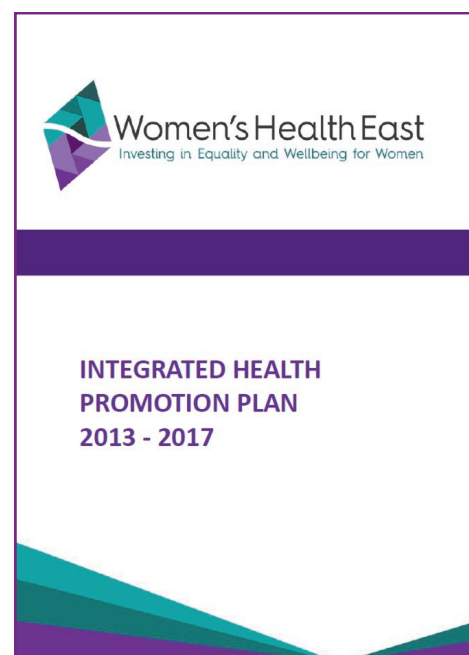
We apply a 'gender lens', to analyse the social structures that affect women's health and wellbeing, in order to inform the planning and implementation of effective responses to issues affecting women's health and wellbeing.

In practice, our work involves:

- Providing leadership around women's health issues of regional significance and facilitating integrated responses to these.
- Working in partnership with local governments, health and community agencies and other stakeholders to promote gender based health promotion and service delivery and to improve service system access and responsiveness for women.
- Shaping responses to the promotion of women's health and wellbeing through research, advocacy and consultancy.
- Providing information and advice to key stakeholders in order to raise awareness of health and wellbeing issues experienced by women and to promote women's health and wellbeing.
- Delivering training and education programs for our partner organisations on women's health issues and gender sensitivity in planning and service delivery.

'Our focus is on the cultural, social, economic, environmental and biological factors that influence health outcomes for women and girls in the Eastern Metropolitan Region'.

Women's Health East



Prevention of Violence Against Women (Mental Health)

Good mental health is fundamental to a productive and fulfilling life. Given the strong links between violence against women and poor mental health outcomes, WHE have determined that the prevention of violence against women should be the key focus of our efforts to improve mental health and wellbeing of women and girls in the EMR. Violence against women is a pervasive, significant and unacceptable issue in our society. It is also preventable. The key to ending violence against women is to advancing gender equality which is where our work is focused.

Sexual and Reproductive Health

Good sexual and reproductive health (SRH) is fundamental to a positive identity and the enjoyment of social relationships at all stages of women's lives. Our goal for this priority area is that 'all women in the EMR enjoy optimal SRH within relationships that are respectful and fulfilling'. In prioritising SRH, we aim to undertake a coordinated, regional approach to determining and addressing the needs of women in the region.

Gender Equity for health outcomes

The World Health Organisation identifies gender as a factor most likely to dictate your position or status in society, which is one of the most powerful indicators of your health and wellbeing. Gender inequality is so ingrained in our society that sometimes we don't even notice it; however we need to start redressing these inequalities that have a significant negative impact on the health and wellbeing of women. One of the most striking inequalities is the 18.2% difference in the average pay of men and women.

At WHE we promote a gender equity approach to addressing inequality. A gender equity approach recognises that women and men experience different benefits, barriers, access to power, resources and responsibilities, and goes about trying to rectify these imbalances to ensure equitable outcomes for all.

Prevention of Violence Against Women

Together for Equality & Respect

This year has seen us work with Together for Equality & Respect (TFER) partners to develop a draft TFER Action Plan, which was very close to finalisation at the end of this financial year. This work builds on the Together for Equality & Respect: A Strategy to Prevent Violence Against Women in Melbourne’s East 2013—2017 (TFER) which was launched in 2012—2013.

A key part of the work towards developing the TFER Action Plan was the generation of shared regional objectives. WHE and the Evaluation Working Group undertook an extensive mapping exercise that captured current or planned work towards the prevention of violence against women across the region. This information was analysed and six regional objectives were developed.

TOGETHER FOR EQUALITY & RESPECT



A capture of the whiteboard at the end of the TFER March Forum

The Evaluation Working Group then set about identifying regional indicators of success and measurement tools for each objective. These will enable TFER partners to contribute to the building of an evidence base and demonstrate the benefits of a coordinated regional approach to PVAW.

The draft Action Plan identifies PVAW initiatives that TFER partners have committed to under each of these regional objectives. It includes initiatives being undertaken by the seven Local Governments, the eight Community Health services, the two Primary Care Partnerships and the two Medicare Locals in the EMR, plus the Regional Family Violence Partnership, Eastern Domestic Violence Service, the Eastern Centre Against Sexual Assault, Victoria Police, Doncare and Boordawan Willam Aboriginal Healing Service.

Our leadership in the area of violence prevention continues to be demonstrated, as regional partners look to WHE to lead and coordinate this process.

WHE would like to acknowledge the significant contribution of time and skills of all members of the Leadership Group and Evaluation Working Group, and the particular commitment of Knox Social and Community Health (a service of EACH) to the development of an evaluation plan.

March Forum

WHE coordinated a TFER Partner Forum in March at Maroondah Federation Estate. This session was designed to consult with TFER partners about the regional objectives and to provide participants with an opportunity to discuss the proposed approach to the regional evaluation, including shared indicators and tools. Thirty-six people from 20 partner organisations across the EMR attended the Forum.



WHE Health Promotion Officer Sue Rosenhain leading the TFER March Partner Forum.

Those working on similar projects were able to discuss their work and identify potential opportunities for sharing ideas and resources. Partners were then asked to consider and workshop the regional objectives, indicators and evaluation methods in relation to applicability within the context of their organisation.

The Forum facilitated engagement with the evaluation plan, and provided valuable feedback on the enablers and barriers for organisations in implementing the proposed plan. These suggestions enabled refinements to the Action and Evaluation Plan by further informing the development of the indicators and tools for shared use in evaluation of prevention of violence against women initiatives.

The session concluded with partner organisations agreeing to take a shared approach to evaluation, and endorsing a continued commitment to Together for Equality & Respect.

A feature of the TFER Forums to date has, and continues to be, goodwill, a deep commitment to preventing violence against women and willingness to contribute ideas.

Community Event of the Year Award: TFER Gender Equality Forum

WHE was the proud recipient of the 2014 Maroondah City Council Australia Day Award 'Community Event of the Year' for our Gender Equality Forum.

The Forum, which was held at Maroondah Federation Estate in May 2013, highlighted the link between gender equality and the prevention of violence against women in an accessible, informative and engaging way. The Forum was an opportunity to launch Together for Equality & Respect: A Strategy to Prevent Violence Against Women in Melbourne's East 2013–2017 and for 23 organisations and networks from across the East to publicly sign a commitment to work together on this important issue. We are thrilled to have received this recognition of our work.



WHE CEO Kristine Olaris with Maroondah City Council Mayor Cr Les Willmott at Ringwood Lake.

Eastern Media Advocacy Program

The Eastern Media Advocacy Program (EMAP) is a vital part of our work to prevent violence against women. EMAP provides an opportunity for the community to hear from women who have experienced sexual assault and/or family violence and to learn about the role we can all play in ending violence against women in our community. The Program is led by WHE in partnership with the Eastern Centre Against Sexual Assault and Eastern Domestic Violence Service.

Over the 2013 –2014 financial year, EMAP generated 12 public speaking opportunities and ten media reports involving advocates. Opportunities have included local media stories, a number of online articles, White Ribbon Day events, community health days and a range of consultations including with politicians, and involvement with the National Foundation to Prevent Violence Against Women and their Children and Domestic Violence Victoria.



Media advocate Kristy shares her experiences with Thomas O'Byrne, Maroondah Leader Newspaper, 10 June 2014.

In 2014, WHE facilitated an independent evaluation of EMAP by Dr Rebecca Patrick and Anne Kyle. The evaluation found that the program assisted the advocates in their personal and social development. Women reported positive impacts such as:

- the validation of their experiences,
- reduced social isolation,
- improved self-confidence and
- a greater sense of autonomy and of contributing to social change.

All women described ways in which EMAP assisted them to move forward in their life with examples given including writing a book, developing other advocacy campaigns and progressing new career directions. Media articles containing interviews with the advocates were compared to responsible reporting guidelines and were found to be effective in producing high quality and sensitive media reporting. The evaluators made some recommendations for further strengthening of the program which are providing direction to the development of the program into the future.

A successful spin-off from EMAP was the Listening to and Learning from Women campaign which occurred during the 16 Days of Activism Against Gender-Based Violence in 2013.

Listening To and Learning From Women

The 16 Days of Activism Against Gender-Based Violence (16 Days), including White Ribbon Day, is a key time of the year when many organisations host or participate in events and activities to advocate for the prevention of violence against women.

Recognising that women who have experienced violence have a wealth of understanding about this issue, but are often not able to share their knowledge or voice their opinions, through EMAP WHE developed a region-wide communications campaign. Entitled Listening to and Learning from Women, the campaign gathered messages from women who have experienced violence, about the changes they would like to see in the community in order to end violence against women.

These messages were collected and collated into a campaign package for use as a form of activism during the 16 Days. The campaign package was distributed to 24 TFER partner organisations across the EMR and to ten Women's Health Services across the State to use in concert with their other activities during the 16 Days.

Messages shared by WHE via our social media for the campaign reached **4,733 Facebook users** and **5,320 Twitter users**, attracted **259 visits to the blog** and **198 visitors to the website** and **50 views of the video** during the campaign period.

"Thank you to the survivor advocates, Women's Health East and other partners for sharing and helping others to learn how we can prevent violence against women."

A women's health service representative's response to the campaign package

The evaluation of Listening to and Learning from Women indicated that the campaign was a success – partners found it both a useful resource and a valuable prevention of violence against women activity. The messages were visually presented, combined in posters and made into a short video. They were widely distributed through social media, on email signatures, through posters in waiting rooms and at events of participating organisations.

WHE would like to take this opportunity to thank each of the volunteer advocates who are part of EMAP, all of whom are making a profound contribution to making our community safer and healthier. WHE is exceptionally proud of their work.

Faliana • Jennifer • Pamela • Sally • Vanessa • Christine • Mim • Rosie • Tammy • Jacqui • Ka • Joanna

I WANT
TO SEE ALL
WOMEN AND MEN
STANDING UP
AGAINST
SEXISM
IN OUR SOCIETY.
- MARIA

I WANT TO SEE
ALL LEVELS OF
GOVERNMENT
SPEAKING OUT TO
END VIOLENCE
AND DISCRIMINATION
AGAINST WOMEN.
- SURVIVOR, AGED 40

Women's Health East

I WANT
WOMEN TO
BE RESPECTED
AND VALUED
BOTH
INSIDE
AND OUTSIDE
THE HOME.
- ANON

I WANT VIOLENCE
IN SPORT TO BE
ILLEGAL AND
FOR IT TO BE
PROSECUTED.
- DEB

Women's Health East

I WANT A WORLD WHERE
WOMEN HAVE
EQUAL DECISION-MAKING
POWER AND
INFLUENCE IN
PUBLIC AND POLITICAL
LIFE. - KATE

Women's Health East

WE WANT
MORE
FUNDING
AND
MORE
WORKERS TO
HELP WOMEN.
- ANDREA AND R K

*Prevention messages from the
'Listening to and Learning From
Women' campaign package.*

Sexual and Reproductive Health

In the first six months of 2014, WHE developed a Sexual and Reproductive Health (SRH) needs analysis plan, which includes the following:

- review of the current literature
- demographic and SRH data collection
- consultation with regional and state-wide organisations
- mapping of current services and gaps
- identification of priorities or unmet needs, particularly for women who are more vulnerable

A service mapping tool was developed to guide the consultations and assist in mapping SRH clinical services and programs in the EMR. This work will continue into the 2014–2015 year, with a focus on influencing the policies, systems and programs of local government, community health and other organisations within the region.

WHE has also been a strong advocate for the development of a state-wide SRH strategy to provide direction and promote a coordinated approach to effectively responding to this broad area of women's health. This is in line with priorities identified by the Women's Health Association of Victoria – the first of the priorities is detailed below. The complete document is available on our website.

Priorities for Victorian Women's Health 2014–2018

Action 1: Develop a state-wide sexual and reproductive health strategy that:

- invests in Victorian women's health services to lead the development, implementation and evaluation of regional sexual and reproductive health plans in partnership with others;
- establishes a comprehensive and uniform Victorian sexual and reproductive health data collection system to ensure that prevention (and intervention) efforts are evidence based; and
- addresses the social determinants of sexual and reproductive health with a focus on primary prevention.

Women's Health Association of Victoria, March 2014

We look forward to strengthening our working relationships with new and existing partners to optimise the SRH of women in the EMR.

Gender Equity for Health Outcomes

Bringing a gendered perspective to the work of the region

Over the last year WHE has actively sought to bring the perspective of women's needs to a broad array of health and wellbeing issues that our partners are working on across the region. We do this to influence the planning and delivery of services and to support our partners to provide accessible and responsive services to women. Most, if not all health planning requires consideration of gender. Whether it be development of recreation services, responding to specific health issues, such as smoking or the promotion of exercise, or responding to the health impacts of social issues such as homelessness or gambling, gender is important.

As a part of this commitment WHE participates in many planning committees, ranging from Municipal Public Health and Wellbeing Committees, Safety Committees, Health Promotion Working Groups and Steering Committees for individual projects. We have also been engaged in a gender equity 'community of practice' with other women's health organisations across Victoria, with the aim of developing a range of best practice resources for delivering gender equity training to others.

WHE develops and maintains resources to support planning, including sex disaggregated demographic and health information and data. Our facts sheets include gendered analysis of a variety of health and wellbeing topics. These resources were among the most downloaded documents from our website over the financial year, for more information see page 20.

WHE developed a new factsheet in early 2014 exploring gender equity and its significance to optimal health and wellbeing for women. The 'Gender Equity for Health Outcomes' fact sheet provides a brief summary of gender inequality in Australia, its impact on health and how a gender equity approach can help redress inequality to ensure positive health outcomes for women.

WHE's Fact Sheets and other resources are available for download on our website.

'Taking action to improve gender equity in health and to address women's rights to health is one of the most direct and potent ways to reduce health inequities and ensure effective use of health resources'

Women's Health East

The graphic is a vertical fact sheet titled 'Gender Equity for Health Outcomes' by Women's Health East. It features a teal and purple color scheme. The title is at the top, followed by a quote from the World Health Organisation. The main body contains sections on 'Social and Economic Circumstances' and 'Health Risks and Health Impacts'. A sidebar on the right lists groups of women who experience poorer health outcomes. The bottom of the page has a teal and purple wave graphic.

Women's Health East Gender Equity for Health Outcomes

The World Health Organisation¹ identifies gender as a social determinant which has a significant influence on the health of women.

A gender equity approach to health acknowledges that men and women do not function on a level playing field and as a result, women are prevented from fully benefiting from what society has to offer.² The power relations and unequal status between men and women in society are a root cause for gender inequality, as they determine a person's ability to take control over their life and health.^{3,4} A gender equity approach recognises that strategies and measures must be implemented to account for these disparities in order to ensure equitable outcomes.⁵

Gender biases in power, resources, entitlements, historical norms and values around the role of women in society, and the way in which organisations are structured and programmes are run negatively impact the health of girls and women. It can also affect women's capacity to access resources such as income, education and employment, which themselves promote health.^{6,5A,6,7}

Social and Economic Circumstances

Gender discrimination means that women are not represented in many areas of society (e.g. in leadership roles), further perpetuating unequal status between men and women. National data shows that:

- Women only hold 12.3% of Board Directorships in the ASX 2000 companies and 9.2% in the ASX 500 companies.⁸
- Only 26% of federal parliamentarians are women.⁹

In Australia, working women continue to earn less than men; in 2013 the gender pay gap stood at 17.5%.¹⁰ The average weekly earnings of women working full time is \$1,252.20 per week, \$266.20 per week less than men.¹⁰

Across the Eastern Metropolitan Region, women were more likely undertake various tasks and roles that influence their health outcomes. Data from the 2011 census showed that in comparison to men, women were:

- 71.70% more likely to do unpaid domestic work
- 24.18% more likely to volunteer
- 27.46% more likely to have primary responsibility to care for children
- 37.13% more likely to assist a person with a disability.¹¹

Health Risks and Health Impacts

Many of the health outcomes experienced by women are a result of societal norms and gender roles, which can have a profound impact on the mental and physical health of women and girls.¹ The National Women's Health Policy³ states that "gender can contribute to differences between and among women and men in financial security, paid and unpaid caring work and experiences of violence... resulting in different and sometimes inequitable patterns of exposure to health risk, in unequal access to and use of health information, care and services, different help-seeking behaviour and, ultimately, different health outcomes."

Power and privilege differ between groups of women, and as such, some groups of women experience even poorer health outcomes. These groups include:

- Women from culturally and linguistically diverse backgrounds
- Women with disabilities
- Women living in rural, regional and remote locations
- Lesbian and bisexual women
- Migrant and refugee women
- Older women⁵

Fact Sheet - Gender Equity

Gender Equity Training

As part of our commitment to delivering training and support that facilitates better analysis of women's needs in planning and service delivery, WHE delivered 'Gender Matters' training in partnership with the Outer East Cluster for the Prevention of Violence Against Women in Our Community Project. Staff members from a range of departments within Knox, Maroondah and Yarra Ranges Councils participated in the six 'Gender Matters' training sessions in May-June. These sessions on their own do not deliver gender equality, however they do contribute to other initiatives supporting systems change towards achieving gender equality.

Achieving gender equality means no more dividing responsibilities and roles along gender lines. Gender shouldn't dictate our position in the world.

Women's Health East

As a result of this session I will... "Instill more awareness of gender equality into my work environment"

Participant of the Local Government gender equity training.

WHE also facilitated a half-day gender equity session for Boroondara Volunteer Resource Centre as part of their annual professional development program for Managers of Volunteers.

Throughout the year WHE also contributed to the Women's Health Association of Victoria Gender Equity Steering Committee developing training resources for use by Women's Health Services across Victoria.

It has been an exciting time working with our partners to address a growing regional commitment to gender equality.

Quiz from gender equity training

1. What proportion of the world's 1.3 billion people living in extreme poverty are women and girls?
A. 30% B. 50% C. 70%
2. What percent of Australian sport- coverage is of women's sport?
A. 50% B. 9% C. 23%
3. Australia's global ranking in relation to representation of women in national parliaments?
A. 18th B. 49th C. 22nd

See the inside back cover for answers.

Gender Equity Presentation: Empowering Women to Feel Safe in Manningham

WHE participated in this workshop organised by Manningham City Council as part of their Healthy Lifestyle Week. It aimed to provide information to empower women to feel safe in their homes and communities. Presentations were given by WHE, Victoria Police, Doncare and the Eastern Community Legal Centre and included a practical skills session on self defence. WHE's presentation focused on gender equity and its links to the prevention of violence against women. The presentation emphasised how women's safety can be enhanced through societal and cultural reform, as well as through everyday actions that challenge gender stereotypes and sexism.



Health Promotion Officer Sue Sharrock delivering the gender equity presentation to members of the Manningham community.

Research

Not Just a Carer: Women's Gendered Experience of the Primary Care Role

In Australia, 2.9 million people are carers and over 70% of primary carers are women. In order to address a gap in qualitative research about women who are the primary carer of an adult with an intellectual disability, WHE supported Health Promotion Officer Sue Sharrock to undertake research on this topic. Undertaken as part of her Master's degree at the University of Melbourne, the research aim was to gain a better understanding of the gendered experience of these women through the use of semi-structured interviews.

Analysis of the interviews revealed that gender based expectations, rather than choice, were commonly the basis for taking on the caring role. Once women were in the role, gender inequalities were compounded by the associated responsibilities and restrictions of being a carer. As a result, the women experienced significant disadvantage regarding employment opportunities, financial security, social and community connection and mental health. These impacts were reduced when time out was available, enabling the women to pursue employment and social activities and maintain an identity where they were 'not just a carer'. Access to disability and other supports was necessary for time out, but was restricted by the availability of appropriate, quality services. Women also spoke about the rewards they experienced as a carer, including the development of personal strengths and the ability to appreciate the world in a different way.

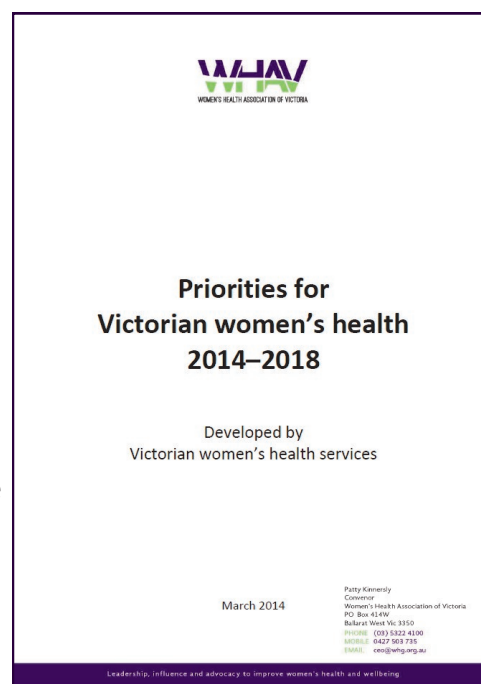
"...gender inequalities were compounded by the associated responsibilities and restrictions of being a carer..."

Sue Sharrock, WHE Health Promotion Officer

Advocacy - Priorities for Victorian Women's Health 2014-2018

WHE contributed to the development and dissemination of the Priorities for Victorian Women's Health 2014 – 2018 document in partnership with all Victorian Women's Health Services. Released in March 2014, it outlines the clear disparities that exist in health outcomes for Victorian women. It seeks government commitment to the development of a comprehensive women's health policy and action platform for 2014 – 2018, which includes:

1. Development of a state-wide sexual and reproductive health strategy.
2. Investment and leadership in the primary prevention of violence against women.
3. Research and action on women in a changing society, specifically the impacts of climate change on the health of Victorian women.
4. Development of a gendered mental health and wellbeing plan.
5. Further investment in the Victorian Women's Health Program to implement initiatives arising from the actions above.



WHAV Priorities for Women's Health 2014-2018.
To access the complete document please visit
our website.

Submissions

Responses to government consultations

- **Victorian Department of Justice, Review of Sexual Offences: Consultation Paper**

The current adversarial model of justice is not well equipped to respond to the crime of rape, as evidenced by the extremely low rate of successful convictions. WHE's submission focused on the gendered nature of sexual offences and therefore the need for legislation to be reviewed using a gender lens. WHE asserted that the justice system needs to ensure that it does not reinforce the very gender and power imbalances that enable sexual violence to occur in the first place. WHE argued for the establishment of Specialist Sexual Offence Courts as a way to improve the justice system, to facilitate cultural change and to address the justice gap.

- **Victorian Department of Health consultation on health literacy**

WHE submitted a written response to the Victorian Department of Health Background Paper 'Health literacy: Enabling communication and participation in health'. The submission focussed on the gendered determinants of health literacy for women, including financial disadvantage, caring responsibilities and the associated limitations on workforce participation, physical activity and social inclusion. The submission also highlighted that many women suffer further barriers to health literacy through cultural and language factors, disability, intimate partner violence and mental health issues.

- **Review of the Australian curriculum in partnership with the Eastern Centre Against Sexual Assault and Inner East Community Health Service**

This submission stressed the importance of maintaining a commitment to Respectful Relationships Education within the National Curriculum and suggested that this be extended to a commitment to building Equal and Respectful Relationships using an evidence-based settings approach. It highlighted the imperative that respectful relationships education should be based on, and address, the links between gender, power and violence.

- **The establishment of the Foundation to Prevent Violence Against Women and their Children**

WHE participated in the Melbourne consultation hosted by the newly established Foundation to provide input into its directions.

Sharing Our Knowledge

Crime Prevention and Communities Conference

In June 2014 WHE presented a paper on the development of Together for Equality & Respect at the Crime Prevention and Communities conference. This conference was hosted by the Australian Institute of Criminology and the Department of Justice, in partnership with Victoria Police, LGPro and the Municipal Association of Victoria. The focus of the conference was 'Building Better Local Solutions'.

WHE was included on the program with international speakers as well as those from across Victoria and Australia addressing issues such as violence prevention and problem solving approaches to crime prevention.



Engaging and empowering communities - Community Indicators Victoria

WHE was invited to present as part of a Masterclass hosted by the McCaughey Centre and Community Indicators Victoria. This full day session was titled 'Using Indicators as a Tool for Integrated Planning'. WHE presented on how the use of data had helped build the shared commitment to the primary prevention of violence against women across the EMR.

The session was attended by representatives from a range of organisations across Victoria including NGOs, Local Government, Community Health and Statutory Authorities.



Quality Improvement

Over the past year WHE has continued to lead the development of a new Quality Framework for women's health services across Victoria. WHE commenced work on this initiative in 2012, with other regional and state-wide Women's Health Services subsequently becoming involved.

The financial support of the other services made it possible to engage a quality consultant, Linda McCrorey, who has assisted in refining the Framework, which includes a set of standards and self-assessment tools tailored to the roles and functions of the women's health sector. WHE, along with four other women's health organisations, undertook a very successful trial of the standards and self-assessment tools in February/March 2014. This trial included an organisational self-review. Feedback from the trial was invaluable in fine-tuning the Framework, ready for full implementation within the sector during 2014 – 15.

WHE has also continued to focus on strengthening the organisational systems and processes which support the work we do. Many of our operational policies were reviewed and updated, our constitution was updated in line with changes to the legislation and further improvements were made to our records management and compliance management systems. Our move to new premises in October 2013 provided the opportunity to review and update a number of processes and procedures. Our organisational self-review was instrumental in identifying areas for improvement at WHE and will feed into our next Quality Improvement Plan. WHE's Board and staff maintain an active commitment to continuous quality improvement practices in all areas of our work.

Communications and Engagement

Media

During the financial year, articles authored by WHE staff were published online. Summaries of these articles are provided below, and links to the original articles can be found on our website.

'The justice gap that punishes sexual assault victims twice'

This article explains how the gender inequalities and stereotypes that are the underlying cause of sexual violence also play out in the court room, presenting major barriers to justice. The article was published in Women's Agenda in February 2014.

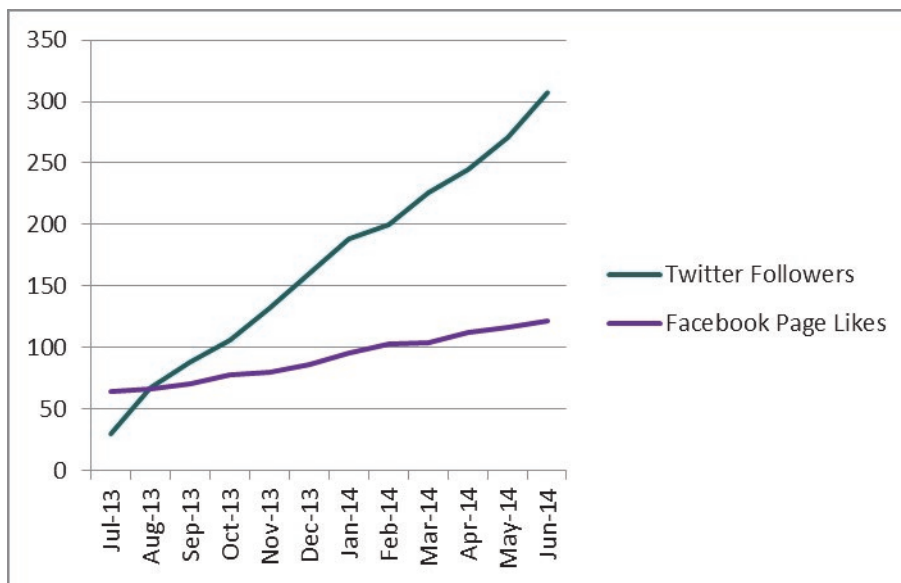


'#Budget2014 health measures to have bigger impact on women'

Published in Croakey, the Crikey health blog, in May 2014, this article analyses women's use of GP services. It shows that women will be disproportionately disadvantaged if co-payments for GPs are introduced, potentially increasing gender inequality in Australia.

Social Media

WHE staff members have been dedicated to increasing WHE's social media activity by Tweeting and posting on Facebook regularly. The following graph demonstrates the growth of followers of WHE's social media profiles.



Twitter

The WHE Tweets that appear below generated interest from our followers, and were the most re-Tweeted of our 498 Tweets for the financial year.

Women's Health East @WHEast · Mar 30
Great article on the challenges faced by women who seek the support of the legal system in #DV matters: theage.com.au/nsw/legal-dirt... via @theage

Women's Health East @WHEast · Apr 16
Another woman has lost her life at the hands of a partner. Time to not just condemn #FV but invest in stopping violence before it occurs



Join our conversations

If you or your organisation use social media, follow us on Twitter or like us on Facebook - see our website for links.

Facebook

Our Facebook posts raised awareness, posed questions and started conversations with our followers, some examples are below.

Women's Health East
April 28

Maroondah Leader reports on Together for Equality and Respect - the Strategy to Prevent Violence Against Women in Melbourne's East

To read more about the Strategy take a look at it here: http://www.whe.org.au/newsite/documents/2013-05-15%20TogetherForEquality&Respect_Full%20Strategy.pdf

Women act on violence
COALITION AIMS TO END THE STIGMA

Thomas O'Byrne

A WOMEN'S health advocacy organisation is hoping to curtail the growing issue of family violence in Maroondah by eliminating the stigma and gender stereotypes at the heart of domestic violence.

Women's Health East has set up a coalition of groups - including Maroondah City Council and EACH Social and Community Health - to help change attitudes towards women and domestic violence at all levels of the community.

Last month, Leader revealed the latest police data showed the number of family incident reports in Maroondah had risen 24 per cent.

The organisation's chief executive Kristine Orlaris said the alarming figures confirmed what local groups had known for a long time, but also represented some positive steps forward.

"The rise in the number of reports in Maroondah indicates more women are coming forward, seeking help and receiving the support of police," she said.

"This is a really positive sign that we are changing the culture of violence and stigma that has surrounded family violence for too long.

Ms Orlaris said the organisation's Together for Equality and Respect project would seek to address the damaging stigma surrounding domestic violence by advocating for gender equality in workplaces and schools, as well as supporting women who have experienced violence to speak out about it.

Jenny, a survivor of family violence, said it was easier to accept her partner had been abusive and controlling when she started openly discussing her situation.

"There is a shame attached to domestic violence which means many women bear it silently," she said.

TO GET HELP
IF YOU are at immediate risk of family violence, phone 000
FOR questions during business hours, phone the Eastern Domestic Violence Service on 9259 4200
FOR 24-hour support, phone the Women's Domestic Violence Crisis Service on 1800 015 188

Women's Health East
December 22, 2013

Last minute shopping? Try to avoid the gender trap.

Men are nurturing just as women are tough. Women are leaders just as men are homemakers. Girls like to play with trucks and boys with dolls.

Gender shouldn't dictate our position in the world, our preferences, our roles or our responsibilities. Think outside the box and refuse to pigeonhole according to gender stereotypes. Why not keep this in mind when you are choosing presents this year?

Women's Health East shared a link.
April 16

Another woman has lost her life at the hands of an ex-partner. It's more than time to not just condemn family violence but to invest in stopping violence before it occurs.

Want to learn more about primary prevention - the prevention of violence before it occurs? Have a look at Together for Equality & Respect.

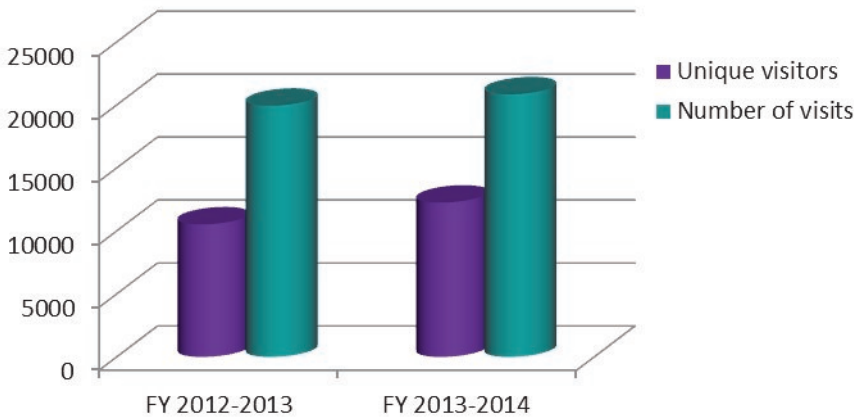
Together we CAN prevent violence against women:
http://www.whe.org.au/newsite/Priority_Areas_Preventing_Violence_against_Women.html

Women's Health East - Priority areas > Prevention of Violence Against Women
www.whe.org.au

Women's Health East is a community based women's health and wellbeing promotion agency working across the Melbourne Eastern Metro Region.

Website

The audience of the WHE website continues to build steadily, with a modest growth in visits to the website in comparison to the previous financial year. WHE resources and information on our work also generate substantial interest, demonstrated by the information below.



Frequently Downloaded Documents

- Together for Equality & Respect
- Health Promotion Officer Position Description
- Fact Sheet: Violence Against Women
- Fact Sheet: Gender Equity
- Financial Literacy Manual

Rebranding

WHE’s new logo and tagline were launched at the 2013 Annual General Meeting, bringing a fresh and updated look to WHE. The WHE team have been updating all our publications and documents to reflect our new image.



E-newsletter

The WHE E-newsletter provides our members and subscribers with up to date information on WHE news, activities and events. This year we improved our practice by implementing an online email marketing solution which provides us with useful statistics on the reach of our E-newsletter and how recipients engage with its content. Over the year E-newsletters were sent to approximately 370 subscribers and on average, an above industry -average rate of 34% of subscribers opened these messages.

Email Signatures

Throughout the year WHE staff coordinated an approach to promoting important messages, WHE events, publications and other work using email signatures. These signatures included images and hyperlinks to relevant information, and promoted WHE’s social media pages - some samples are shown below.



Gender Equity Factsheet, June 2014



Together for Equality & Respect

A Strategy to Prevent Violence Against Women in Melbourne's East 2013-2017

[Download here](#)

Together for Equality & Respect Strategy, April 2014

International Women's Day

WHE held an International Women's Day movie night on March 6th 2014 at the Balwyn Palace Cinema. Generously supported by the City of Boroondara, the evening was a great opportunity for women (and a few men!) from across the EMR to come together to celebrate women's achievements while enjoying a chance to chat over some yummy snacks and watch a fantastic movie.

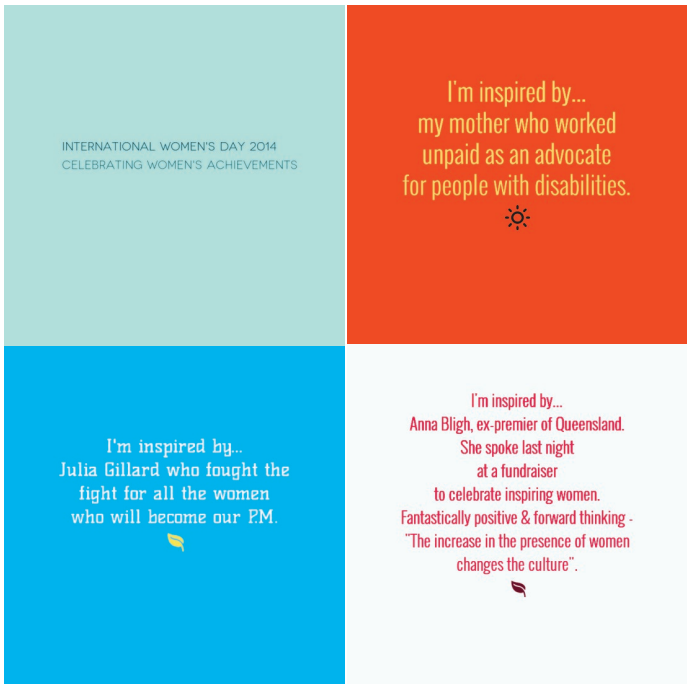
The City of Boroondara Mayor, Councillor Coral Ross gave an inspiring and thought provoking speech about the history of International Women's Day and the importance of gender equality in the prevention of violence against women. The movie night was also an opportunity to draw attention to the representation of women in films by discussing whether 'Tracks' passed the Bechdel test (see insert below) and encourage thought about how women are represented in other movies.

Bechdel test criteria:

1. the film must portray at least two women,
2. who talk to each other,
3. about something besides a man.

Find out more at: www.bechdeltest.com.

'Tracks' was thoroughly enjoyed by all – an inspiring story centred on a young women's extraordinary journey. The film gave a wonderful representation of the achievements of women and challenged the stereotypical portrayal of women in films.



While people were snacking, they were encouraged to think about and share their thoughts on which women inspire them. These thoughts were captured on notes, displayed on the night, and shared via social media.

Feedback from the event was extremely positive and WHE would like to thank everyone who came along to the event and contributed to its success. Many thanks also to our main event supporter the City of Boroondara and our generous sponsors:

- Palace Balwyn Cinema
- Bloomsbury Publishing
- Fernwood Fitness Mitcham
- the Whitehorse Centre
- Knox Community Arts Centre
- Hawthorn Arts Centre
- Boost Juice Bars



Women from the community at the International Women's Day event at Palace Balwyn Cinema.

Financial Summary

The following financial information is an overview of the operations of Women's Health East and should be read in conjunction with the WHE Financial Statements for Year Ending 30 June 2014 and their accompanying notes (available at www.whe.org.au). WHE prepares the financial statements in accordance with the Australian Accounting Standards as outlined in the Independent Auditor's Report.

Financial Overview

	2014	2013
	\$	\$
Summary Income Statement		
<i>Income</i>		
DH funding	563,619	538,190
Other	70,321	117,895
Total Income	633,940	656,085
<i>Expenditure</i>		
Employee Expenses	444,656	433,861
Other	145,837	166,309
Total Expenditure	590,493	600,170
Operating Profit/(Loss)	43,447	55,915
Summary Balance Sheet		
Cash	524,717	427,789
Receivables	14,729	20,342
Property, Plant & Equipment	28,488	25,143
Total Assets	567,935	473,274
Payables	22,234	15,348
Provisions	55,074	35,249
Accrued Charges	6,027	794
Income in Advance	59,269	40,000
Total Liabilities	142,604	91,391
NET ASSETS	425,330	381,883
Current Ratio	3.78 : 1	4.90 : 1

Women's Health East recorded a surplus of \$43,447 for the 2013-2014 financial year. Income from the Department of Health was up compared to the previous year. This was due to indexation of our grant and support to cover salary increases in line with the Equal Remuneration Order made by the Fair Work Commission. Reduced funding from other sources resulted in an overall decrease in income. Expenditure was down predominantly due to decreased occupancy costs as a result of relocation.

The ratio analysis above is a calculation performed to assist in determining the financial viability of WHE. WHE's ratio of 3.78:1 means that the business has \$3.78 in current assets to meet \$1 in current liabilities.

Statement of Purposes

1. WHE is a health promotion organisation working collaboratively to address disease prevention and control, health inequities and disadvantage for women.
2. WHE, using a social model of health and a 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.
3. WHE 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, state-wide, national and international levels.
4. WHE 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) a 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
5. WHE engages in charitable and/or benevolent activities concerning women's health which are consistent with these purposes.

The WHE Statement of Purposes has been taken from the WHE Constitution. Please see our website to download the complete WHE Constitution.

Membership

Become a Member

We encourage you to join us! WHE membership is free and open to any woman who lives, works or studies in the EMR. Membership is also available to organisations that provide services to women in the EMR.

Why become a member of WHE?

- Support WHE and our work to improve women's health, safety and wellbeing
- Receive invitations to attend all WHE events, including our Annual General Meeting
- Be eligible to stand for election to the WHE Board of Governance
- Have voting rights at WHE member meetings and Board of Governance elections
- Be regularly informed on issues impacting women and receive regular updates through the WHE E-newsletter
- Participate in community consultations from time to time
- Join a community of women committed to equality, empowerment, health and wellbeing for all women!

How to become a member

If you would like to become a member, join via our website, or for further information contact us at health@whe.org.au or on 03 9851 3700.



Support Us

Donations

You can help us improve the health, safety and wellbeing of women in the EMR by donating to WHE. Giving a donation will help us develop programs and resources to prevent violence against women, enhance sexual and reproductive health and build gender equality for all women in the EMR.

A small donation could make a big difference. All donations above \$2.00 are tax-deductible.

To donate:

- Give a one-off or regular donation, or leave a bequest using the secure website at www.givenow.com.au/whe or
- Contact us to obtain a donation form, or donate by phone on 03 9851 3700.

Should you have any further queries about donating to WHE, please contact us at health@whe.org.au or on 03 9851 3700.

Thank You

WHE would like to sincerely extend our thanks to our partners and supporters over the last year. Some of our partners have already been acknowledged earlier in this report. Here are some more!

Very special thanks go to:

Boondawan Willam Aboriginal Healing Service

Boroondara City Council

Deakin University

Department of Health

Doncare

EACH

Eastern Centre Against Sexual Assault

Eastern Domestic Violence Service

Eastern Melbourne Medicare Local

EMR Regional Family Violence Partnership

Gippsland Women's Health Service

Inner East Community Health Service

Inner East Melbourne Medicare Local

Inner East Primary Care Partnership

Inspiro

Knox City Council

Knox Social and Community Health (A service of EACH)

Manningham City Council

Manningham Community Health Service

Maroondah City Council

Multicultural Centre for Women's Health

Monash City Council

MonashLink Community Health Service

Outer East Health & Community Support Alliance

Regional Family Violence Partnership PVAW Working Group

Whitehorse City Council

Whitehorse Community Health Service

Women with Disabilities Victoria

Women's Health Association of Victoria

Women's Health & Wellbeing Barwon South West

Women's Health Goulburn North East

Women's Health Grampians

Women's Health in the North

Women's Health in the South East

Women's Health in the West

Women's Health Loddon Mallee

Women's Health Victoria

Yarra Ranges Council

Yarra Valley Community Health Service

Victoria Police

WHE acknowledges the support of the Victorian Government.



Answers from gender equity training quiz

1. C) Almost three quarters (70%) of the world's 1.3 billion people living in extreme poverty are women and girls.
2. B) Women's representation in sport's coverage is 9%, horseracing is 10%.
3. B) In 2012 Australia's global ranking in relation to numbers of women in national parliaments was 49th (out of 189 countries) below that of Cuba, New Zealand and Afghanistan (this has worsened since 2001 when we were in 21st place). See <http://www.ipu.org/wmn-e/classif.htm> for more information.

See page 14 for questions.



Investing in equality and wellbeing for women

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