

ANNUAL REPORT 2013 - 2014



*whise*

Women's Health in the South East



# Contents

Who we are .....	2
Highlights .....	3
Chairperson's report .....	4
Chief Executive Officer's report .....	5
Treasurer's report .....	7
Health Promotion .....	8
Settlement Grants Program .....	16
IT Literacy Program .....	18
Communications .....	19
Partner Organisations .....	20
Our staff and organisational chart .....	21
Our Board .....	21
Thanks to students and volunteers .....	22
Financial Reports .....	23
Year in photos .....	28
Become a member .....	29
Donate .....	29

## Our Vision

To improve the health and wellbeing of women in the Southern Metropolitan Region within a Social Model of Health and within a feminist perspective.

## Our Mission

- To provide a range of services that acknowledges the diversity of women and their total wellbeing
- To be accessible to all women in a safe and women friendly environment
- To promote best practice in health service delivery for marginalised women, both in specialised and in mainstream service providers.

## Our Priorities

- Advocacy: Achieving system and policy change
- Health Promotion: Achieving best practice in health promotion especially to marginalised women
- Wellbeing Promotion: Improving community participation and social connectedness.

## Our Catchment Area

- Port Phillip
- Stonnington
- Glen Eira
- Bayside
- Kingston
- Greater Dandenong
- Frankston
- Casey
- Cardinia
- Mornington Peninsula



## About Us

Women's Health in the South East (WHISE) is the regional women's health service for the Southern Metropolitan Region of Melbourne.

The main focus of our work is Health Promotion. Health Promotion sees work occurring across a continuum, from primary prevention that looks at addressing the social determinants that cause ill health, to secondary prevention which works with known risk factors and the early signs of illness, down to tertiary prevention which seeks to prevent further ill health from occurring once an illness has occurred.

The majority of our work occurs within the primary prevention space; that is, addressing the social determinants of our 2 priority areas: mental health including the prevention of violence against women, and sexual and reproductive health.

To achieve improved health outcomes and equity for women we work with a range of key stakeholders including local government, community organisations, direct service providers and community members. Core funding from the Department of Health along with a range of Federal, State and Local government, and philanthropic funding enables us to do this.

WHISE is an equal opportunity employer with a VCAT exemption H100/2014 (under Equal Opportunity Act 2010) that enables us to employ women only within the organisation. WHISE is also endorsed as a tax concession charity and deductible gift recipient.

All women living, working or studying within the Southern Metropolitan Region of Melbourne are eligible to become members of WHISE and be elected to our Board of Management. Associate membership is also available to organisations that operate within this region.

## Highlights

- Relocating to 2/31 Princes Highway, Dandenong
- Settlement Grants Program Volunteer training week
- International Women's Day (IWD) Breakfast
- Launch of the Sexual Health Needs Assessment
- Acceptance of 3 presentations at the Australian Health Promotion Association Conference in Alice Springs
- Reaching the 100 likes milestone on Facebook
- Creation of the WHISE Twitter account

# Chairperson's report

I am delighted to present the Chair's report to you, following a busy year of renewal and reinvigoration at WHISE.

When I took on the role of Chair a year ago the organisation was fragile – we had very few Board members, an interim CEO and there was much healing to be done after a tough few years. Today I can report that Sue Glasgow was appointed to the CEO role, the Board is thriving with new members who bring a wealth of experience, and the staff are performing at a high level. Sue's decision to apply for the CEO role was a great vote of confidence in the Board and in the future of the organisation and I thank her sincerely for her trust in us.

Well – they say there is nothing new under the sun. Here I am again in a Chair role at a women's health service, as I was almost 20 years ago in the Grampians, and we seem to be facing the same threats again. What is it about an overtly feminist service that conservative governments find so threatening? Perhaps it tells us that women's services in Victoria have been doing a good job of getting noticed, getting women's issues on the agenda and actually making progress? Again, I am impressed by the way that the women's health services have come together to stand up for women's rights in the face of potential marginalisation or amalgamation or “mainstreaming” or gender neutralising. We have a solid history of defending ourselves when these threats occur and I am delighted that WHISE, with the other services, is clearly articulating why we still need women's services to combat gender inequity, violence, and the many other factors that put women at risk in our community.

Thank you to all our members who have stuck with us through the good and bad times – we really appreciate your support. Our member base has increased over the last year and I hope you are finding something of benefit to you as a WHISE member. Many organisations are struggling to attract members – it is seen in some circles as a slightly old-fashioned idea (not for me – I'm a baby boomer joiner – I join everything). A solid member base is a wonderful asset for any organisation and we need to think creatively about how best to nurture and support that base. I think the issue of membership is one to flag for the Board and Staff when they meet for strategic planning in the next few weeks.

I want to thank my fellow Directors. It is a pleasure to sit around the table with women of such expertise, strength, talent and good humour. These women really know what they are talking about – they are passionate about women's health. They have also been a vital source of support for me over the year as we struggled through the mess that was left to us, and then as I faced more illness. I will miss your company and your counsel.

Thank you to the staff – I have not seen you often enough this year but I know you are all performing at a very high standard. I hear that WHISE is regaining its positive reputation in the community as a vital local and regional player. I know that the hard work you have done has contributed to that reality, so thank you.

Thank you to Sue our CEO who has been a rock for me as I became more and more pre-occupied with other issues as the year went on. She has validated our wisdom in appointing her to the role and I am confident that WHISE is in a safe pair of hands. Thank you Sue.

Finally, I am stepping down from the Chair to focus on my own wellbeing but I will continue as a WHISE member and follow with interest what happens next. Thanks to everyone for attending the AGM and for supporting us.

Robyn Mason



## Chief Executive Officer's report

In my first full year at WHISE, I have witnessed a lot of change culminating in a real and positive impact on women's health and wellbeing. My sincere thanks to the many enthusiastic, dedicated and capable women who have worked together, in paid and voluntary capacities, throughout the year to deliver on our women's health and wellbeing priorities.

WHISE's program logic for women's health promotion has led us through the process of research, planning and implementation of our priorities - sexual and reproductive health and mental health including the prevention of violence against women. We have strived for quality improvement in the planning and delivery of programs that 'make a difference' to women's lives and we have worked hard to complement the existing health service system. The approach we took to women's health promotion was informed by current policy initiatives and service system gaps that we identified for women. We have planned and evaluated our work so that our efforts truly respond to the needs of women and will continue to do so.

A great deal of our health promotion work is about influencing policy and helping to change attitudes, practices and cultures. It is difficult to illustrate social change, especially given that it is often a slight, often barely perceptible improvement in a short space of time. Trying to document all that we do in an Annual Report is equally difficult, however, it is important to highlight some of our successes and these have included

invitations to present at Conferences and Forums; launching the Sexual Health of Women aged 50 and over report to celebrate International Women's Day; Women's Wellbeing Group; Computer classes; Settlement Grants Program; Why Women's Health sessions; YOU-nique Girls' Program in schools; Gender equity training, and the prevention of violence against women and children. These initiatives will be covered more fully in the body of the report.

Partnerships and collaborations continued to be a key theme in the way WHISE worked and will continue into the future. WHISE's visibility in the region has increased and we are participating in many more steering committees, working groups and networks.

This year we said goodbye to a number of longer serving staff and Board members, and put thought and time into recruiting new positions arising from the organisation review and Board succession planning. Acknowledging the valuable contribution of our members who retired - Donna Fulford, Kara Dunn, Doris Wong, Noemi Fiala, Quinn McCormack and Gail Quilliam, we wish them well for the future. With specific thanks to Gail for 15 years of hard work and dedication to WHISE and through some challenging times - we hope to see you at our events in the future. Our thanks to staff members Ruchita Ruchita, Iresha Buthgamuwa and Corine Paul for their contribution which made a significant difference to the wellbeing of women in the region.

My sincere thanks also to our new and existing Board members who bring with them a wealth of knowledge and skills and will provide leadership and good governance for WHISE into the future; it is an absolute pleasure to work with them. WHISE staff continue to show leadership, professionalism and passion in all their work and it has been a privilege to have worked with them this last year.

The year ahead, and indeed beyond, will be informed by a new Strategic Plan, our members, women in the region, and our partnerships, and I look forward to leading WHISE into a challenging but exciting future.

Sue Glasgow



# Treasurer's report

The focus for WHISE in 2013-2014 has been on creating stability, consolidating, and ensuring there is funding for each program and staff position. Moving to more suitable premises led to a temporary increase in occupancy costs and one-off relocation expenses but for the coming year WHISE should remain within budget.

WHISE's core funding from the Department of Health in 2013-2014 was \$570,000, and this year has seen a small increase of only 1.7% to \$586,353.

The Settlement Grants Program is funded to the end of June 2015, and WHISE has submitted an application for the continuation of our funding for the subsequent five years to 2020. There were higher than expected expenses in occupancy costs and extraordinary expenses from the relocation, and as a result WHISE is showing a loss of \$33,842. There are other factors which have contributed to this high loss figure: money was received from Women's Health Association of Victoria (WHA) for the Prevention of Violence Against Women and Children project (PVAW&C project) in April, \$38,640 of which has been rolled over into 2014-2015. This amount is shown under Liabilities as Unearned Income, and will move into earned income of the profit and loss in 2014-2015.

Additionally, money that was received in 2012-2013 and recorded as income on the financial statement of that year should have been rolled into 2013-2014, but was not. This includes approximately \$3,000 for the No Interest Loan Scheme (NILS) program and \$20,000 from the Ian Potter Foundation (being for the Sexual Health of Women aged 50 and Over project). Had this income been rolled over into 2013-2014, the financial statements would have shown a significant profit in 2013-2014 (albeit a greater deficit in 2012-2013). WHISE disposed of two major assets in 2013-2014. One of the company cars was sold as surplus to requirements, and the photocopier was replaced with a more cost-effective leased option.

February 2014 saw the hiring of a new Finance Officer. Katrina has worked previously in the community and not-for-profit sector and has brought her extensive experience to streamline and stabilise the finance processes. She also hopes to take a more active role in assisting other staff with grant applications. Her recruitment has and will continue to translate to a significant reduction in accounting and bookkeeping costs in 2014-2015. In June, WHISE moved from Bendigo Bank to Community Sector Banking (CSB). CSB are half owned by Bendigo Bank and half by a consortium of not-for-profit organisations, and offer better interest rates, lower bank fees, and excellent customer service.

WHISE hopes to maintain the financial stability achieved in the latter half of 2014-2015 and move positively into the new financial year.

Dianna Mummé

Vice Chairperson

# Health Promotion

The World Health Organisation (WHO) defines health promotion as “the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.”

In this sense, WHISE’s health promotion work addresses the broad environmental, social and political conditions that influence health and wellbeing. WHISE works with community organisations, government departments, academic institutions and policy makers who share our goal to create broad, sustainable and positive change for women who live, work and study in the Southern Metropolitan Region of Melbourne.

This year has seen considerable change for the women’s health sector in planning and delivery of services. Funding cycles have been changed from 3 to 4 yearly to align with municipal public health and wellbeing plans, and much advocacy has seen women’s health separated from community health funding and reporting guidelines.

For those who have followed the work of WHISE in the past, it would be noted that this year marks a shift in focus. We have moved away from working directly with women, to working more with community organisations, government departments, academic institutes, and policy makers who either work directly with women or who have substantial impact on the health of women to ensure that we have a greater reach and can influence broader, sustainable change that will improve the health and wellbeing of women within the region.

Given the new direction and funding cycle, WHISE has developed a new set of priorities and approaches. From 2013 to 2017, WHISE will focus on the following two priority areas; Sexual and Reproductive Health and Mental health – including the prevention of violence against women.

Gender equity and capacity building approaches will underpin all work within these two priority areas.

For the first time, all women’s health services within Victoria are working across the same priority areas, which has seen greater resource sharing and collaboration at a state-wide level.

# Priority Areas

## Sexual and reproductive health

Sexual and reproductive health continues to be a priority of WHISE. Unlike previous years where our focus has been on younger women, including women of reproductive age and mothers, our focus has shifted to be more inclusive of women over the age of 50.

Sexual health is considered a broad concept, which unlike reproductive health is not restricted to age, fertility and reproduction, and does not exclude individuals of diverse sexualities. By separating reproductive health and sexual health, WHISE is able to develop health promotion initiatives that target women beyond reproductive age.

### Sexual and Reproductive Health Snapshot

- Launch of the report titled 'Sexual Health of Women aged 50 and Over' on International Women's Day 2014
- Extensive literature review completed on the sexual health of women aged 50 and over
- Partnership formed with Deakin University to explore asylum seeker and refugee women's lived experience of reproductive health policy in the Southern Metropolitan Region of Melbourne

## Sexual health of women aged 50 and over

Increased life expectancy for women, coupled with higher rates of separation and divorce, has resulted in many women aged 50 and over becoming single and seeking new sexual partners. Research suggests that women over the age of 50 are less likely than younger women to practice safe sex. This trend has been attributed to:

- The widespread belief that younger women are at increased risk of Sexually Transmitted Infections (STIs) and self perceived low self risk of STIs and HIV/AIDS infection and transmission
- The view that condoms are primarily used as a method of birth control
- An overall lack of knowledge of safe sex practices
- Lack of knowledge and skills in negotiating safe sex practices.

On International Women's Day 2014, WHISE launched the findings of a needs assessment which further explored the issue of sexual health within the local context.

The findings of the exploration showed that whilst women were knowledgeable about the importance of cervical and breast cancer screening and completed tests regularly, they did not understand certain aspects



Quashani Bahd and Helena Bishop at the International Women's Day breakfast

of their sexual health including STI transmission, prevention and screening. Sexual health was understood as a narrow term, commonly referred to as heterosexual intercourse, as opposed to broader concepts relating to sexuality. These women did not readily access information or support in regards to their overall sexual health.

Health service professionals reported that they commonly consult women aged 50 and over on matters relating to breast and cervical cancer screening or menopausal symptoms, rather than broad sexual health issues. Health professionals expressed uncertainty as to whether it was their responsibility to address matters relating to sexual health. Both service professionals and women recognised that the sexual health of women aged 50 and over remains an under-discussed issue at an individual, community and professional level.

In order to explore and unpack the complex factors underpinning these findings, WHISE undertook an extensive literature review drawing upon local and international sources. According to the literature, multiple factors influence the sexual health of women aged 50 and over including:

- The desexualisation of older adults in western societies
- Sexual ageism and negative stereotypes
- The interplay between physiological and psychological factors and sexual health
- The social construction of sexual identities
- The lack of targeted sexual health promotion initiatives.

The potential for women aged 50 and over to achieve sexual health and wellbeing depends upon a range of factors. These include:

- Access to comprehensive information about sexuality
- Knowledge about risks and vulnerability to the adverse consequence of sexual activity
- Access to good-quality sexual healthcare
- Creating an environment that affirms and promotes sexual health.

International Women's Day Breakfast attendees



## Mental Health including the Prevention of Violence Against Women (PVAW)

Violence against women has been identified as a risk factor for mental health related issues; therefore, the majority of our work within the priority area of mental health concentrates on the prevention of violence against women.

According to VicHealth, "...violence against women occurs on a continuum from psychological, economic and emotional abuse through to physical and sexual violence. It is the biggest contributor to ill health and premature death in women aged 15–44".

VicHealth also affirm that violence against women and children is preventable.

To ensure sustainable change within this area, the focus must be on primary prevention. Primary prevention aims to stop violence before it occurs through addressing and challenging prevailing gender norms and power structures and focuses on promoting equal and respectful relationships between men and women at the individual, community, organisational and societal level.

### Mental Health and PVAW Snapshot

- 261 women attended our education and social inclusion programs
- Two prevention of violence against women/family violence working groups formed within the region
- Literature review completed on the local attitudes towards violence against women
- Three position papers submitted to local and national government

## Prevention of Violence Against Women/Family Violence working groups

WHISE is actively involved in multiple working groups across the region. Working groups are a significant part of our health promotion work because they enable us to form essential partnerships and address particular issues. Just like the proverb many hands make light work, working groups complete tasks in a thorough and timely manner.

### Peninsula Model - Preventing Violence Against Women and their Children working group

The Preventing Violence Against Women and their Children (PVAW&C) working group has been established from the Peninsula Model, which involves a catchment-based partnership approach between health and community services in the Frankston and Mornington Peninsula Local Government Areas (LGA).

Frankston has amongst the highest rates of police call outs to family violence incidents in Victoria. Violence is preventable and the working group focuses on the prevention of violence before it occurs. This is achieved by addressing the causes of violence such as gender inequity and promoting equal and respectful relationships between men and women, rather than the more visible symptoms.

WHISE chairs and coordinates the monthly working group meetings. The working group was established in February 2014 and the tasks to date have included:

- Engaging and building relationships with member organisations within the working group
- Completing an Organisation Audit Tool for each partner organisation to identify where current gaps are in regard to the prevention of violence against women
- Developing a catchment-wide three year strategy which includes an action plan.

Over the next three years the strategy will be implemented by a range of partner organisations in the Frankston and Mornington Peninsula catchment.

The member agencies for this working group are:

- Family Life
- Frankston-Mornington Peninsula Medicare Local
- Frankston-Mornington Peninsula Primary Care Partnership
- Frankston City Council
- Good Shepherd
- Mornington Peninsula Shire
- Peninsula Health Community Health
- WHISE

#### Joint ISEPiCH & KBPCP Family Violence working group

The Joint Inner South East Partnership in Community and Health (ISEPiCH) & Kingston Bayside Primary Care Partnership (KBPCP) Prevention of Family Violence working group aims to contribute to improved mental health and wellbeing in the catchment through a focus on preventing family violence.

The working group was established in February 2014 and WHISE co-chairs the monthly meetings and leads specific tasks. The tasks to date have been to:

- Support and participate in the mapping of family violence services
- Review evidence-based practice in the prevention of family violence at the local, state and national level
- Complete an Organisation Audit Tool for each partner organisation to identify where current gaps are in regard to family violence
- Identify partnership opportunities to facilitate implementation of future work.

The member agencies are:

- Kingston Bayside Primary Care Partnership
- Inner South East Partnership in Community Health
- Bayside Medicare Local
- Central Bayside Community Health Services
- Bentleigh Bayside Community Health Services
- Alfred Health (Caulfield Community Health Service)
- Connections Uniting Care

- City of Stonnington
- City of Kingston
- City of Port Phillip
- Glen Eira City Council
- Bayside City Council
- St Kilda Legal Service
- Victoria Police
- South East Centre Against Sexual Assault
- Family Life
- WHISE

## Women's health services leading regional action to prevent violence against women and children

The Project Officer for Prevention of Violence Against Women and Children is a new position within WHISE and was established as part of the Department of Human Services (DHS) Office of Women's Affairs (OWA) project – Women's Health Services leading regional action to prevent violence against women and children 2014-2016 (PVAW&C project).

This project will result in the development of nine consistent regional plans to support primary prevention of violence against women and children initiatives - including one for the Southern Metropolitan Region, which includes 10 LGAs. As mentioned Primary prevention aims to stop violence before it occurs through addressing and challenging prevailing gender norms and power structures and focuses on promoting equal and respectful relationships between men and women at the individual, community, organisational and societal level.

The significant and long-term cultural change necessary to eliminate violence against women and children requires the implementation of consistent and coordinated initiatives across the board. This project presents an exciting opportunity, through the development of regional plans, to build on the extensive work that is already being undertaken by our partners in the region. Partners include, but are not limited to: Local Government, community health services, family violence service providers, faith based organisations, and education services. The project will aim to work with partners to increase PVAW and gender equity programming; look at embedding PVAW and gender equity approaches into organisational policies and practice; and to strengthen existing partnerships through identifying opportunities to share skills, knowledge and resources that will enhance the capacity of WHISE and partners in the region to prevent violence against women and children.

## Why Women's Health workshops

Throughout the year, WHISE delivered a number of Why Women's Health workshops reaching a total of 111 women. Participants included women who attended English literacy classes at a neighbourhood house, mothers who attended a Muslim women's parenting conference, women who attended WHISE volunteer training, and community service workers. Why Women's Health workshops aim to raise awareness of the social

model of women's health; increase understanding of how gender impacts upon women's health; raise awareness of the role of advocacy in women's health; and identify the health needs and concerns of women within the region.

All participants reported that the Why Women's Health workshops had met their expectations and were beneficial in helping them to increase their understanding of the social model of health and specific women's health issues and needs.

Feedback is an important part of our continual improvement process and is collected regularly.

As a result of participating in these workshops, many women requested WHISE to return to facilitate other sessions on specific women's health issues including mental health, body image, self defence and leadership.

Health is not only **physical** health but also includes **mental** health

Why women's health participant  
Narre Community Learning Centre

I learned to be **confident** with myself

Self Care workshop participant  
Noble Park Primary School parent



Healthy eating workshop at Belvedere Community Centre, Seaford



Mums and bubs group at AMES, Dandenong

*"Everything around us is included as health, not only healthy eating"*

Why women's health participant  
Dandenong South Primary School parent

*"Great change to think about our own health."*

Why women's health participant  
Dandenong South Primary School parent



Color therapy women's wellbeing session

## Women's Wellbeing Group

The Women's Wellbeing Group is a monthly social group for women of all ages and backgrounds that aims to promote overall health and wellbeing. The group provides women with a safe, supportive, female-only environment where they can meet others, develop support networks, learn about various aspects of their health, and develop new skills.

Each month a different health and wellbeing topic is addressed and a guest expert is invited to present information and/or conduct an activity. These topics are designed to be informative, fun, interesting and creative. Over the past 12 months, the topics have included sustainable gardening, yoga, laughter therapy, mask making, mosaic, dancing, hand massage and self care. On occasion, the group has come together to celebrate an event such as International Women's Day.

These sessions encourage women to implement changes in their daily life to improve their overall health and wellbeing.

A total of 150 contacts were made with the group over the year. The feedback was overwhelmingly positive, with women reporting that they really enjoyed the sessions, felt comfortable when attending, and enjoyed having the opportunity to try different activities.

"I enjoy learning, having fun and getting out of the house"

“ Socialising with other women of all different cultures ”

# Settlement Grants Program

Over the past year, the Settlement Grants Program (SGP) team has been very busy dealing with many new challenges within the settlement field. The program has seen a rise in the number of clients arriving in Australia under the Women at Risk visa program and many more women and their families are joining their husbands and fathers on Spouse visas. Client referrals have been steadily increasing, a pleasing endorsement of the effectiveness of the program.

We had a record number of participants for the volunteer training course in March 2014 who have gone on to be dedicated and passionate volunteers, visiting refugee women in their homes on a regular basis. The volunteers assist their clients in a variety of different ways; liaising with Centrelink, providing support at appointments, assisting with their mail, and helping fill out all manner of forms. The volunteers continue to go the extra mile to ensure that their client is settled and well connected in the community. The volunteers were recognised at a City of Greater Dandenong Council award ceremony during National Volunteer Week. They are the backbone of the program and a reason for its ongoing success.

We achieved above target for the number of information sessions and family violence workshops, and received an overwhelming number of requests from local services, community groups and schools in the area. The session topics have included women's health, healthy eating, mental health and self care, and financial literacy.

SGP volunteer training participants



WHISE has been accepted to present at the Australian Health Promotion Association Conference in Alice Springs for our SGP Real Estate Advocacy Project which showcases the ground breaking work that we do.

There have been a few SGP staff changes at WHISE this year. We sadly said goodbye to Corine Paul who was our SGP Project Officer, but welcomed Tracey Egan and Deb Pugsley into a job sharing role to deliver the information sessions and family violence workshops. Marian remains in her role as the SGP Volunteer Coordinator.

We would like to thank all of our volunteers, partner organisations and clients who make this program as successful and rewarding as it is.

SGP Snapshot from 2006 - 2014



- **268** Home visit clients
- **348** Information sessions and skill building workshops
- Over **150** volunteers trained

**37** Home visit clients

**25** Group sessions with **457** people reached

Client base country of origin

- Afghanistan
- Sri Lanka
- Iran
- Iraq
- Sudan
- Syria
- Other

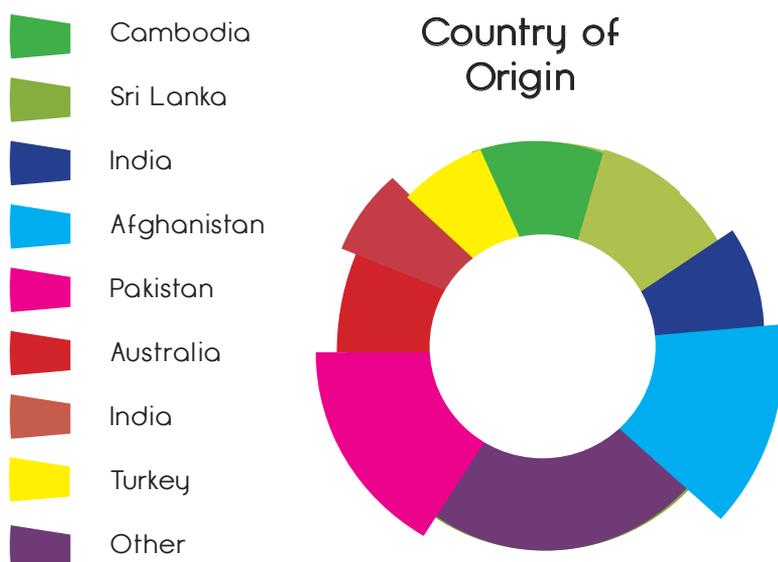
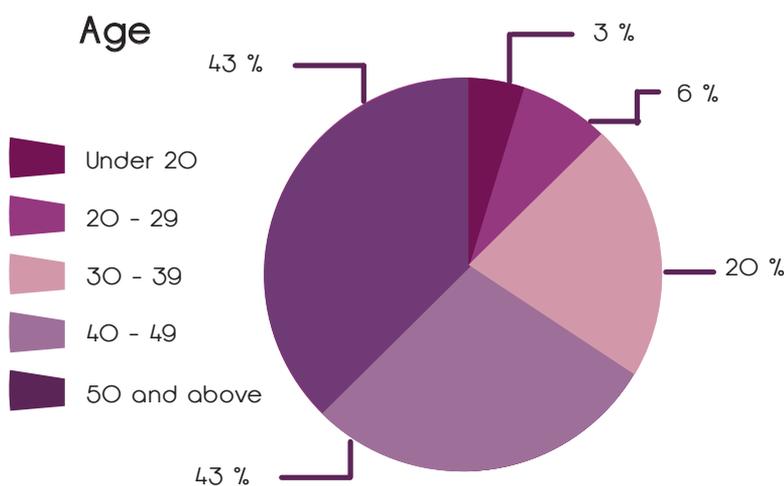


# IT Literacy program

The WHISE IT Literacy program has developed a great deal over the last year and continues to be in high demand. WHISE welcomed Carline Hamdillah as the new IT Community Development Officer who took on the role of revising the IT curriculum as well as facilitating in house classes.

In addition to the Computers for Beginners course and the Intermediate level Microsoft Word course that have rolled over from previous years, a further two courses were made available. WHISE was successful in obtaining funding from the Australia Post Neighbourhood Community Grant which enabled the Tablets for Beginners course to be offered. With the rise of new and emerging technologies this particular course provides women with a basic 'how to' when operating an Apple ipad or Samsung tablet; it also encourages confidence around using popular Apps like Skype and Facebook. The second addition to the IT program was the one-on-one class. This proved very popular amongst clients as it catered for women with specific technology needs.

In contrast to previous years where the IT program catered primarily for women 50 and above, the curriculum was re-written to be as inclusive as possible for all ages, learning levels and cultural backgrounds. This encouraged a more diverse demographic of women to participate in the classes.



In order to allow for ongoing improvements all learners are asked to complete a program evaluation indicating poor, good or excellent at the end of their course.

85% of participants indicated a standard of excellence in relation to both quality of facilitation and learning materials. 23% of participants indicated course objectives and content as good and 77% as excellent.

The IT literacy program has been extremely successful this year and WHISE is committed to ensuring its continuity. Program sustainability however is dependent on funding. WHISE is currently undergoing further funding applications to allow for this commitment to be met.

Congratulations to all students who have successfully completed the IT Literacy program.

# Communications

The women's health sector has acknowledged the tremendous agency that social media allows, and as such, communications and social media has been identified as a useful tool for promoting women's health messages.

The past 12 months has seen WHISE engage with the online community in a much greater capacity. We have been involved in online campaigns including the 16 days of activism, Women's Health Week and the #nomoreFVdeaths campaign. WHISE has also become a new member of Twitter, which is proving to be particularly insightful in the lead up to the State elections. Social media is a great platform to share these messages as well as engage a wider community of women.

There are four quarterly newsletters published each year. We have seen a significant increase in newsletter subscriptions following the rebranding of

the organisation, which received positive feedback.

WHISE is always looking for opportunities for improvement and given the new direction and many changes that have occurred over the past year, we are looking at how our work can be better reflected on the website. Staff and management are currently undergoing discussions as to its improvement, be sure to watch this space.

The past year has been an exciting challenge for our communications staff and we look forward to the vast potential of the year ahead.



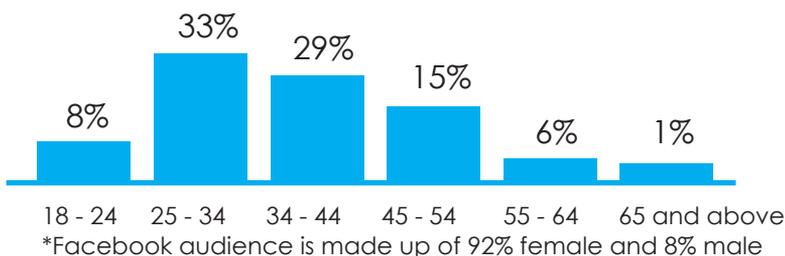
Follow us on twitter: @whisewomen



Like us on facebook:  
[facebook.com/whisewomen](https://facebook.com/whisewomen)

## Communications Snapshot

Age groups of most engaged female Facebook audience



143

Facebook likes with **176** page visits in the last 6 months and a total reach of **15,137** over the course of the year

28

Twitter followers as of June 2014

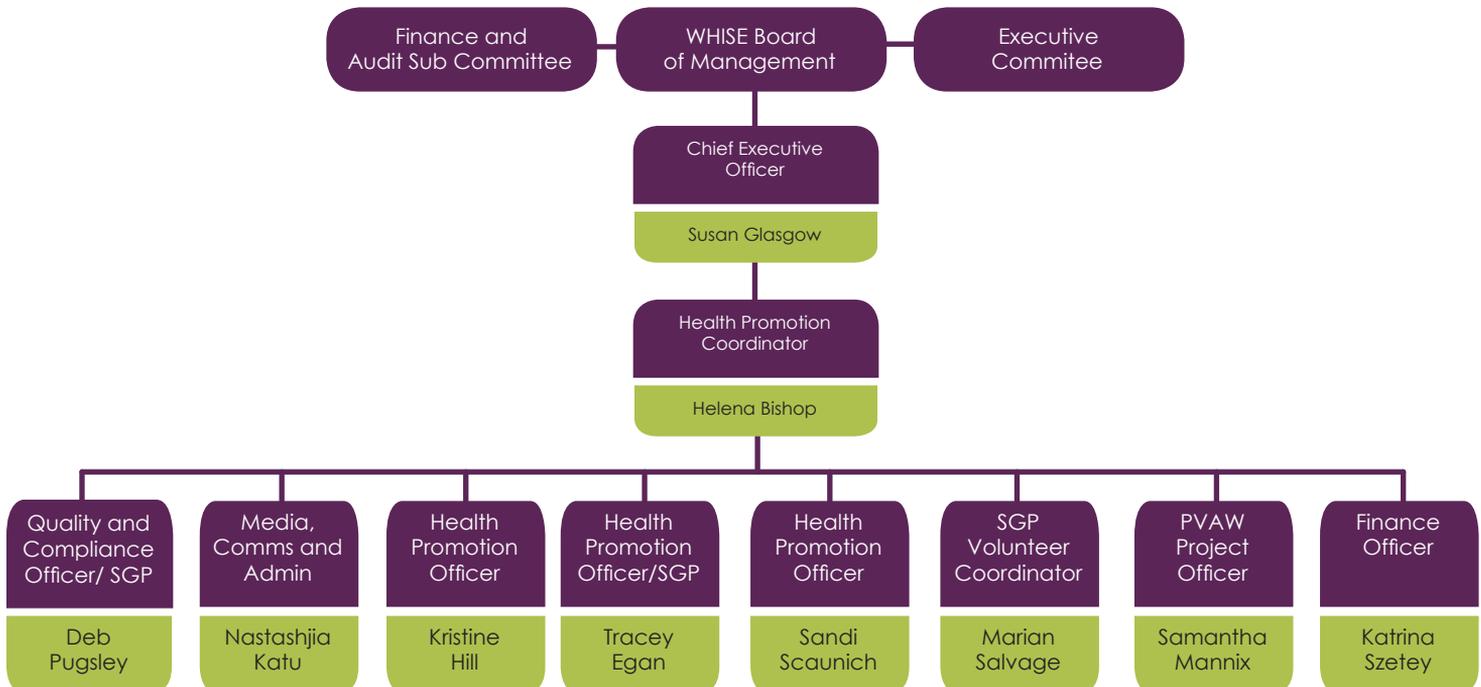
131

Newsletters distributed quarterly

# Partner Organisations

- Women's Health Victoria
- Women's Health East
- Women's Health West
- Women's Health in the North
- Gippsland Women's Health Service
- Women's Health Loddon Mallee
- Multicultural Centre for Women's Health
- Women's Health Goulburn North East
- Women's Health Grampians
- Women with Disabilities Victoria
- Women's Health and Wellbeing Barwon South West
- The Royal Women's Hospital
- City of Casey
- City of Kingston
- City of Stonnington
- City of Port Phillip
- Frankston City Council
- Bayside City Council
- Glen Eira City Council
- City of Greater Dandenong
- Cardinia Shire
- Mornington Peninsula Shire
- Monash Health
- Peninsula Health
- Alfred Health
- Frankston Mornington Peninsula Medicare Local
- Bayside Medicare Local
- South East Melbourne Medicare Local
- Central Bayside Community Health Service
- Bentleigh Bayside Community Health Service
- Kingston Bayside Primary Care Partnership
- Inner South East Partnership in Community and Health
- Frankston Mornington Peninsula Primary Care Partnership
- The Peninsula Model
- Enliven
- Kooweerup Regional Health Service
- Inner South Community Health Service
- Living Learning Pakenham
- Gambler's Help Southern
- St Kilda Legal Service
- South Eastern Centre Against Sexual Assault (SECASA)
- Southern Migrant and Refugee Centre (SMRC)
- Family Life
- Connections
- ERMHA
- Adult Multicultural Education Services (AMES)
- Foundation House
- Outer South Peninsula Integrated Family Violence (FV) Partnership

# Organisational Chart



## Our Board

### Current Board

Robyn Mason  
 Diana Mummé  
 Helen Keleher  
 Rhiannon Matthews  
 Christine Allan  
 Dona Tantirimudalige

CHAIRPERSON  
 VICE CHAIRPERSON  
 GENERAL MEMBER  
 GENERAL MEMBER  
 GENERAL MEMBER  
 GENERAL MEMBER

### Retired Board

Gail Quilliam  
 Donna Fulford  
 Kara Dunn  
 Deborah Buffington  
 Doris Wong  
 Noemi Fiala  
 Quinn McCormack  
 Maha Sukkar

CHAIRPERSON  
 VICE CHAIRPERSON  
 TREASURER  
 GENERAL MEMBER  
 GENERAL MEMBER  
 GENERAL MEMBER  
 GENERAL MEMBER  
 GENERAL MEMBER

# Congratulations to students and volunteers

Students and volunteers play an integral role in the functioning of the organisation. These women do a fantastic job at supporting administration, SGP, as well as projects and programs of WHISE. This year we have had an amazing group of women work alongside our staff.

WHISE values the contribution of all students and volunteers, to those who have moved on, we wish you well in future endeavours.

## Student Placement

Lensa Tezara  
Magdalena Pawelek  
Simone Beckett

Jackie Clark  
Julia Watson

## Volunteers

Dusanka Sekulic  
Tracy Stammers  
Sarah Smethurst  
Chantelle Kovacevic  
Neema Wright  
Luma Khoshaba  
Megan Bugden  
Shahnaz Omid Bahar  
Susan Curtis  
Melinda Hamilton  
Pallavi Shah  
Ambika Manoharan

Phillippa Wilson  
Lee Moon  
Kia Sculthorpe  
Karen Jones  
Natasha Margaritis  
Brittany Smith  
Husnia Lufti  
Angela McCart  
Irum Sultana  
Anabelle Beckert - Berger  
Fiona Hall  
Christine Pereira

WHISE staff, volunteers and women's wellbeing group members



**WOMENS HEALTH IN THE SOUTH EAST**  
**Income and Expenditure Statement**  
**For the year ended 30 June 2014**

	2014	2013
	\$	\$
<b>Income</b>		
Grants and Services	679,817	677,792
Donations	4,000	1
Interest	2,212	4,616
Other Income	2,484	33,791
<b>Total income</b>	<b>688,513</b>	<b>716,201</b>
<b>Expenses</b>		
Accountancy & Bookkeeping	23,233	28,942
Administrative Costs	40,967	26,976
Advertising and promotion	1,886	1,215
Bad Debts		1,313
Bank Fees And Charges	2,295	3,104
Board Costs	4,642	1,553
Consultancy & Legal Fees	514	6,370
Depreciation & Amortisation	12,406	27,255
Donations	82	271
Motor Vehicle Expenses	7,884	8,772
Project Costs	19,813	11,825
Relocation Costs	20,745	
Occupancy Costs	98,021	85,378
Subscriptions	5,404	7,981
Travel, accom & conference	1,047	5,399
Employment Expenses	481,731	504,026
<b>Total expenses</b>	<b>720,671</b>	<b>720,378</b>
<b>Profit (loss) from ordinary activities</b>	<b>(32,157)</b>	<b>(4,178)</b>
<b>Total changes in equity of the association</b>	<b>(32,157)</b>	<b>(4,178)</b>
Opening retained profits	140,112	144,289
Net profit (loss) attributable to the association	<b>(32,157)</b>	<b>(4,178)</b>
<b>Closing retained profits</b>	<b>107,954</b>	<b>140,112</b>

The accompanying notes form part of these financial statements.

**Women's Health in the South East**  
**Detailed Balance Sheet as at 30 June 2014**

<b>Current Assets</b>	<b>2014</b>	<b>2013</b>
	<b>\$</b>	<b>\$</b>
<b>Cash Assets</b>		
Cash and Cash Equivalents	139,833	118,018
	<u>139,833</u>	<u>118,018</u>
<b>Receivables</b>		
Accounts Receivable	13,124	11,326
	<u>13,124</u>	<u>11,326</u>
<b>Other</b>		
Prepayments		6,285
		<u>6,285</u>
<b>Total Current Assets</b>	<u>152,957</u>	<u>135,630</u>
<b>Non-Current Assets</b>		
<b>Property, Plant &amp; Equipment</b>		
Fixtures & Fittings	17,686	16,013
Less Accumulated Depreciation	(12,787)	(12,223)
Lease Improvements at cost	70,158	70,158
Less Accumulated Depreciation	(69,684)	(69,565)
Computer & Office Equipment	88,516	89,546
Less Accumulated Depreciation	(78,643)	(76,460)
Low Value Pool - Office Equipment	10,138	10,138
Less Accumulated Depreciation	(9,375)	(8,916)
Motor Vehicles at cost	18,532	33,075
Less Accumulated Depreciation	(8,610)	(12,877)
	<u>25,930</u>	<u>38,889</u>
<b>Other</b>		
Borrowing Expenses	252	503
Rental Bond	6,000	4,400
	<u>6,252</u>	<u>4,903</u>
<b>Total Non-Current Assets</b>	<u>32,182</u>	<u>43,792</u>
<b>Total Assets</b>	<u>185,139</u>	<u>179,422</u>

## Current Liabilities

### Payables

#### Unsecured

Accounts Payables	6,143	10,669
	<u>6,143</u>	<u>10,669</u>

#### Other

Unearned Income	38,640	
Sundry Creditors	32,402	27,793
Account Held in Trust	-	849
	<u>71,042</u>	<u>28,641</u>

<b>Total Current Liabilities</b>	<b><u>77,185</u></b>	<b><u>39,310</u></b>
----------------------------------	----------------------	----------------------

<b>Total Liabilities</b>	<b><u>77,185</u></b>	<b><u>39,310</u></b>
--------------------------	----------------------	----------------------

<b>Net Assets</b>	<b><u>107,954</u></b>	<b><u>140,112</u></b>
-------------------	-----------------------	-----------------------

### Members' Funds

Accumulated Surplus (deficit)	107,954	140,112
<b>Total Members' Funds</b>	<b><u>107,954</u></b>	<b><u>140,112</u></b>

## WOMEN'S HEALTH IN THE SOUTH EAST

### Board of Management Report

For the year ended 30 June 2014

---

Your Board members submit the financial accounts of Women's Health in the South East Inc for the financial year ended 30 June 2014.

#### **Board Members**

The names of the Board members at the date of this report are: Robyn Mason (Chairperson), Diana Mummé (Vice Chairperson), Dona Tantirimudalige, Christine Allan, Rhiannon Matthews, Helen Keleher.

#### **Chief Executive Officer**

Susan Glasgow

#### **Principle Activities**

The principle activities of the Association during the financial year were: To provide health and well-being information and referral to women in the Southern Metropolitan Region and to advocate for system and policy change in health.

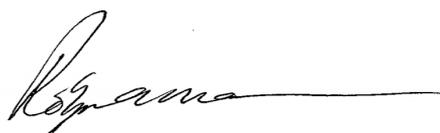
#### **Significant changes**

No significant change in the nature of these activities occurred during the year.

#### **Operating Result**

The deficit from ordinary activities after providing for income tax amounted to \$32,157.

Signed in accordance with a resolution of the Members of the Committee on: 26/9/2014



**Robyn Mason**

Independent auditor's report to the member of Women's Health in the South East Inc.

We have audited the accompanying financial report, being a special purpose financial report, of Women's Health in the South East Inc (the Association), which comprises the balance sheet as at 30<sup>th</sup> June 2014, the income statement and cash flow statement for the year then ended, a summary of accounting policies, other explanatory notes and the statement by the members of the committee of management.

### **The Responsibility of the Board of Management for the financial report**

The Board of Management of the Association 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 forms part of the financial report, are appropriate to meet the requirements of the Associations Incorporation Act 1981 and are appropriate to meet the needs of the members. This responsibility 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. These policies do not require the application of all Accounting Standards and the mandatory financial reporting requirements in Australia.

### **Auditor's Responsibility**

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing 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 Board of 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 Board of Management's financial reporting obligations under the Association Incorporation Act 1981. We disclaim any assumption of responsibility for any reliance on this report or 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 independence requirement of the Australian professional accounting bodies.

### **Auditor's Opinion**

In our opinion the financial report presents fairly, in all material respects, the position of Women's Health in the South East Inc as of 30 June 2014 and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

Phil Talbert, FIPA



16<sup>th</sup> September 2014

Danber Financial Services



# Are you a member ?

All women living, working or studying in the Southern Metropolitan Region of Melbourne are eligible to become members of WHISE as are organisations whose client base includes the Southern Metropolitan Region.



Membership is free and includes access to our quarterly newsletters, opportunities for volunteering, eligibility to nominate for the Board of Management inclusive of voting rights, and invitation to WHISE run events such as our Annual General Meeting.

Members are an important part of the organisation and your involvement further supports us in improving the health and wellbeing of women in the Southern Metropolitan Region.

To find out more call us on **9794 8677**

## Donate

WHISE receives funding from the State Government but we rely on grants and donations to help us run more services in our region.

All provided contributions have a very real impact on our ability to meet the needs of women in the Southern Metropolitan Region.

Donations to WHISE are tax deductible.





**Look out for us online!**

-  [www.facebook.com/whisewomen](http://www.facebook.com/whisewomen)
-  [www.twitter.com/whisewomen](http://www.twitter.com/whisewomen)