



*Celebrating 21 Years of the  
Victorian Women's Health Program*



07

## Women's Health Victoria Annual Report

**Knowledge into action**



**Women's Health  
Victoria**



left to right- Kerrilie, Melanie, Martinette, Marcela, Rosemary

Published October 2007

Women's Health Victoria  
Level 1, 123 Lonsdale Street  
Melbourne VIC Australia 3000

T 03 9662 3755  
F 03 9663 7955  
E [whv@whv.org.au](mailto:whv@whv.org.au)  
W [www.whv.org.au](http://www.whv.org.au)

Postal Address  
GPO Box 1160  
Melbourne VIC Australia 3001

Reg. No. A0029795W  
ABN 33365 284944

Written by Sarah Marlowe with  
input from Marilyn Beaumont,  
Petra Begnell, Keran Howe,  
Di Missen, Tricia Malowney,  
Kerrilie Rice, Rosemary Sexton and  
other Women's Health Victoria staff.

Editing and publication management  
by Sarah Marlowe.

Picture editing and photographs  
by Vicki Jones, except where  
otherwise credited.

Design by Neale Mar.

Proof reading by Sandra Padova.

Printed by Work and Turner.

Printed on Harvest Recycled stock.  
(60% Recycled Sugar Cane)

**Cover:** Women at the  
"Women's Health Matters:  
From Policy to Practice"  
Statewide Summit, 13th July 2006  
Photos by Vicki Bell.

## Our Vision

A society in which there is an accepted approach to health that is empowering and respectful of women and girls; one that recognises the importance of gender in determining health outcomes, and utilises a sound gender analysis in policy making and in health and community service design.

## Our Mission

Maintain and promote an understanding of women's health from a feminist perspective and a social model of health through a clearinghouse of women's health information.

Advocate for women and work with other organisations for better health outcomes for women.

## Our Focus

Women's Health Victoria has a statewide role in creating and using women's health knowledge to:

- inform health, social and economic policy
- inform the design and delivery of better health responses, systems and models of care, and
- support and empower women in their health choices.

## About this report

The new format and approach to content in this year's *Annual Report* comes out of a review by communications consultant Caroline Green in consultation with Women's Health Victoria staff, Council and stakeholders. The Report aims to meet Australasian Reporting Awards best practice criteria, having been awarded for distinguished achievements in reporting in six previous years.

Please contact Women's Health Victoria or visit our website at [www.whv.org.au](http://www.whv.org.au) to request additional copies, seek information or give us feedback about this Report or any aspect of our work.

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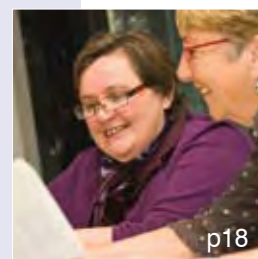
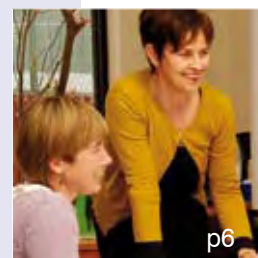
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## Chairperson's message

I would like to congratulate everyone who contributed to a very successful year: WHV staff, fellow Council members, volunteers and members.

It has been a busy and interesting year. We have overseen a Review of our Strategic Directions, refocusing our Mission, Strategy and Values. This led us to embark on an Organisational Redesign Project, guided by a staff and council leadership group. All have shown willingness to act in a collegial and engaged manner, to investigate changes in structure and ways of working that will work best for WHV's future.

Funding has grown, with BreaCan cementing its ongoing status whilst expanding its work. WHV has received various project funding to expand work in areas such as violence against women, with new capacity-building partnerships including one with Linfox. The organisation's work supporting the Victorian Women with Disabilities Network to further develop the Advocacy Information Service has been exemplary. Partnerships such as these provide real benefits to disadvantaged and marginalised women in Victoria.

WHV continues to show leadership across women's health services and more broadly in the health, community and political sectors. Government, health service providers and women in the community look to WHV to answer their questions, support capacity-building and provide evidence-based research to supplement anecdotal advice.

I would like to offer congratulations to our Executive Director Marilyn Beaumont on being inducted into the Victorian Women's Honour Roll in 2007. This outstanding tribute is granted to few women, and demonstrates her tireless work not only for WHV, but throughout a career that spans the gamut of women's services.

I would also like to thank Council members for their commitment, for sharing their knowledge and skills, and for providing advice, guidance, focus, decision-making and lateral thinking to help WHV succeed in its endeavours. Thanks to every contributor – it is much appreciated by the women of Victoria.



Suzanne Young  
Chairperson

## Executive Director's message

The *Annual Report* is a chance to reflect on the past year's achievements, and on what is to be done next. We have much to celebrate as we explore new ways to do women's health work.

We played a significant role co-ordinating delivery of the Women's Health Advocacy Action Plan. We determined that without resources we would miss many opportunities – to celebrate 21 years of women's health policy and funded services in Victoria, to work with old and new partners, and to agree on three priorities for the next three to five years – prevention of violence against women; mental health and wellbeing, and a statewide sexual and reproductive health policy, including decriminalising abortion.

Our work, turning women's experience into action, gathered pace as we joined organisations and health professionals to raise with Victorian MPs the need to remove abortion from the *Crimes Act*.

It has been a pleasure to be involved in real progress through our partnership with the Victorian Women with Disabilities Network, including the advocacy successes of the Prevention of Violence Against Women with Disabilities Framework, expansion of the funding base and development of sustainable organisational systems.

BreaCan had an extraordinary year, completing its transition from pilot to recurrently-funded service, with staff consolidation, new premises and expansion to women with gynaecological cancers.

In the midst of it all, we completed a major refurbishment of 123 Lonsdale Street and commenced an Organisational Redesign Project, to be implemented in the coming year.

I am constantly rewarded by the quality of WHV's programs and the high regard for our work. Thanks to WHV's members and friends for providing such constructive input. Thanks to our many partners and allies – so much would not have been possible without our collaboration. And thanks to our staff, volunteers and Council members, who have worked particularly hard this year.



Marilyn Beaumont  
Executive Director



## Introduction

# Knowledge into action – the work of Women’s Health Victoria

Annual reports are important documents. They report on our financial position, our adherence to various legal requirements and our activities during the past financial year.

Before starting work on this report, we asked our staff, Council members, and some key partners and funders what they want out of our *Annual Report*. They asked us to focus on outcomes rather than processes, to highlight achievements rather than listing activities. They asked us to use plain language to explain our approach and our impacts on the lives of Victorian girls and women.

### How do we illustrate social change?

There’s a challenge here. How do we show impact, when change is so often incremental? When much of our health promotion work is in collaboration – formal and informal – with a broad network of allies? And when a significant part of what we do is about influencing policy and helping to change attitudes, practices and cultures? We can list the meetings we’ve attended, briefing papers we’ve produced and the number of users in our Clearinghouse. But that’s only part of the story.

This Annual Report is in three sections. Section one includes a summary of the year’s activities and gives an overview of who we are: our governance model, our work teams, Council and staff. Section two tells the stories of key work from this year, through the theme of ‘knowledge into action’. Section three is our financial report.

### Advocating for women

Our focus is health promotion advocacy for women’s health at a statewide level, with one important exception – the BreaCan information and support service. BreaCan also has an advocacy side, as explained on pages 22–23.

What it means to advocate for women has changed. Executive Director Marilyn Beaumont explains: “A really good resource from our early days was a booklet called *Talking with your doctor*. While that booklet is still useful, we are now more likely to use gender analysis to develop a tool to help doctors better understand their interactions with different populations of women. And because the doctors have organised themselves through the Divisions of General Practice, we’ll work with them to influence attitudes and practices.”



Action arises from many inputs.

We also promote the voices of diverse women in policy development; our joint project with the Victorian Women with Disability Network has made great strides in advocating for prevention of violence against women with disabilities, as outlined on page 18.

### Knowledge into action

When our founding organisations began work in the 1980s, many women had poor access to health information. Almost a quarter century later, women – and their service providers – are more likely to be overwhelmed with information from the electronic and print media. One of our primary roles is to sift through the plethora of health knowledge on offer.

Historically, we have then made the best of what is available to women through our Clearinghouse, and this continues, especially through BreaCan. We also translate this knowledge into tools that we and others use to help create systemic change to improve women’s health.

### Whose knowledge?

We draw knowledge from many sources. Take the briefing papers we’ve produced as part of the work towards abortion law reform, explored on page 19. We’ve listened to women’s stories, learned from regional women’s health organisations and service providers, analysed academic research and drawn on the wisdom of other activists.

We are not a large organisation. We focus our resources on the three priority areas determined through the *10 Point Plan for Women’s Health* explained on page 16: mental health and emotional wellbeing, preventing violence against women, and sexual and reproductive health. In all our work, we join forces with like-minded organisations, offering our analysis of diverse women’s lives, and the many determinants – such as education, employment, housing and discrimination – of their health and wellbeing.

# The year in review

Here we summarise a range of activities and highlights from the reporting period. Major areas of work and achievements are featured in greater detail in the Outcomes and Achievements section on pages 16–25.

## Advocacy

Ongoing advocacy, including with the Association for Legal Right to Abortion (ALRA), a new Victoria coalition working for removal of abortion from the *Crimes Act*.

In partnership with women's health sector colleagues and supporters:

- Advocacy to influence government's health promotion priorities through the *10 Point Plan for Women's Health*.
- Organisation of the Women's Health Matters: From Policy to Practice Statewide Summit, bringing together 200 people from peak, health, welfare and education organisations to discuss gender, health, policy and practice.
- Development of the Women's Health Association of Victoria's (WHAV) Why Women's Health banners, which were borrowed 37 times for various public events.

Advocacy for women with disabilities through partnership with the Victorian Women with Disabilities Network Advocacy Information Service (VWDN AIS), including:

- Representation on the Statewide Steering Committee to Reduce Sexual Assault, the Statewide Advisory Committee on Family Violence, the Equal Opportunity Commission Disability Reference Group and the Victorian Disability Advisory Council, and

- Work with VicHealth to include a literature review on violence against women with disabilities in its violence prevention framework.

Advocacy for women prisoners through the Women's Correctional Services Advisory Committee and Corrections Health Board, including contributing to new management standards for women prisoners.

Speaking to a hearing for Human Rights and Equal Opportunity Commission's Same Sex, Same Entitlements Inquiry into discrimination against same-sex couples in relation to financial and work-related entitlements.

Co-ordinated a joint submission to the Federal Government Inquiry into the proposed Medicare Access Card with Family Planning Victoria, the Centre for Adolescent Health and the Australian Reproductive Health Alliance.

Involvement in establishing a new National Sexual and Reproductive Health Strategy Advisory Group and in its formulation of a national strategy.

Seven media interviews on various women's health issues for metropolitan newspapers, online publications, ABC Radio and Channel 7.

Representation, including on the Emergency Contraception Evaluation Study Project Reference Group, the Ministerial Advisory Committee on Gay, Lesbian, Bisexual and Transgender Health, and the McFarlane Burnett Institute Microbiocide Community Advisory Group.

## Health Information provision and resource development

Establishment of the *Clearinghouse Connector* email newsletter to promote and add value to the Clearinghouse collection.

Ongoing scanning of the media through *Health News Daily*, distribution of which was extended to women's health workers beyond WHV.

Answering of Clearinghouse information requests including 333 email requests, 234 onsite staff requests, 209 onsite public requests and 84 phone requests. Website page views and PDF downloads from the Clearinghouse online totalled 324,885.

Acquisition of Clearinghouse resources, including 517 new journal articles, 206 books, 37 pamphlets, 19 web links, 4 new journals/reports and 33 resources such as kits and CD ROMs.

Ongoing development of the website, including downloadable versions of WHV resources. This year the website received over 200,000 visits.

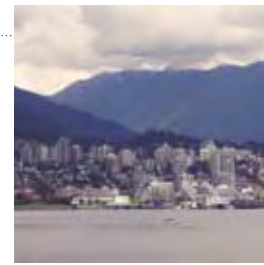
Development of information resources including several briefing papers related to abortion and its decriminalisation, and papers on *Gender and Hepatitis C* and *Gender and Ageing*.

Successful application for a \$30,000 grant to update the Victorian Gendered Data Directory and convert it into a fully searchable online resource.

Ongoing partnership with the Royal Women's Hospital, including through information provision to the Women's Health Information Centre (WHIC).

Contributed to the BetterHealth Channel as part of an ongoing partnership, including fact sheets on IVF, hysterectomy and endometriosis, rural health services, domestic violence services, contraception and pap tests. Contributed to HealthInsite, a website for health providers, including via 38 links to our website.





Marilyn and Petra at the Canada Conference.

## Partnership, capacity building and sharing our knowledge

Through our partnership, strengthening of the WVDN including organisational and governance development.

Partnership with and organisational support for regional women's health services, including Women's Health Goulburn North East and Women's Health Gippsland.

Development and delivery of a professional development workshop on Advocacy and Health Promotion, and three on Gender and Health Promotion.

Presentation by Petra Begnell on 'Gender and Health Promotion' and by Marilyn Beaumont on the '10 Point Plan' and 'Better Pathways' to the World Conference on Health Promotion and Health Education in Canada.

Presentation by Tricia Malowney from the WVDN AIS to the Australian Health Promotion Association Conference on health equity for women with disabilities.

Presentations by BreaCan's Di Missen on peer support and Josie Scott on the program for women with advanced breast cancer to the National Breast Care Nurses Conference.

## BreaCan

Held a launch in July 2006 to celebrate the relocation of the service to new premises at the Queen Victoria Women's Centre, where BreaCan provides information and support to women, their family and friends affected by breast and gynaecological cancers.

Extended the support and information service to women with gynaecological cancers, following consultation with women and a short-term advisory committee.

Produced the *Young Women Talking* DVD and booklet for young women with breast cancer, in partnership with The Cancer Council Victoria.

Over 1800 'contacts' were recorded during the year including attendances at 37 group information sessions and 19 'Feel Good' gentle exercise classes.

In collaboration with rural health services, held two cancer forums in Wangaratta – one for consumers and one for health professionals.

## Membership and Council

Membership recruitment to ensure an active membership, including of organisations endorsing the *10 Point Plan for Women's Health*.

Succession planning to ensure a skilled, diverse and active Council membership.

Distributed three *Member Bulletins* and nine email alerts to members.

Improvement made to our membership database, including online facilities that make it easier for members to update their information and renew their membership.

Participation in review of WHV's strategic directions for 2006–2009, and agreement that they are:

"With the support of the Clearinghouse of women's health information:

1. Advocate for the statewide policy, planning and service delivery to take account of and be responsive to gender
2. Build the capacity of our community of interest to incorporate an understanding of gender into policy and practice, and

3. Improve health outcomes for diverse groups of women through supporting the development of quality service delivery models."

Adoption of a range of documents, agreements and reviews summarised on pages 8–9, including those relating to strategic planning, finances, risk management, human resources, compliance and organisational processes.

## Human resources, business continuity and organisational development

Developed the *Health Promotion Plan for 2006–2009* and *Action Plan for 2006–07*, for Department of Human Services (DHS) Women's Health Program funding.

Put into place action and work plans arising from our 2006 *Strategic Directions* review.

Reviewed our risk management, including ranking of risks identified and formulation of an action plan to address the top 13.

Conducted an organisational review including consultation with staff and Council, which will result in changes to the way we organise our work.

Introduced Microsoft Sharepoint, integrating a range of office software and communications tools.

Refurbished our premises at 123 Lonsdale Street to make better use of space and increase the number of available offices.

Negotiated a new three-year Enterprise Agreement and registered it with the Workplace Authority on 24 May 2007.

Creation and implementation of a Workforce Development Action Plan, ensuring all staff have access to agreed internal and external professional development.

# How we work – Women's Health Victoria's staff and governance structure

## A team-based approach

Women's Health Victoria is governed by a voluntary Council drawn from our membership, and has a strongly team-based staff and governance structure. As noted by Council Deputy Chair Liz Chatham, "this is opposite to a traditional hierarchical approach, and in many ways is about the way women work best – in groups and together".

Staff meet regularly in self-directed Staff Groups, with membership determined by the skills needed to carry out the group's work. Each staff member is in at least one group, with additional groups established if needed for particular projects.

## Task and Staff Groups

Our Executive Director is responsible for supervising all staff, their work plans and performance. The work of Staff Groups is supported by three Task Groups, comprised of staff and Council members. They meet approximately monthly, contributing their expertise, networks and analysis to work then carried out by staff.

Task Groups also contribute to the work of Council: developing strategy and policy, overseeing financial management, making recommendations and reporting regularly back to Council.

This structure has served us well for a number of years. In 2007, in response to changes in our external environment and growth of our organisation, we undertook a review of our structure, communications and ways of working that will result in various changes in the coming year (see page 25).

Below is an outline of the responsibilities of the Task Groups, their major work for 2006–2007 and their membership. Note that positions are only included with a Council or staff member's first listing.

Following that is an outline of the responsibilities and membership of Staff Groups. Major achievements are explored in more detail in the Outcomes and Achievements section, pages 16–25.

## Task Groups

### Governance Task Group

Responsibilities of this group include decision-making processes, our organisational structure, evaluation of Council, professional development of Council members and succession planning. This year the group focussed on succession planning to build Council membership and ensure it remains skilled, diverse and active.

Membership: Council Chair Suzanne Young, Deputy Chair Liz Chatham and Executive Director Marilyn Beaumont.

### Strategic Directions Task Group

Responsibilities include developing policies, strategies and messages around key and emerging issues informed by our Strategic Directions review. The group facilitates Council involvement in this document's development and review, ensuring it integrates the Department of Human Services (DHS) Women's Health Program Health Promotion Plan. Other tasks include overseeing strategy and policy related to BreaCan and the Clearinghouse, and ensuring our continued relevance by facilitating discussion of ongoing change management. This Task Group oversees work coming through the BreaCan, Clearinghouse and Strategy Staff Groups and the WWDN AIS Partnership Governance Group.

This year the group's work included putting into place various action and work plans arising from the 2006 *Strategic Directions* review, and development of our Health Promotion Plan.

Membership: Council members Liz Chatham, Julie Mulvany, Jane Patrick, Sally Fawkes and Verity Newnham, along with Marilyn Beaumont, Information Services Manager Elaine Cope, Policy Officer Kerrilie Rice, Health Promotion and Education Officer Petra Begnell, BreaCan Service Manager Di Missen and Clearinghouse Information Officer Sarah Thorning.



Helen, Di, Nicole and Josie at BreaCan.

*“the way we work is opposite to a traditional hierarchical approach, and in many ways is about the way women work best – in groups and together”. – Deputy Chairperson Liz Chatham*

### **Business Resources Task Group**

Responsible for financial management, income generation, legal compliance, business continuity, our Membership Policy, information technology and human resources management, including Occupational Health and Safety. This Task Group oversees work coming through the Infrastructure Staff Group.

A major focus this year was rigorous review of our risk management assessment process. The group scanned the organisation for risks, ranked them and identified action plans for the top 13. Another major task was negotiating a new Enterprise Agreement with the Women’s Health Victoria Staff Association, which was registered on 24 May 2007.

Membership: Council members Suzanne Young, Anne Cronin and Vivienne Amery, along with Marilyn Beaumont, Business Development and Finance Manager Rosemary Sexton, Elaine Cope, Administration Officer Martinette Miral and Records Officer Marcela Pasieczny.

## **Staff Groups**

### **Strategy Staff Group**

Responsible for managing the processes for development and review of our Strategic Directions, incorporating the DHS Health Promotion Plan, and overseeing team work plans that arise from these. Other tasks include developing gender analysis tools and our communications strategy, scanning the health information and policy environment, responding to emerging issues, and making decisions about representation, submissions and other health promotion advocacy.

Membership: Marilyn Beaumont, Elaine Cope and Kerrilie Rice.

### **BreaCan Staff Group**

Responsible for developing and delivering the BreaCan information and support service, in partnership with volunteers. Tasks include: monitoring the management of the volunteer workforce, operation of the Resource Centre and resource collection, and promotion of the service and improving access for women statewide, including through outreach to diverse communities and regional forums. See pages 22–23 for an outline of BreaCan’s achievements for 2006–2007.

Membership: Marilyn Beaumont, Di Missen, Resource Centre Coordinator Helen Shepherd, Coordinator – Advanced Cancer Josie Scott, Information and Support Officer Nicole Wilton, Project Officer Sacha L’Huillier, Administrative Officer Gabrielle O’Brien and Project Officer Justine Dalla Riva.



*Rosemary and other staff.*

### **Clearinghouse Staff Group**

Maintains and improves our Clearinghouse, including managing partnerships (such as with WHIC at the Royal Women’s Hospital, see page 17, and online providers BetterHealth Channel and HealthInsite), and developing the collection. Tasks include managing the website, producing resources including *Clearinghouse Connector* and *Health News Daily*, developing resources for women and for health professionals, and supporting organisations to make best use of the Clearinghouse. See page 21 for a summary of the work of the Clearinghouse in 2006–2007.

Membership: Marilyn Beaumont, Elaine Cope, Kerrilie Rice, Petra Beggell and Sarah Thorning.

### **Victorian Women with Disabilities Network Advocacy Information Service (VWDN AIS) and Women’s Health Victoria Partnership Governance Group**

Oversees governance of the partnership between the VWDN and Women’s Health Victoria, including the Advocacy Information Service Project (see page 18).

Membership: Marilyn Beaumont, Elaine Cope, VWDN Convenor Tricia Malowney and VWDN AIS Project Manager Keran Howe.

### **Infrastructure Staff Group**

Responsible for maintaining and improving our finance, business, human resource and governance systems. Oversees our accreditation requirements and is responsible for organisation-wide processes for quality improvement. Tasks include front-of-house, events, business continuity and risk management, human resources, finance and budgets, membership processes and records management.

Membership: Marilyn Beaumont, Elaine Cope, Rosemary Sexton, Martinette Miral and Marcela Pasieczny.

# The work of our Council

*“An effective Council for the organisation doesn’t just happen: it takes consideration, planning and resourcing.”*

– WHV’s Succession Plan

Women’s Health Victoria’s governing body is our voluntary Council. It is made up of eight to twelve women, all WHV members who have been nominated for annual election or co-opted to fill vacancies.

Council’s responsibilities fall into four main areas: formulating strategies, setting policies, providing accountability and reviewing the Executive Director’s performance. Council’s work focuses on both our internal operations and external environment.

Much of the work of Council is done by three Task Groups, comprised of both Council and staff members. Their roles and work in the reporting period are outlined on pages 6–7.

Council members play a critical role in keeping WHV in touch with emerging issues, policy directions at all levels of government, thinking relevant to women’s health within and outside academia as well as the vast network of organisations in the health and community sectors and beyond that make up the environment in which we operate.

Our Council works within a set of policies and procedures that make up our governance framework, including those related to Council’s role, conflict of interest, meeting structure, delegation and implementation of Council functions, orientation, evaluation, succession planning and professional development of Council members.

## Conflict of interest

All Council members comply with our Constitutional requirements in relation to use of information, notifying Council of any conflicts of interest of a professional or organisational nature, disclosing financial interest in any

contract or arrangement in which the organisation engages, and leaving any Council meeting where such an arrangement might be discussed or decided.

## Succession planning

WHV has a Succession Plan which states that “An effective Council for the organisation doesn’t just happen: it takes consideration, planning and resourcing.”

WHV is a statewide organisation working in a complex and dynamic environment. We rely for our governance on the voluntary efforts of highly skilled and committed women who are willing to serve on our Council. Our Succession Plan – largely carried out by the Governance Task Group – helps us to recruit and support Council members with the skills, passion, knowledge and networks to guide our ongoing development.

## Council evaluation

Council works on an annual cycle, a key element of which is evaluation of its own performance, including its governance role and the individual connection of each Council member with WHV. This year’s evaluation was undertaken by the Council Chairperson interviewing individual Council members, and compiling responses into a document which led to improvements in some of the governance policies and procedures.

## Council’s work in 2006–2007

Following is a brief summary of decisions and actions taken by Council in the reporting period. More details of many of these items can be found throughout this report, or for more information contact WHV.

## Strategic planning

Council participated in a review of WHV’s *Strategic Directions* for 2006–2009, agreeing that these are:

“With the support of the Clearinghouse of women’s health information:

1. Advocate for the statewide policy, planning and service delivery to take account of and be responsive to gender
2. Build the capacity of our community of interest to incorporate an understanding of gender into the policies and practice, and
3. Improve health outcomes for diverse groups of women through supporting the development of quality service delivery models.”

Council adopted the new WHV *Organisational Statements* arising from this review.

Council adopted the following key strategic planning documents:

- Strategic Health Promotion Plan for 2006–2009
- Annual Health Promotion Plan for 2006–2007
- Communications Strategy for 2006–2009
- Information Systems Strategy for 2006–2009
- BreaCan Annual Action Plan 2006–2007
- WVDN AIS Action Plan 2006–2007.

## Organisational Redesign Project

Council supported the Organisational Redesign Project and agreed that all Council members would participate in interviews.

Council supported the draft outcomes of the process and endorsed the Executive Director to implement change to the benefit of WHV and individual staff affected.



left to right- Petra Begnell, Chris Hazell, Marilyn Beaumont, Jane Patrick, Suzanne Young. Photo by Vicki Bell.

## Supporting WHV's work

Council supported:

- the resources components of advocacy work on access to sexual and reproductive health services, and WHV's resulting profile
- Marilyn and Petra's attendance at IUHPE conference in Canada for opportunities it presented for WHV's work
- Sign-off on the partnership agreement for the VicHealth Prevention of Violence Against Women Project, and
- a report on the Clearinghouse Development Plan, including a review of our primary, secondary and unintentional audiences; of the scope of collection and the service delivery tools; and ways to profile the service.

Council also noted that *Clearinghouse Connector* is an excellent resource, supported recommendations for action and noted that the next evaluation will occur in 12 months.

## Finances, risk management, human resources and compliance

Council adopted the 2005–2006 audited Financial Statements and reappointed Haines Norton as auditors for 2006–2007.

Council adopted the 2006–2007 draft budget and Mid-Year Budget Review 2006–2007.

Council approved expenditure to refurbish the 123 Lonsdale Street premises.

Council endorsed the outcomes of Enterprise Agreement 2007 negotiations, lodged with the Office of the Employment Advocate. The Agreement is for three years from 24 May 2007.

Council adopted the Occupational Health and Safety Annual Report for 2006–2007.

Council noted compliance with the DHS Funding and Service Agreement for the Women's Health Program, the WDN AIS and BreaCan.

Council adopted the Risk Management Assessment 2006, noted issues identified and agreed that management will take appropriate action around residual risks rated above "low".

Council adopted the:

- Compliance with Legislation, Service Agreements and Codes of Practice Annual Internal Audit for 2006–2007
- Information Privacy Principles Compliance Internal Audit 2006 and amendments to reviewed key documents, and
- new Financial Sustainability key document.

Council noted that the QICSA Accreditation Mid-Cycle report that reviewed progress on the agreed Quality Work Plan items had been completed.

## Organisational processes

Council adopted reviews of the:

- Victorian Women with Disabilities Network Advocacy Information Service Decision Making Pathways document
- Disability Access Policy and Procedure, including annual internal audit, and
- Delegations and Implementation of Council functions key document.

Council noted that one complaint had been received during the year. The complaints process was implemented and worked well.

## Council business

The following members of Council were elected unopposed to their positions:

- Suzanne Young as Chairperson
- Liz Chatham as Deputy Chairperson, and
- Anne Cronin as Treasurer.

## Meeting participation by Council members was as follows:

Suzanne Young	10/11
Liz Chatham	9/11
Anne Cronin	9/11
Jane Patrick	8/11
Julie Mulvany	6/11
Sally Fawkes (first meeting Oct 06)	5/8
Vivienne Amery (co-opted Nov 06)	2/6
Verity Newnham (co-opted Mar 07)	2/3

## Meet our Council

### **Suzanne Young** (Chairperson)

Suzanne is a Senior Lecturer and Director of Executive Education at La Trobe University. She lectures in Corporate Governance, Organisational Behaviour and Strategic Human Resource Management. Suzanne joined our Council in 2003, is immediate past Treasurer and was elected as Chairperson in November 2005. She brings a wealth of experience and wisdom to our strategic directions and governance processes.

### **Liz Chatham** (Deputy Chairperson)

Liz is Director of Women's Services at the Royal Women's Hospital. She joined our Council in May 2005 and was elected Deputy Chairperson in November 2005. Liz's managerial and practical experience gained from working in hospitals, the acute healthcare sector and community health settings enable her to make an invaluable contribution to the workings of Council.

### **Anne Cronin** (Past Chairperson and current Treasurer)

Anne is Director of Operations and Finance at the Murdoch Children's Research Institute. She has been making invaluable strategic contributions to Council since 1997. She is a past Chairperson who continues to share her insights, particularly in relation to business development, industrial and financial management, negotiation and development of strategic relationships and partnerships.

### **Jane Patrick**

Jane is a Magistrate with the Magistrates Court of Victoria. Jane joined our Council in 1997, and has provided Women's Health Victoria with carefully-considered advice for a decade. She has a strong commitment to equal opportunity and access to quality health services for women who are disadvantaged through poverty, addiction, homelessness, sexual abuse and violence.

*Council members- Suzanne Young, Julie Mulvany, Verity Newnham, Liz Chatham, Anne Cronin Not pictured: Jane Patrick, Sally Fawkes, Vivienne Amery*



## Making a difference to women

### **Julie Mulvany**

Julie is an Associate Professor and Deputy Dean of the Faculty of Life and Social Sciences at Swinburne University. She joined our Council in 2005 and provides us with greater understanding of mental health and psychiatric disability, gender issues and community-based care.

### **Sally Fawkes** – co-opted September 2006

Sally is a Research Fellow with La Trobe University's School of Public Health, is undertaking a PhD in public health policy and has postgraduate qualifications in business administration and health promotion. Her health promotion experience includes convening the Victorian Health Promoting Hospitals Network and research initiatives with the World Health Organisation, including on national health promotion capacity assessment and leadership development.

### **Vivienne Amery** – co-opted November 2006

Vivienne is Chief Executive Officer of Tweddle Child and Family Health Services, an early parenting centre and public hospital providing residential, day and other services to young families supported within the State Child Protection System. She is also deputy chair of the Victorian Parenting Research Centre Board, and has a long history working with the Environment Protection Authority and in management and planning, governance and business development.

### **Verity Newnham** – co-opted March 2007

Verity began her community activism representing Perth in the Australian YMCA Youth Parliament. She then worked as a Research and Electorate Officer for various state and federal MPs, and as a national youth affairs policy advisor. Verity has a nursing degree and an interest in primary health care, which she has developed through study and work with the University of Melbourne's Department of General Practice, the Australian Divisions of General Practice network and as a volunteer aid worker in India. Her research has a youth health focus and she runs a consulting business.

We asked two Council members to tell us what motivates their involvement.

### **Liz Chatham, Director of Women's Services at the Royal Women's Hospital**

My first contact with Women's Health Victoria was as a health professional way back at the beginning, when they were Healthsharing Women. I subscribed to their newsletter and attended events.

My involvement takes a lot of time and energy, but I get a lot back. I enjoy contributing – it keeps me in touch and helps me network with other women in the sector. I learn about different ways to solve problems – it energises and refreshes me to think outside the box of an acute hospital, and connects me with why I'm involved in women's health.

Women's Health Victoria are a natural partner in the work I do, not just a strategic partner. Being on the Council deepens the relationship both for me, and for the Women's.

A highlight this year was the 10 Point Plan – it was a brave and courageous move, a stepping into the void. Through it we forged relationships with people we hadn't traditionally been as well partnered with, resulting in networks of possibilities.

### **Verity Newnham, researcher at the University of Melbourne Department of General Practice and consultant**

I moved to Melbourne from Canberra after being active in community, health policy and politics. I wanted to join an organisation that valued feminist principles, and was committed to health, wellbeing and the social determinants of health – things that make a difference to women's lives. Having recently married and being both a stepmother and now pregnant with my first child, issues of health services, career and caregiving are foremost in my mind.

Professional development is a welcomed part of WHV's philosophy – I have been encouraged to develop my skills, including being given a mentor, and the opportunity to participate in the Victorian Health Boards Governance Program.

Becoming part of WHV has enabled me to reconnect with my community networks, with other women and with activism. I hope to bring a fresh perspective, my policy background and expertise in primary health care, women's and adolescent health. I also have a particular interest in general practice, including the expanding role of general practice nurses.

# Meet our staff

Here we summarise the responsibilities of each staff position, and staff share the highlight of their work in 2006–2007.

## Marilyn Beaumont

Executive Director from 1995

Marilyn has responsibility for managing policy development, planning, positioning, strategy and relationships with policy-makers and service providers. She represents the organisation and engages in high-level advocacy, and is accountable for our financial management and compliance with our Constitution, policies and strategic goals. She reports to Council and supervises all staff.

**Highlights:** “The work on the 10 Point Plan, the Statewide Summit and its outcomes, and the way that major organisations have taken on violence prevention as a high priority health issue, as well as BreaCan incorporating the service to women with gynaecological cancers.”

## Petra Begnell

Health Promotion and Education Officer from 2006

Petra applies her health promotion expertise to developing WHV resources, training and other initiatives. This year she established the *Clearinghouse Connector* and provided training on advocacy and gender in health promotion (see page 19).

**Highlight:** “Going to Canada for the World Conference on Health Promotion and Health Education, from writing the abstracts to presenting at the conference to having the opportunity to learn, share and bring back energy and ideas.”

## Elaine Cope

Information Services Manager from 1999

Elaine leads development of the Clearinghouse and provides strategic contributions across various teams and projects. She also manages and improves our information management systems, including IT and telecommunications.

**Highlight:** “The introduction of Microsoft Sharepoint Services, a web-based collaborative space which includes our contacts database, office and email applications, electronic booking systems, subscription lists, calendars and IT help.” (see page 25)

## Justine Dalla Riva

BreaCan Project Officer from 2004

Justine has responsibility for developing and using a range of communication tools and activities to inform women and service providers, helps analyse data and maintains BreaCan’s databases.

**Highlight:** “Working with my colleagues at the new premises, providing people affected by gynaecological or breast cancer with support and information is a daily highlight.”

left to right- Gabrielle O'Brien, Martinette Miral, Marcela Pasieczny, Rosemary Sexton, Sacha L'Huillier, Helen Shepherd, Melanie Thomson, Karolyne Quinn, Petra Begnell, Elaine Cope, Marilyn Beaumont, Di Missen, Nicole Wilton, Justine Dalla Riva, (inset Josie Scott and Kerrillie Rice)





Keran



Helen with a BreaCan visitor



Kerrilie

### **Keran Howe**

Victorian Women with Disabilities Network Advocacy Information Service Project Manager (VWDN AIS) from October 2006

On leave of absence from the Royal Women’s Hospital, Keran’s responsibilities include organisational development, strategic planning, membership development, advocacy and representation on various bodies (see page 18).

**Highlight:** “The decision by the Community Campaign for the implementation of the family violence reform prioritising violence against women with disabilities. This group is a coalition of key community and international organisations and their recognition of women with disabilities who experience violence gained us a powerful ally.”

### **Sacha L’Huillier**

BreaCan Project Officer from 2006

Sacha’s responsibilities include report writing and helping develop communications material such as the *Young Women Talking* DVD and booklet.

Highlight: “*Young Women Talking* – many people donated time and expertise, and the women featured are so generous with their stories. We have received such positive feedback from other young women about the resource.” (see page 23)

### **Tricia Malowney**

VWDN Convenor from 2004

Working from WHV’s office in her VWDN Convenor role, Tricia organises Collective meetings, and gives support and advice to members. She represents the VWDN in its partnership with WHV, and in managing the project, and advocates for women’s concerns, including representing the VWDN on various bodies (see page 18).

**Highlight:** “Having Keran on board has made a tremendous difference to what we’ve been able to achieve. She and I work collaboratively and we’ve been able to influence mainstream organisations more effectively.”

### **Martinette Miral**

Administration Officer from 1990

Martinette provides administrative support to many events, projects and processes across the organisation.

**Highlight:** “Helping create a membership renewal form that directly prints from the database with all available data feeding into the fields in the form, assisting members to inform or correct existing data.”

### **Di Missen**

BreaCan Service Manager from 2002

Di oversees BreaCan’s planning, development, operations and promotion. She is responsible for developing programs and activities, planning for this year’s service expansion (see page 22) and maintaining relationships with the cancer sector.

**Highlight:** “BreaCan’s opening at the Queen Victoria Women’s Centre. From humble beginnings it has flourished to become an ongoing service with a strong sense of purpose and spirit.”

### **Gabrielle O’Brien**

BreaCan Administrative Officer from 2006

Gabrielle provides administrative support to a range of BreaCan activities, including producing the ‘What’s On’ calendar and other materials.

**Highlight:** “Working with the volunteers in an environment that is nurturing and respectful, and with people who genuinely want to contribute.”

### **Marcela Pasieczny**

Records Officer from 2000

Marcela is responsible for developing and maintaining a systematic, consistent and accurate approach to records and electronic document management.

**Highlight:** “Following establishment of a new contacts database using a web-based collaborative space, a highlight has been noting the ease with which staff have adapted to using it for a range of functions.”

### **Kerrilie Rice**

Policy Officer from 2003

Kerrilie is responsible for preparing briefing papers and submissions, providing advice on gender analysis and advocating for gendered health to be reflected in policy and practice.

**Highlights:** “Getting the three priority areas agreed across the sector and seeing them reflected in various ways (see page 16), providing an evidence base for the need to remove abortion from the *Crimes Act* (see page 19), and receiving funding to translate the Victorian Gendered Data Directory into a fully searchable online index.”

### Josie Scott

Co-ordinator – Advanced Cancer, BreaCan from 2004

Josie co-ordinates the Making Connections program for women with advanced breast cancer, running eight-week support group Here and Now, organising monthly information sessions, and supporting women and their carers.

**Highlight:** “Introducing a creative session into Here and Now. Feedback included: ‘Fun “art” session – inspired the creative side in all of us!’ and “Loved our creative, artistic session – great fun, maybe more...?””

### Rosemary Sexton

Business Development and Finance Manager from 1999

Rosemary is responsible for accreditation, business continuity and legislation compliance, financial management and accounting, service agreements and contracts compliance, human resources administration and payroll, administration workflow and premises management.

**Highlight:** “Leading the refurbishment of our 123 Lonsdale Street premises, which included extensive staff consultation and engaging the designer and building contractors. A satisfying end result with very good feedback.”

### Helen Shepherd

BreaCan Resource Centre Co-ordinator from 2002

Helen co-ordinates the Resource Centre and volunteer program, manages the support and debriefing of volunteers in their peer support role, and assists them to source high quality information to meet service user needs.

**Highlight:** “The expansion to support women diagnosed with a gynaecological cancer. Both staff and volunteers have been on a steep learning curve, but it’s all worthwhile when the women say, ‘It’s so good having somewhere to come now, to be welcomed, to be heard, to be cared for.’ This is why I do what I do.”

### Melanie Thomson

Information Officer from January 2007

Melanie supports the advocacy work of the WVDN AIS, scanning for news, information, resources and advocacy opportunities, developing a database to manage this knowledge, and communicating it to stakeholders within and beyond the project.

**Highlight:** “Completion of the new website for the WVDN AIS, which I believe will become an important information-sharing tool.”

### Nicole Wilton

BreaCan Information and Support Officer from 2006

Nicole supports BreaCan volunteers in the Resource Centre, sharing their contacts with women who use the service and helping them locate appropriate information. Nicole also helps co-ordinate BreaCan’s information sessions.

**Highlight:** “Sharing with a volunteer a phone call to a young woman recently diagnosed with breast cancer. The woman was extremely grateful for the call and so thankful for our concern and time. When she ended the call, the volunteer said, ‘This is exactly why I do this ... I am so pleased I could make a difference.’ It was great to share in her pride.”

### Sarah Thorning

Clearinghouse Information Officer from December 2006 to August 2007

This role supports development and maintenance of the Clearinghouse, answering requests, contributing to website maintenance and media scanning to produce *Health News Daily*, a summary of issues in the media distributed to women’s health services.

### Communications Co-ordinator – currently vacant

This role involves development and co-ordination of our communication tools and processes, including media and advocacy work around key issues, and promotion of BreaCan, the Clearinghouse and other services and events.



Our thanks to staff who left Women’s Health Victoria during the year for their contributions: Suellen Gosstray, Chris Hazell and Vicki Horne Bonet.

We also thank the casual staff who worked for us during the year: Judith Armstrong, Pip Brennan, Sheree Cartwright, Jodie Kline, Beverley Murphy, Karolynne Quinn and Mihaela Radulescu.

BreaCan staff member Nicole (centre) with volunteers Jules (Left) and Frederika (right)

## Thank you to our donors

We sincerely thank those who generously continue to support our work and specific program activities.

General donations received by Women's Health Victoria are deposited in the Women's Health Victoria Fund. This Fund is administered through the Melbourne Community Foundation and managed by a WHV-nominated Advisory Committee. The donations received are accruing towards providing sufficient earnings from capital to enable future distribution decisions based on identified priority issues in women's health. A total of \$2,000 was transferred to the Women's Health Victoria Fund during the year.

The Fund is a cost-effective way of managing donations and bequests, and investment and distribution of the monies. It is an attractive option for donors and those making a bequest as it ensures that the donation is directed to women's health in perpetuity, in the event that Women's Health Victoria no longer exists.

### Donations received during 2006–2007

Susie Allanson  
Mari Anile  
Elli Bardas  
Heather Beanland  
Marilyn Beaumont  
Colmar Brunton Social Research  
Eileen Day  
Danielle DiCarlo  
Razmi Finn  
Jenny Hillier  
Kate Joel  
Louise Johnson  
Tammy Lobato  
Eve Mahlab  
Vivien McDonald  
Cathy Mead  
Elizabeth Ridge  
L.J. Ryan  
Rosemary Sexton  
Fleur Spitzer  
Lyn Swinburne  
The Trawalla Foundation  
Pamela Williams  
Jean Wyldbore



# Seize the day, set the agenda

## Partnership and the 10 Point Plan for Women's Health

In 1985 the Cain Labor Government set up a Ministerial Women's Health Committee. This led to consultation and an examination of women's health in Victoria, to the *Why Women's Health?* report and on to the establishment of the Victorian Women's Health Program, including Women's Health Victoria.

Twenty-one years later, the question "why women's health?" is still too often answered in reproductive health terms. The complex understanding developed by feminist services of how gender determines diverse women's and men's experiences of health and wellbeing – their exposure to risk factors such as violence, their understanding of health information, their perceptions of quality of care – is yet to be taken up by many facets of government and mainstream health providers.

### Seizing the day

Successful advocacy is often about 'seizing the day': pulling together organisations with a common interest at a critical point to influence decision-makers. In 2006, the women's health sector perceived the convergence of several opportunities: an approaching State election, framing of the Department of Human Services (DHS) health promotion priorities for the next five years, and expiration of the DHS's Women's Health and Wellbeing Strategy, with no sign of a new strategy being developed.

"We asked ourselves, 'Why wait for government?'" says Marilyn Beaumont. "We could do something as individual organisations and have minimal impact, or we could work together." The thirteen women's health services and our allies came together and began planning, with several – ourselves included – injecting staff time and resources.

### Three priority issues

One task was to determine priorities. This demanded higher level thinking than the previous health promotion priorities, according to Marilyn: "Issues like body image, healthy eating and exercise could be encapsulated under mental health and social connectedness. And there were lots of reasons for a strong focus on sexual health: the rise in chlamydia, increasing use of IVF and lack of focus on infertility's causes, and a squeeze on access to abortion services, particularly for rural women."

With strong evidence (see page 16) of intimate partner violence being the lead cause of ill health for women aged under 45, the time was right for a focus on prevention. The three priorities were set.

## The 10 Point Plan

Next we created tools for advocating with government and beyond, based around a central document called the *10 Point Plan for Women's Health*. The first point called for a 'social determinants' approach, understanding that health is determined not just by biology, but by gender, social and economic factors. The second point called for analysis of how laws, policies and programs impact differently according to gender and factors such as ethnicity, isolation, ability and sexual orientation. The third named human rights as the overarching value, while the fourth outlined the three priority issues.

Points five to ten focussed on implementation. We recommended high-level cross-government leadership, involvement of women's health advocates, transparent consultation and better accountability. We called for a renewal of commitment to specialist women's services, and to our capacity to work across the broad health sector.

### Spreading the word

We sent the *10 Point Plan* to all major Victorian political parties, asking them to consider it during pre-election policy development. We requested endorsement from a range of health promotion and research agencies, women's and local government organisations. Forty-one agreed, and many said they would engage with it in their own work.

The background paper was sent to 450 individuals in key positions to help take the plan forward, inviting them to the Women's Health Matters: From Policy to Practice Statewide Summit on 13 July 2006. Two hundred people from state and local government, peak bodies, and health issue-specific, women's and ethno-specific services came together to discuss health, gender, policy and practice, sharing ideas and exploring collaboration.

Our impact to date can be seen in the Victorian Women's Health Strategy Stage 2 for 2006–2010, which contains many elements of the *10 Point Plan*, including gender analysis of all major policies, and a focus on mental health and wellbeing, and sexual and reproductive health. The DHS Health Promotion priorities for 2007–2012 also include these two issues in their seven priority areas, and recognise the need to ensure an explicit consideration of diversity including gender, culture, ethnicity, age, disability and sexual orientation.

Local councils continue to use the *10 Point Plan* in reviewing their work with women, while the process has focussed the resources of women's health services very much on the three priority areas, and strengthened our relationships with a range of allies. A national summit is planned for September 2007.

*Images of the Women's Health Summit July 2006. Photos by Vicki Bell.*



## The Why Women's Health Banners

Resources developed through the 10 Point Plan process include ten collapsible banners aimed at raising awareness of various women's health issues. "We were always being asked to explain 'why women's health?' and being asked for display materials for health days, conferences and so on," says Marilyn Beaumont.

A range of women's health and health promotion agencies were involved in creating content – a process "which strengthened a lot of relationships" says Marilyn. Borrowing of the banners is managed by the Clearinghouse which are loaned (37 times this year) for use at a wide variety of events, including health days, conferences and policy launches. They are also available on websites of various women's health services. On the WHV website they have been viewed more than 6,000 times.

### "One voice can get lost in the mist" – profiling some of our partnerships

All of our work is through alliances and partnerships with a wide network of organisations. Some of our closest relationships are with other women's health services – particularly this year with Gippsland Women's Health Service (GWHS) and Women's Health Goulburn North East (WHGNE).

"It's a relationship based on mutual respect and sharing of information and skills," says Susie Reid, Executive Director of WHGNE. "We've shared knowledge about data collection, deductible gift recipient status and the Clearinghouse. We've worked together on abortion law reform and the 10 Point Plan, which I presented to the Country Women's Association (CWA). It's a wonderful base for us in the bush when

we come to town, if we need to meet people or work between meetings. The Women's Health Association of Victoria (WHAV) is also a fantastic forum to get support, advice and information."

Diane Wilkinson, Executive Director of GWHS particularly valued the briefing papers WHV provided on abortion law reform this year, and the joint work on the 10 Point Plan and banner, having partnered with Turning Point to produce the Women and Alcohol banner.

"We have tapped into WHV's skills and knowledge, with one of their staff coming to help us with data reporting. Learning from their health promotion work has added richness to some of our programs, and as a new manager, I've appreciated their support. Both Women's Health Victoria and WHAV look at issues in a collaborative way. One voice can get lost in the mist, but working collectively brings strength."

Sometimes we partner with others to support new initiatives, as we did four years ago with the Victorian AIDS Council and the Australian Research Centre in Sex Health and Society to form Gay and Lesbian Health Victoria (GLHV). "Women's Health Victoria had experience running a statewide organisation with a role influencing culture change in the health system," says GLHV Director Anne Mitchell. "Our ongoing relationship has been through joint advocacy on the Ministerial Advisory Committee, and through our Clearinghouses.

"Women's Health Victoria supported our Clearinghouse development and we have ongoing systems to share information and resources. This year we contributed to a WHV *Clearinghouse Connector* email newsletter around lesbian health, and promoted our resources through that."



One of our most longstanding relationships has been with the Royal Women's Hospital. We have a formal agreement to provide information support to the Women's Health Information Centre (WHIC), but the partnership goes well beyond that, as Liz Chatham, Director of Women's Services at the Women's and Deputy Chair of our own Council explains: "It's an important relationship for the hospital because it reinforces that we are part of the women's health movement – that we also embrace the social model of health, and work with health promotion and wellness, as well as illness.

"We join together on advocacy, for example around termination of pregnancy. Women's Health Victoria also helps with the ongoing education of our staff, for example through *Health News Daily* and the *Clearinghouse Connector*."

Diane Wilkinson



Susie Reid



# A seat at the table

## The Victorian Women with Disabilities Network Advocacy Information Service

Intimate partner violence is now recognised as the leading cause of ill-health amongst Victorian women aged under 45, according to VicHealth's major 2003 study. Women with disabilities are at least 40 percent more likely to have experienced violence than other women, according to available research.

Yet it is only now – through the work of Women's Health Victoria's partnership with the Victorian Women with Disabilities Network (VWDN) and other allies in the family violence sector – that prevention of violence against women with disabilities is really getting on the mainstream policy agenda.

### Why it matters

The issues are different for women with disabilities, according to VWDN Convenor Tricia Malowney: "It's about lack of access to services and to information in accessible formats such as Braille, pictograms or large print. It may be women's paid or unpaid carer who is using violence; the general view of carers as committed and caring can be a problem then. Some women may not be able to communicate their distress, or they may not be believed.

"There's also an attitude that women with cognitive disabilities don't need information about safe relationships, because they're not seen as sexual beings. Some may not like what they're experiencing, but not know that it's abuse. And the nature of the violence can vary: it can include withholding aids and equipment, over- or under-medication and threats to take their children away."

### Partnership for change

WHV's partnership project with the VWDN, the Advocacy Information Service, or VWDN AIS, began work in 2005. It includes funding for a Project Manager, Keran Howe, and an Information Officer, Melanie Thompson – employed by Women's Health Victoria – and some funding for the VWDN Convenor's role.

The project has two components. The first is information, education and advocacy around three priority issues determined by the Network's Management Collective: violence against women, access to health services and supporting women as parents. The second is support for the Network's development – including its governance structure and membership database – with the aim of the Network becoming the fund-holder for the VWDN AIS, and growing from there.

### A seat at the table

The VWDN AIS made significant progress this year, particularly in the area of preventing violence against women. It has built strong alliances in the family violence sector and continued representation on two key government committees: the Statewide Steering Committee to Reduce Sexual Assault and the Statewide Advisory Committee on Family Violence.

A seat at the table allows the VWDN AIS to make strategic interventions, having access to immediate information about new initiatives and commenting on their impact on women with disabilities. Through the Statewide Advisory Committee on Family Violence it learned of VicHealth's plans for a violence prevention framework that will influence statewide policy for years to come. "We were able to collaborate with VicHealth to ensure that a literature review on prevention of violence against women with disabilities informed the development of the framework," says Keran.

### Knowledge into policy, policy into action

That literature review – whereby the WHV and VWDN AIS Clearinghouse collected research for Keran to analyse – helped put violence against women with disabilities squarely on the agenda. A major finding was that much more research was needed; the Network hopes to help rectify that in the coming year. The project has developed a strategic framework: to continue networking with and educating the family violence sector, police and courts; providing information to women with disabilities; influencing policy; and building on the work with VicHealth.

Other achievements include presenting at the Australasian Health Promotion Conference on inclusion of women with a disability in health care, supporting women with disabilities with regard to access to health care and continued efforts to keep gender on the agenda of bodies including the Equal Opportunity Commission Disability Reference Group and the Victorian Disability Advisory Council.

For a small organisation, the VWDN AIS is feeling a great sense of achievement. "With our limited resources, we have to ensure women's needs are included in the mainstream," says Tricia. "It's no longer good enough to say, 'We'd like to include women with disabilities, but it's too hard'. Our answer is – let's work together to work out how we can do it, not what the barriers are."

left to right- Tricia and Keran



# Knowledge into action

*"It's important that a variety of women's voices are heard from across the state, with different experiences and backgrounds."*

– Executive Director Marilyn Beaumont

## Making the case for decriminalising abortion

In 1969 the Victorian Supreme Court ruled that a termination of pregnancy is lawful if the doctor believes it both 'necessary' and 'proportionate'. In the 38 years since the 'Menhennit ruling', the fact has at times been lost that abortion is the only medical procedure carried out in Australia that is criminalised. The penalty for unlawful termination is five years imprisonment for the woman and her doctor, and one year for supplying or procuring anything to assist.

But if women can have an abortion under current law – and around 18,000 do each year in Victoria – why does it matter that the procedure is still in the *Crimes Act*? Especially when 81 percent of Australians support a woman's right to choose (*Australian Survey of Social Attitudes*, ANU 2003) and up to 96 percent do not consider termination wrong (de Vause, Australian Institute of Family Studies 2004).

## Poor and rural women lose out – again

The most serious impact is on access to services, particularly for poor and rural women, as Diane Wilkinson, Executive Director of Gippsland Women's Health Service explains. "Access has been bad for a long time. In the past we've had anti-choice people carrying placards outside local hospitals. Some of those doctors have since left. For those who remain, it's like living in a fishbowl. They are part of their community and the criticism can be very personal. Referring women to Melbourne for treatment is

seen as an easier option." The lack of bulk billing services adds to the cost and stress for women forced to travel to access an already difficult procedure.

Harassment at regional and city clinics is a very real issue, making it increasingly difficult to find practitioners to replace a rapidly ageing workforce. Many trainee doctors are horrified to realise that performing terminations may subject them to prosecution, according to Dr Ian Pettigrew from Monash University School of Rural Health, speaking at our Unfinished Business Forum in June 2006. Health professionals' confusion about the legal status of terminations only adds to the problem of inequitable and inconsistent service provision. While this remains, women and men are unlikely to receive the quality of service and information they need to help reduce unwanted pregnancy rates.

## Knowledge into action

WHV is one of hundreds of active members of the Association for a Legal Right to Abortion (ALRA), a new Victorian coalition of health professionals, activists and Members of Parliament (MPs) that aims to remove abortion from the *Crimes Act*.

"We're speaking to every MP, from every party," says Marilyn Beaumont. "We tell them, 'don't wait for a crisis, and there *is* one coming. You need to decriminalise, and this is how to do it.'" A critical role for us is ensuring that ALRA members and MPs have the information they need, when they need it. WHV has developed several papers using our Clearinghouse



*The 2006 election meant a new round of doors to knock on.*

resources, including on key issues and our position on abortion, access for regional and rural women, abortion care and termination after 20 weeks. Some of these have informed the Parliamentary Library briefing paper and the legal advice that will hopefully underpin new legislation.

"We've made briefing notes for other women's health services to do local media and brought rural women into media conferences," says Marilyn. "It's important that a variety of women's voices are heard from across the state, with different experiences and backgrounds."

Following the 2006 election, a new crop of MPs entered the Parliament; a new round of doors to knock on.

## The work continues

As this Annual Report was being prepared, the Victorian Government made the welcome announcement that it would refer the matter to the Victorian Law Reform Commission for thorough investigation and public consultation on options for reform. WHV will continue to advocate for women through and beyond this process.

# Knowledge into action

## A voice for women

This year we spoke to our submission to the Human Rights and Equal Opportunity Commission's 'Same sex, same entitlements' inquiry into discrimination against same-sex couples around financial and work-related entitlements. The Commission found 58 discriminatory laws affecting same-sex couples' socio-economic status and thus, we argue, their health. We also spoke to the health impacts of stigma that is reinforced by discrimination.

Recognition of financial interdependence is a complex issue for women, especially those whose health and wellbeing is undermined by their lack of financial independence. We spoke of the need to address both equality for same-sex couples and choice for women about their financial interdependence with a partner of either sex.

We also co-ordinated a joint submission this year to the Federal Government Inquiry into the proposed Medicare Access Card with Family Planning Victoria, the Centre for Adolescent Health and the Australian Reproductive Health Alliance. Confidential access to medical services is now currently available using a Medicare Card to people aged 16 and over. The proposal would lift this to 18, affecting over half a million young people. We cited research

showing the importance of confidential health services, especially in regard to issues like sexual and reproductive health, sexual assault, drug use, family violence and mental health.

We have also been active in the establishment of a new national body, the National Sexual and Reproductive Health Strategy Advisory Group. This arose from our involvement with the Women's Special Interest Group of the Public Health Association, including speaking on abortion law reform at its Sydney conference. "In the past six months we have taken part in teleconferences to agree on a national strategy, which includes sexuality and relationships education, fertility, pregnancy prevention, abortion, STIs and HIV/AIDS and sexual diversity, and the link between sexual and reproductive health, and issues such as mental health and drugs," says Policy Officer Kerrilie Rice. "We've been particularly keen to see a plan that can be adapted to state level. We now need to take the plan to government."

## A new deal for women prisoners

It's hard to believe that until this year, management standards for Victorian women prisoners were the same as for male prisoners. Both groups tend to have experienced chronic illness,

limited education and employment, and homelessness. However, women are more likely to have experienced sexual, physical and psychological abuse, to suffer mental illness, substance abuse and trauma, and to have dependent children.

We advocate for women prisoners through the Victorian Government's Women's Correctional Services Advisory Committee and Corrections Health Board, and through them with 'Better Pathways'. This multi-faceted \$25.5 million project was prompted by a doubling of the female prison population from 1997 to 2005. It is based on an understanding of women prisoners' needs, coming in part from the involvement of ex-prisoners, in part from research gathered by our Clearinghouse, and from a study of the health status of all prisoners. We were able to influence the study's development, ensuring it asked questions relevant to women and that a large number of women were included, including all Aboriginal and Vietnamese women prisoners.

New management standards are a key part of the project completed this year. Along with other works through 'Better Pathways' they mean real changes for women in prison. Until now, access to external services was curtailed by a standard follow-up strip-search procedure. Research on different ways of guarding against contraband led to a change in this procedure, which was particularly difficult for women who are sexual assault survivors. External agencies will now offer sexual assault counselling, a new mental health facility and a mother and baby unit are being built. Also, the visitors centre is being rebuilt to become a healthier place for mothers to be with their children.



A Framework for  
**INFLUENCING CHANGE**  
Responding to Violence  
against Women with  
Disabilities  
2007—2009



The Clearinghouse has both paper and electronic resources.

## Developments in the Clearinghouse

The Clearinghouse provides a wealth of health knowledge to health policy makers and service providers. To meet their needs it must remain small, focussed and up to date. This year we particularly enriched our collection for health promotion workers.

Overall we acquired 517 new journal articles, 206 books, 37 pamphlets, 19 websites, 4 new journals/reports and 33 resources such as kits and CD ROMs. Each is searched and catalogued via our database, which is available online.

Most Clearinghouse information requests occur via our website, which also includes downloadable versions of all our own health resources. This year the site received over 200,000 visits; the most popular pages included an information package on abortion care, health information on continence and HPV, and the proceedings of the Statewide Summit.

New information resources developed this year include several briefing papers related to abortion and its decriminalisation, and papers on Gender and Hepatitis C and Gender and Ageing. Our 12 women's health information packages continue to be popular, with a total of 67,612 online visitors. This year we decided to gradually replace them with a new resource that better meets the need of service providers, the *Clearinghouse Connector*.

This topic-based email newsletter is sent to over 300 individuals and organisations each month. Each includes an overview and summary of relevant statistics, new research, policy, good practice and prevention, and provides direct links to the Clearinghouse catalogue and other online resources.

Content is determined by topicality and our health promotion priorities. This year they cover intimate partner violence, cervical screening, social connectedness, women as carers, teenage pregnancy, continence, abortion, lesbian health, body image and physical activity.

This year we also extended circulation of *Health News Daily* – our summary of women's health in the media – to women's health professionals beyond WHV. It is a product we use to scan our information and policy environment, and influences our work in many ways, not least by prompting letters to the editor and submissions.

## Sharing knowledge through professional development

This year we delivered two different professional development programs. The Gender and Health Promotion workshop arose from a request from Women's Health East (WHE) to develop a workshop they could deliver to local services. After giving the workshop exclusively to WHE staff, we ran it twice more to a wider audience,

attracting a range of participants from students to women's health workers, to Primary Care Partnership managers.

The workshop gave participants tools to incorporate gender into their health promotion practice, and encouraged them to share ideas. "All the information was useful," said one participant, "But applying it in doing the activities was great. Being given the opportunity to talk to the participants of the workshop was very beneficial."

The other professional development program arose from the Statewide Summit (see page 16), where women's health services discussed the need for health promotion advocacy skills development. "It became clear that women in the sector were keen to develop these skills," says Health Promotion and Education Officer Petra Begnell. "We invited people to a workshop facilitated by former Democrats Leader Janet Powell, who shared stories and knowledge she'd gained over the years."

Participants received a resource to support their learning; One said, "I will make sure the fantastic resource sits on my shelf and is accessed each time I need to make a change [and] will pass it around our team." Another said the workshop had benefited her "self esteem – it is my right to advocate," and increased her capacity to plan a campaign.

# A place for women

## The holistic work of BreaCan

*"It's a place of tremendous unspoken caring, it was there, it's a feeling ... the minute you walk through the door."*

– BreaCan service user

This year, around 3,000 Victorian women were diagnosed with breast cancer, and another 1,000 with gynaecological cancers. BreaCan offers women, their partners, families and friends information and support in a safe and comfortable space. The service is anchored in the understanding that a cancer diagnosis affects every aspect of a person's life.

BreaCan began in 2003 as a pilot program, squeezed into a corner of Women's Health Victoria. In 2006 it 'came of age' with the launch of its new light-filled premises in the Queen Victoria Women's Centre. With its history of women caring for women, the beautiful old building is an appropriate home. "BreaCan is based on a holistic approach – which is central to the philosophy of Women's Health Victoria," says Service Manager Di Missen.

## Drawing on women's knowledge

*"Our knowledge is our experience and our knowledge is breast cancer."*

– BreaCan volunteer

The service provides women with information about treatments, about health and wellbeing, and about living well with cancer that empowers them to participate in decisions about their care, and their lives more broadly. "The service is still evolving and growing," says Di. "There's a strong sense of partnership. Our way of working is based on the knowledge of our volunteers and service users, combined with the skills of our staff."

The 27 volunteers are central to the service and play an invaluable role. Almost all have faced breast cancer themselves and are able to share their experiences, listen to people's fears and uncertainties, and discuss coping strategies in a way which is different from a health professional. "The volunteers have also helped shape BreaCan's development," says Di. "They have brought enormous commitment and wisdom from their own personal experiences, enriching the service in a unique way." The volunteers also promote the service through speaking

engagements and talking to support groups and people participating in 'end of treatment' programs.

The BreaCan Resource Centre is open three days a week for people to drop in, talk with a volunteer, browse through the library and take away resources including books, DVDs and pamphlets. BreaCan offers a fortnightly gentle exercise class and information sessions, which this year covered topics including breast forms (prostheses), belly dancing, breast reconstruction, relationship issues, the role of pathologists and a writing workshop. Sessions are recorded and become part of the resource collection. In 2006, BreaCan also collaborated with services in Wangaratta and held a forum for women and one for service providers.

## Expanding the service

*"We can't underestimate, ever, the value of talking to women about their own experiences. The three women today were fantastic and so brave. The overall feeling in the room was optimistically positive."*

– a volunteer's feedback after training on gynaecological cancer issues

In May 2007, BreaCan officially opened its doors to women with gynaecological cancers, including ovarian, endometrial, vulval and cervical cancers. Prior to the expansion, BreaCan consulted with women living with gynaecological cancers to identify the commonalities and differences with breast cancer. As one woman with vulval cancer said, "It's challenging to your sense of self, your sense of identity and your sexuality. It is difficult to be open about this." BreaCan also established a short-term committee of consumers and service providers from the gynaecological cancer services sector to advise on the service's expansion. Volunteers were given 20 hours training to ensure they felt equipped and confident.

"There are very few supports for women with gynaecological cancers," says Di. "We need to be innovative in promoting the new service to women and the health professionals that refer them. We also need to increase our knowledge and listen to women to ensure the service is relevant to their needs. It's early days, but we're starting to hear positive feedback filtering back through the service providers."



Some of the BreaCan volunteers and staff.



Images of the BreaCan Resource Centre.

### Changing the system

*“Starting with nothing but a room full of enthusiasm, we developed a vision of what we could help BreaCan become.”*  
– BreaCan volunteer

BreaCan complements the role of the clinical sector and has established very positive working relationships with services and individual health professionals. BreaCan is helping create change by providing a model of care that is both good quality and transferable to other settings.

“There is increasing awareness in the clinical sector of the value of supportive care – people need psychological, social and practical supports,” says Di. “In five years we have learned what works and are well placed to contribute to these discussions.” BreaCan has been evaluated and fully documented, and has begun sharing learnings with health providers planning to open cancer support services in Shepparton, Mildura and Geelong.

The strength of breast cancer consumer advocacy organisations means that BreaCan can focus its resources on supporting individual women, although as Di points out, some women go on to be active consumer advocates after their contact with BreaCan, because they want to make a difference for other women. “Our systemic advocacy role will probably differ when it comes to gynaecological cancers, as there are fewer consumer organisations,” says Di.

### Being in the Here and Now

*“My group has been my ‘light at the end of the tunnel’ each week. We laughed and cried, we had fun, we shared stories, we whinged about our treatments, our nausea or pain, we let our defences down, we shared feelings and fears of dying, and we shared lots of practical tips in how to deal with the day-to-day reality of living with advanced disease. A brilliant program, beautifully facilitated. The other participants were fantastic – it was a privilege to spend eight sessions with them.”*

– participant in the Here and Now program for women with advanced breast cancer

This year also provided an opportunity to reflect on another innovative aspect of the service, Making Connections. This program began three years ago after BreaCan realised how few services there were specifically for the needs of women with advanced breast or gynaecological cancers. Following consultation, a multifaceted program was developed including Here and Now – an intensive eight-week support program – information sessions and a mailing list women can join to receive updates on BreaCan’s programs.

“After three years, we have evidence that women from the six Here and Now groups still maintain contact,” says Di. “We don’t have the resources to keep supporting those groups, but tried to encourage them to keep up that social support themselves.” There is also evidence of an increasing awareness in the sector of these women’s needs. “...the beginnings of a momentum for which BreaCan can claim some credit,” says Di.

### Young Women Talking

*“Many of the women contacting us lately are under 40, and some under 30. A diagnosis of breast cancer is particularly devastating for these women, particularly those who don’t have children and perhaps are not in steady relationships. Your DVD will be a very useful tool that I can loan to young women I am supporting. Thank you for putting this DVD together – it is brilliant, as is the booklet with it.”*  
– service provider

In 2006, with funding from the Think Pink Committee and The Cancer Council Victoria, BreaCan produced *Young Women Talking*, a unique DVD and booklet exploring issues affecting four young women living with breast cancer.

The women – two BreaCan volunteers and two service users – were involved from concept stage onwards. “We wanted women with diverse experiences,” says Di, “both with and without partners, and with and without children. We felt a DVD was an accessible medium for women to watch in the privacy of their own home. Women diagnosed in their thirties, or who are pre-menopausal, face some particularly difficult issues due to their life stage. *Young Women Talking* captures the women’s stories in a very real way that others can relate to and learn from. We hope it’s also a good discussion-starter for groups.”

Nine hundred of the thousand DVDs produced have been distributed through BreaCan and Cancer Councils Australia-wide, and feedback has been excellent. There have been many requests from service providers, and La Trobe University recently added it to their online nursing curriculum.

*“No woman expects a breast cancer diagnosis, but when it comes at a young age she may not have had any experience or knowledge of the disease. Respect and listen to the unique needs, hopes, wishes and concerns of young women and provide them with the information they will need to make the decisions which are right for them.”*

– Mary N in a message for health professionals from the *Young Women Talking* DVD booklet

# Membership development

## Recruiting for an active membership

Women's Health Victoria has an active membership of individual women and organisations supportive of the work we do. At the end of this financial year we had a membership of 233, including 52 new individual members and seven new organisational members.

Membership is free, but must be renewed every year. Members have the right to participate in the organisation, nominate for Council, and vote at Annual General Meetings and General Meetings, and in elections.

Our policy is to encourage a *committed* membership, not to recruit for large numbers. Every year we actively recruit new members from amongst the individuals and organisations with whom we have contact, particularly those who promote or are active in women's health.

Through our work on the 10 Point Plan and Statewide Summit, for example, we created many new relationships within and beyond the health and community sectors. We included a number of these organisations in the selection of contacts from our contacts database to be sent an invitation to become members, as part of our annual recruitment process. Of the 49 invitations sent out, 20 were taken up.

## Communicating with our members

In 2006 we asked our members about their reasons for joining and what they expected from their membership:

- 89% wanted information that would support them to initiate action on an issue
- 82% wanted general women's health information
- 75% wanted the most up-to-date information on current issues, and
- 50% wanted to be actively involved in advocacy.

This information helped us plan and develop our communications with members this year. We sent out three *Members Bulletins*, updating members on our activities, informing them of coming events and inviting their involvement in actions. These were supported by a further nine email alerts sent as required, encouraging members to participate in the debate on key issues, including the Conversation about the Future of Health Care in Australia forums, abortion law reform and equality of entitlements for same-sex couples.

## Member profile

Dr Susan Feldman is a Senior Research Fellow in the Healthy Ageing Unit, Primary Care Research at Monash University's Faculty of Medicine, Nursing and Health Sciences, and Honorary Senior Research Fellow at the University of Melbourne's Centre for the Study of Health and Society.



Dr Susan Feldman

## When did you first have contact with Women's Health Victoria?

That was at the very beginning, when it was first formed. I was involved in WIRE (Women's Information & Referral Exchange) and women's health long ago, as part of a group of women who were very keen to see women's health become more prominent in policy, research and community development in Victoria. I was also part of a group that lobbied for the Tower at Queen Vic Women's Hospital to be set aside for women.

## How does your membership connect with your current work?

I'm an academic, a sociologist with an interest in gender, and in particular in the health and wellbeing of older women from multicultural backgrounds.

## What motivates you to be a member?

I like to keep in touch with what Women's Health Victoria is doing. There have been directional shifts over the years, and Women's Health Victoria has responded to changing policy environments and directions in health for Victorian women. Their information is also really useful – the newsletters, the emails to subscribers, occasional papers and so on. I really appreciate being kept in touch with those trends in women's health via their library and database.

## What do you gain from being a member?

I gain the knowledge about what is going on in relation to women's health policy in Victoria and elsewhere. That's important to me. Young women's health is really central to my interests too. I'm interested in lifespan issues – how you take your health and wellbeing from youth into your older years as well as the relationships between women across the generations. Women's Health Victoria hasn't had a strong focus on older women's health but then, they've got their hands full with many other things!

# Organisational development

## Rethinking our ways of working

We work in a complex and fast-changing environment. The ways we can best advocate for women's health and wellbeing continue to change; we must remain responsive in order to stay relevant and effective.

We conducted a risk assessment process in 2006 that identified the need to revisit our organisational structure and internal communication methods. In 2007 we engaged a facilitator to conduct a series of individual and group conversations with staff and Council with this objective. As the year ended, a clear picture emerged of a likely redesigned structure that will mean significant change to the way we manage our work. This will be reflected in next year's report.

We also employed a communications consultant to talk with our staff, Council members and key external stakeholders about our *Annual Report*, resulting in the changes in format and approach in this year's report.

## Home improvements

After we moved BreaCan to its wonderful new space at the Queen Vic Women's Centre in 2006,

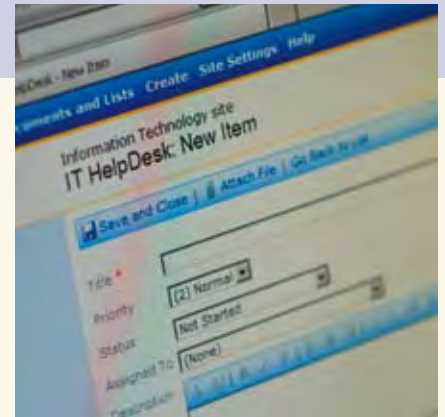
we improved our main premises at 123 Lonsdale Street in 2007. We consulted with staff and an external designer, and after a period of organised chaos when the work took place, we were able to enjoy refurbished premises that balance private offices, meeting rooms, time-out and open space. The refurbishment also resulted in a more functional, fully air-conditioned room to house our computer network servers and other IT and telecommunications equipment.

## Improving our systems

We have a continuous process for reviewing our policies and procedures, which cycles through our various work areas under the following headings: Council, organisational, human resources, finance, administration, Clearinghouse and BreaCan.

This year we achieved great improvements in our information technology systems through the introduction of Microsoft Sharepoint Services, a web-based collaborative space available to all staff that integrates:

- our contacts database
- our office applications and email software



- electronic booking for meeting rooms, project workstations and equipment
- subscription lists for *Clearinghouse Connector*
- an electronic leave calendar, and
- an information technology site, including a help desk and systems documentation.

We also customised our own membership database and that of the Victorian Women with Disabilities Network, to help both organisations communicate more simply with members via email, and help our members do things like renew their membership.

## Improving ourselves

Workforce development is an important part of our work; we have an action plan that ensures that every year staff have the opportunity to attend a range of internal and external training and conferences.

This year internal training focussed on the new Sharepoint system, the Health Promotion Plan, our Risk Management Assessment action plan, Occupational Health and Safety, the *Young Women Talking DVD*, data collection processes, governance and decision-making, and our funding and reporting requirements.

Staff undertook external training including on: various office applications software, the new WorkChoices legislation, project management and website software skills.



left to right- Marcela, Rosemary and Martinette.

## Financial Statements

For the Year Ended 30 June 2007

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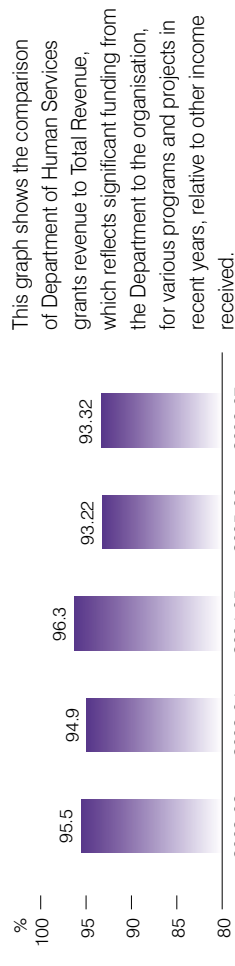
## Summary of Financial Results

The organisation recorded a loss of (\$33,506) for the year. The result is attributable to an increase in amortisation during the period as a result of leasehold improvements at premises at 210 Lonsdale Street, Melbourne in 2006 and at Level 1, 123 Lonsdale Street, Melbourne in 2007. The result is regarded as offset against previous years profit results.

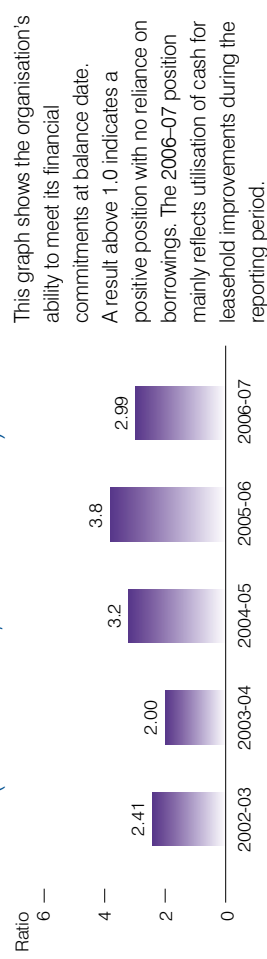
The Financial Statements disclose Department of Human Services recurrent funding for the Women's Health Program, BreaCan and the Victorian Women with Disabilities Network Advocacy Information Service.

Operating expenditure correspondingly relates to increases in employee expenses and non-capital costs associated with the refurbishment of premises.

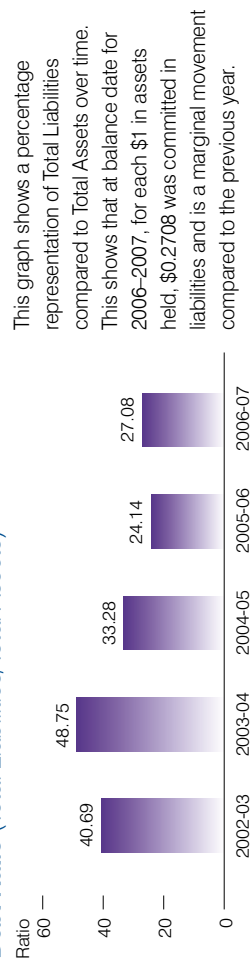
### DHS Grants to Total Revenue



### Current Ratio (Current Assets/Current Liabilities)



### Debt Ratio (Total Liabilities/Total Assets)



## Income Statement

For the Year Ended 30 June 2007

	2007 \$	2006 \$
<b>Revenue</b>		
<b>Operating Activities</b>		
Operating grants	1,629,816	1,499,951
Capital Grant	0	50,000
Donations	17,572	17,931
Clearinghouse products incl. publications sales	5,473	247
Reimbursements	1,500	3,356
Other	3,155	39,085
	<b>1,657,516</b>	<b>1,610,570</b>
<b>Non-operating Activities</b>		
Interest received	46,105	46,932
	<b>46,105</b>	<b>46,932</b>
<b>Revenues from ordinary activities</b>	<b>1,703,621</b>	<b>1,657,502</b>
<b>Expenses</b>		
Employee expenses	1,145,937	1,007,994
Depreciation	75,341	48,047
Infrastructure expenses- non-employee	337,068	286,843
Organisational	34,103	43,445
Project costs	113,887	71,924
Other expenses from ordinary activities	30,791	40,107
	<b>1,737,127</b>	<b>1,498,360</b>
<b>Total expenses by function</b>	<b>(33,506)</b>	<b>159,142</b>
<b>Profit/(Loss) from ordinary activities before income tax</b>	<b>0</b>	<b>0</b>
<b>Income tax relating to ordinary activities</b>	<b>(33,506)</b>	<b>159,142</b>
<b>Net Profit/(Loss) from ordinary activities</b>	<b>(33,506)</b>	<b>159,142</b>

Note 2  
1(a)

The accompanying notes form part of this financial report.

## Balance Sheet

As at 30 June 2007

	2007 \$	2006 \$
<b>Current Assets</b>		
Cash assets	742,184	824,246
Receivables	393	1,100
Investments	46,202	37,082
	<b>788,779</b>	<b>862,428</b>
<b>Non-Current Assets</b>		
Property, Plant and Equipment	265,417	188,416
Intangible Assets	12,011	8,894
	<b>277,428</b>	<b>197,310</b>
<b>Total Assets</b>	<b>1,066,207</b>	<b>1,059,738</b>
<b>Current Liabilities</b>		
Payables	138,497	130,012
Provisions	125,250	96,754
	<b>263,747</b>	<b>226,766</b>
<b>Non-Current Liabilities</b>		
Provisions	24,960	29,085
	<b>24,960</b>	<b>29,085</b>
<b>Total Liabilities</b>	<b>288,707</b>	<b>255,851</b>
<b>Net Assets</b>	<b>777,500</b>	<b>803,887</b>
<b>Equity</b>		
Reserves	46,298	37,174
Retained Profits	731,202	766,713
	<b>777,500</b>	<b>803,887</b>

Note

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The accompanying notes form part of this financial report.

## Cash Flow Statement

For the year ended 30 June 2007

	2007 \$	2006 \$
	<b>Inflows/ (Outflows)</b>	<b>Inflows/ (Outflows)</b>
<b>Cash Flows from Operating Activities</b>		
Operating grant receipts	1,815,466	1,642,062
Donations received	17,572	17,931
Receipts from other revenue	10,835	41,996
Payments to suppliers and employees	(1,834,891)	(1,609,840)
Interest Received	46,105	46,932
<b>Net Cash provided by/(used in) Operating Activities</b>	<b>55,087</b>	<b>139,081</b>
<b>Cash Flows from Investing Activities</b>		
Purchases of Property, Plant and Equipment	(137,149)	(121,859)
Purchase of Intangibles	0	(7,900)
<b>Net Cash used by Investing Activities</b>	<b>(137,149)</b>	<b>(129,759)</b>
<b>Net Increase/(Decrease) in Cash Held</b>	<b>(82,062)</b>	<b>9,322</b>
<b>Cash at beginning of financial year</b>	<b>824,246</b>	<b>814,924</b>
<b>Cash at end of financial year</b>	<b>742,184</b>	<b>824,246</b>

Note

13(b)

13(a)

## Statement of Changes in Equity

For the year ended 30 June 2007

	2007 \$	2006 \$
<b>Available for Sale investments</b>		
Valuation gains/(loss) taken to equity	7,119	9,571
<b>Net Income recognised directly in equity</b>	<b>7,119</b>	<b>9,571</b>
Profit/(loss) for the period	(33,506)	159,142
<b>Total recognised income and expense for the period</b>	<b>(26,387)</b>	<b>168,713</b>

Note

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The accompanying notes form part of this financial report.

The accompanying notes form part of this financial report.

# Notes to the Financial Statements

For the year ended 30 June 2007

## Note 1. Statement of Significant Accounting Policies

The financial report of Women's Health Victoria for the year ended 30 June 2007 was authorised for issue by a resolution of the Members of the Council on 27 August 2007.

This financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, Urgent Issues Group Interpretations and other authoritative pronouncements of the Australian Accounting Standards Board and the requirements of the Associations Incorporation Act (VIC) 1981.

The financial report covers Women's Health Victoria Inc. as an individual entity. Women's Health Victoria Inc. is an association incorporated in Victoria under the Associations Incorporation Act (VIC) 1981.

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

The following is a summary of the material accounting policies adopted by the Association in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

### (a) Income Tax

The Association is an Income Tax Exempt Charity in terms of Subdivision 50-5 of the Income Tax Assessment Act (C'th) 1997.

### (b) Clearinghouse Resource Collection

The collection consists of books, journals and audiovisuals that have been capitalised. The collection has significant and ongoing value to the organisation with the effective useful life estimated at 8 years. The collection is measured at cost or fair value less, where applicable, any accumulated depreciation.

### (c) Property, Plant and Equipment

Each class of property, plant and equipment is measured at cost or fair value less, where applicable, any accumulated depreciation and any impairment in value.

#### Plant and Equipment

Plant and equipment are measured on the cost basis with Clearinghouse resource collection measured at deemed cost.

### Impairment

The carrying values of property, plant and equipment are reviewed for impairment when events or changes in circumstances indicate the carrying value may not be recoverable, and at least annually by the Association.

If such an indication of impairment exists and where the carrying values exceed the recoverable amount, the asset is written down to the recoverable amount.

### Depreciation

The depreciable amount of all fixed assets are depreciated on a straight line basis over the useful lives of the assets to the Association commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable asset are:

Class of Fixed Asset	Depreciation Rate
Office and computer equipment	6.6% – 40%
Furniture and Fittings	10.0% – 20%
Clearinghouse Resource Collection	12.5%
Leasehold Improvements	12.5% – 40%

### (d) Leases

The Association has no current finance leases.

### (e) Employee Benefits

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year together with benefits arising from wages and salaries, have been measured at their nominal amount. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. No provision for sick leave benefits has been recognised as amounts expected to be claimed are not anticipated to exceed benefits accruing in future periods. Sick leave is non-vesting.

Contributions are made by the Association to employee accumulated superannuation funds and are charged as expenses when incurred. The particular funds have no unfunded liabilities.

## Notes to the Financial Statements

For the year ended 30 June 2007

### (f) Cash

For the purposes of the Cash Flow Statement, cash includes cash on hand, at bank and on deposit.

### (g) Revenue

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the entity and the revenue can be reliably measured. The following specific recognition criteria must also be met before revenue is recognised:

#### Grants

Revenue of an unconditional nature is recognised when control of the contribution or right to receive the contribution is obtained. Grants received and provided for special purposes are recognised under current liabilities to the extent of unspent funds where there is an obligation to repay the unexpended portion of the grant.

#### Sale of goods

Revenue from the sale of goods is recognised upon delivery of goods to customers.

#### Interest

Interest revenue is recognised on an accrual basis taking into account the interest rates applicable to the financial assets.

#### Donations

Revenue is recognised when the monies are received by Women's Health Victoria. In kind donations or donations of assets are recorded at fair value.

All revenue is stated net of the amount of goods and services tax (GST).

### (h) Financial Instruments

#### (a) Women's Health Victoria Fund

The Women's Health Victoria Fund is classified as available for sale and measured at fair value. Gains or losses on this investment are recognised directly to equity in the net unrealised gain reserve until the investment is sold or until the investment is determined to be impaired, at which time the cumulative gain or loss previously reported in equity for the asset is included in the Income Statement.

#### (b) Interest rate risk

The Association has no material exposure to interest rate risk on its financial instruments.

### (c) Credit risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions for doubtful debts, as disclosed in the statement of financial position and notes to the financial statements.

The Association does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the Association.

### (d) Net Fair values

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the Balance Sheet and in the notes to the financial statements.

### (i) Intangibles

#### Computer Software

Computer software is classified as intangible assets, except where the software is an operating system component. Software classified as intangible is amortised over the period of estimated useful life.

## Notes to the Financial Statements

For the year ended 30 June 2007

### Note 2: Profit/(Loss) from ordinary activities

Profit/(Loss) from ordinary activities before income tax includes the following revenues and expenses whose disclosure is relevant in explaining the financial performance of the entity.

#### (a) Expenses

- Remuneration of auditor		
- Audit services	4,300	3,200
- Rental expense		
- Lease	166,997	139,711
- Organisational	34,103	43,445
- Workforce Development	57,792	13,688
- Clearinghouse Expenses	2,721	5,528
- Direct Project/Program costs related to BreaCan and Women with Disabilities Network Advocacy Information Service	113,887	71,924
- Publications stock written off	0	2,312
In relation to remuneration of the auditor there are no other benefits provided.		
<b>Total</b>	<b>393</b>	<b>1,100</b>

### Note 3: Receivables

Sundry debtors

### Note 4: Property, Plant and Equipment

Office and computer equipment- at cost	147,462	155,634
Less accumulated depreciation	104,531	88,077
	42,931	67,557
Furniture and Fittings- at cost	20,241	20,316
Less accumulated depreciation	18,188	19,249
	2,053	1,067
Clearinghouse Resources- at cost/deemed cost	71,658	71,376
Less accumulated depreciation	34,188	31,585
	37,470	39,791
Leasehold Improvements- at cost	224,752	116,072
Less accumulated depreciation	41,789	36,071
	182,963	80,001
<b>Total</b>	<b>265,417</b>	<b>188,416</b>

## Notes to the Financial Statements

For the year ended 30 June 2007

### (a) Movements in carrying amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Office and Computer Equipment	Furniture and Fittings	Clearinghouse Resource Collection	Leasehold Improvements	Total
	\$	\$	\$	\$	\$
Balance at beginning of year	67,557	1,067	39,791	80,001	188,416
Additions	6,466	1,275	6,947	138,725	153,414
Written Off	(319)			(4,636)	(4,955)
Depreciation Expense	(30,773)	(289)	(9,268)	(31,127)	(71,458)
<b>Carrying amount at end of year</b>	<b>42,931</b>	<b>2,053</b>	<b>37,470</b>	<b>182,963</b>	<b>265,417</b>

### (b) Movement in carrying amounts – previous year comparison

Movement in the carrying amount for each class of property, plant and equipment between the beginning and the end of the 2005–2006 financial year.

	Office and Computer Equipment	Furniture and Fittings	Clearinghouse Resource Collection	Leasehold Improvements	Total
	\$	\$	\$	\$	\$
Balance at beginning of year	47,458	652	43,060	11,094	102,264
Additions	45,244	1,020	6,254	78,049	130,567
Depreciation Expense	(25,145)	(605)	(9,523)	(9,142)	(44,415)
<b>Carrying amount at end of year</b>	<b>67,557</b>	<b>1,067</b>	<b>39,791</b>	<b>80,001</b>	<b>188,416</b>

### Note 5: Investments

#### (a) Available for sale financial assets

Funds under management-  
Women's Health Victoria Fund

	2007	2006
	\$	\$
	46,202	37,082
	<b>46,202</b>	<b>38,082</b>

### Note 6: Intangibles

Computer Software/Licences- at cost  
Less accumulated depreciation

	18,650	11,650
	6,639	2,756
	12,011	8,894

### (a) Movements in carrying amount

Movement in the carrying amount between the beginning and the end of the current financial year:

#### Computer Software/Licences

Opening Balance  
Computer software/licences- additions  
Less write-offs  
Less amortisation  
Closing Balance

	8,894	7,292
	7,000	7,900
	0	(2,667)
	(3,883)	(3,631)
	12,011	8,894
	<b>12,011</b>	<b>8,894</b>

### Note 7: Payables

#### Current

Trade creditors and accruals  
Grants received in advance

	108,219	119,769
	30,278	10,243
	<b>138,497</b>	<b>130,012</b>

# Notes to the Financial Statements

For the year ended 30 June 2007

## Note 8: Provisions

	2007 \$	2006 \$
<b>Current</b>		
Provision for employee benefits	125,250	96,754
<b>Non-Current</b>		
Provision for employee benefits	24,960	29,085

## Note 9: Reserves

Specific purpose reserve		
Opening Balance	37,174	23,713
Transfer to/from Retained Profits	5	90
Donations- Women's Health Victoria Fund	2,000	3,800
Changes in fair value during the year	7,119	9,571
Closing Balance	46,298	37,174
	<b>46,298</b>	<b>37,174</b>

The specific purpose reserve records donations received for future purposes. The movement reflects funds received in preceding year's activities and fair value changes. The funds are allocated to the Women's Health Victoria Fund, which was valued at \$46,201 at balance date and is held as an asset available for sale. The fund is administered by the Melbourne Community Foundation on behalf of Women's Health Victoria.

## Note 10: Retained Profits

Retained profits at the beginning of the financial year	766,713	611,461
Net profit/(loss) attributable to the Association	(33,506)	159,142
Transfer to/from Specific Purpose Reserve	(2,005)	(3,890)
Retained profits at the end of the financial year	<b>731,202</b>	<b>766,713</b>

## Note 11: Commitments

### (a) Operating Lease Commitments

	2007 \$	2006 \$
Being for rent of offices		
Payable:		
- not later than 1 year	171,599	165,635
- later than 1 year but not later than 5 years	268,618	438,001
	<b>440,217</b>	<b>603,636</b>

The current property lease for Level One, 123 Lonsdale Street, Melbourne commenced in May 2005 for a five-year term, with an option for a further five years. Rent is payable monthly in advance. The lease contains a reinstatement clause upon termination of the lease. Women's Health Victoria has also provided a Bank Guarantee for \$38,970 in the event of default in terms of the lease.

The property lease for part of the Ground Floor, 210 Lonsdale Street commenced in January 2006 for a three-year term, with an option for a further three years. Rent is payable monthly in advance. Security was not required under the terms of the lease.

Being for rent of photocopiers

Payable:		
- not later than 1 year	9,128	8,917
- later than 1 year but not later than 5 years	26,536	10,208
	<b>35,664</b>	<b>19,125</b>

A new rental agreement for two photocopiers based at Level One, 123 Lonsdale Street, Melbourne commenced in July 2006 for a period of five years. A rental agreement for a photocopier based at the Ground Floor, 210 Lonsdale Street commenced in February 2006 for a period of five years.

## Notes to the Financial Statements

For the year ended 30 June 2007

Being for rent of postage meter equipment  
Payable:  
- not later than 1 year  
- later than 1 year but not later than 5 years

	2007 \$	2006 \$
	1,596	1,608
	4,289	5,885
	<b>5,885</b>	<b>7,493</b>

The rental agreement for two desktop mailing postage meters commenced in March 2006 for a period of five years.

### (b) Grants Received in Advance

A grant of \$5,000 received from Cancer Council Victoria for a Financial Assistance Program in 2006, had \$278 unexpended at 30 June 2007. A grant of \$30,000 was received from VicHealth for a Prevention of Violence Against Women Project and will be expended in the 2007–08 financial year.

### Note 12: Contingent Assets/Liabilities

The Council are not aware of any contingencies requiring disclosure in the financial statements.

### Note 13: Cash flow Information

#### (a) Reconciliation of Cash

Cash on hand	600	300
Cash at Bank	4,189	7,656
Cash on Call Deposit	137,395	116,290
Cash on Term Deposit	600,000	700,000
<b>Total</b>	<b>742,184</b>	<b>824,246</b>

#### (b) Reconciliation of net cash provided by operating activities to profit from ordinary activities.

Profit/(Loss) from ordinary activities	(33,506)	159,142
<b>Non cash flows in profit from ordinary activities</b>		
Depreciation	75,341	48,047
Write-off obsolete stock	0	2,312
Write-off obsolete computer software	0	2,667
Net Profit/(Loss) on sale/write off of disposal of plant and equipment	4,955	0

#### Changes in assets and liabilities

(Increase)/decrease in Receivables	707	(693)
(Increase)/decrease in Other financial assets	(2,000)	(3,800)
Increase/(Decrease) in Trade creditors and accruals	(34,815)	(19,119)
Increase/(Decrease) in Payables- Income in Advance	20,035	(58,811)
Increase/(Decrease) in Provisions	24,370	9,336

#### Net Cash provided by/(used in) operating activities

	<b>55,087</b>	<b>139,081</b>
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(c) The Association has no credit stand-by or financing facilities in place.

(d) There were no non-cash financing or investing activities during the period.

# Notes to the Financial Statements

For the year ended 30 June 2007

## Note 14: Related Parties

### (a) Council members 2006–2007

Anne Cronin	Jane Patrick	Suzanne Young
Liz Chatham	Julie Mulvany	
Sally Fawkes	(co-opted September 2006)	
Vivienne Amery	(co-opted November 2006)	
Verity Newnham	(co-opted March 2007)	
Helen Szoke	(Council term expired October 2006)	
Wendy Vanselow	(Council term expired October 2006)	
Stacey McKenzie	(resigned July 2006)	
Geraldine McDonald	(resigned September 2006)	
Kate Hely	(resigned November 2006)	
Maree Davidson	(resigned December 2006)	
Genevieve Howse	(resigned December 2006)	
Jacqui McKenzie	(co-opted November 2006, resigned February 2007)	
Katrina Newnham	(co-opted February 2007, resigned March 2007)	

No financial advantage for members was reported during the period.

### (b) Minimum Disclosure - Key Management Personnel Remuneration

	2007 \$	2006 \$
<b>(i) Short Term Benefits</b>		
Salary, Superannuation and non-cash benefits	93,921	86,283
<b>(ii) Long Term Benefits</b>		
Long Service Leave	3,173	3,503

## Note 15: Economic Dependency

The Association receives the majority of its revenue from the Victorian State Department of Human Services. In 2006–2007 total recurrent grants were \$1,552,565 (Women's Health Program \$898,205, Victorian Women with Disabilities Network Advocacy Information Service \$135,408 and BreaCan \$518,952).

## Note 16: Principal Activities and Operations

Women's Health Victoria (WHV) is an independent statewide women's health promotion organisation. Our community of interest includes individuals and organisations who work in areas which influence health outcomes within services; information providers; policy and opinion leaders; researchers; and educators. Relationships may be based on:

- Ongoing partnerships
- Issue specific collaborations from time to time, and
- Broad networking.

WHV continues to work particularly with women with poor health outcomes including women in and post prison, women with disabilities, women with women's cancers.

WHV has a statewide role in creating and using women's health knowledge to:

- inform health, social and economic policy
- inform the design and delivery of better health responses, systems and models of care, and
- support and empower women in their health choices.

WHV recognises the importance of building and maintaining high order organisational competency in all aspects of governance and operations. WHV's organisational capability is designed specifically to support our focus. We design and maintain effective learning and supporting systems and processes, invest time and resources in our learning, and actively foster and maintain a skilled workforce.

## Note 17: Association details

The principal place of business of the association is:

Women's Health Victoria Inc.  
Level One, 123 Lonsdale Street  
Melbourne VIC 3000

## Statement by Members of the Council

### In the opinion of the Council:-

1. The financial statements present fairly the financial position of Women's Health Victoria Inc. as at 30 June 2007 and its performance for the year ended on that date in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board.
2. At the date of this statement there are reasonable grounds to believe that Women's Health Victoria Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Council and is signed for and on behalf of the Council by:

Council Member Anne Cronin  
A. Cronin

Council Member S. Young  
S. Young

Dated this 27<sup>th</sup> day of August 2007

# Independent Audit Report to the Members of Women's Health Victoria Inc.

## Report on the Financial Report

We have audited the accompanying financial report of Women's Health Victoria Inc. (the association) which comprises the Balance Sheet as at 30 June 2007 and the Income Statement, Statement of Changes in Equity and Cash Flow Statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the Statement by Members of the Council.

### *Council's Responsibility for the Financial Report*

The Council of the association is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act (Vic) 1981. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

### *Auditor's Responsibility*

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

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

### *Independence*

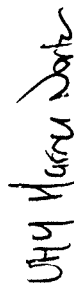
In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

### *Auditor's Opinion*

In our opinion:

The financial report of Women's Health Victoria Inc. is in accordance with Section 30(3A) of the Associations Incorporation Act (Vic) 1981, including:

- (a) giving a true and fair view of the Association's financial position as at 30 June 2007 and of their performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act (Vic) 1981.



UHY Haines Norton



A G Roberts  
Partner

Melbourne

Dated this 30<sup>th</sup> day of August 2007



*Women know that a community worth living in has to include women's participation and value their unique experiences and talents. Power to act as a group is political power! Today's gathering is a case in point.*

*Who will make differences on our behalf if we don't force change? Who will fight if we don't? ...*

*Here are some thoughts I would like to leave you with in your quest to get women's health programs and funding up higher on the political agenda:*

- *Marshall your arguments and data – and 'Go get 'em'!*
- *Build coalitions with like-minded men. They do exist and are increasing in number.*
- *Have courage! Old fashioned guts! Be unstoppable! We are doing this for so many other women as well as ourselves.*
- *It is OK to be living on the edge and be an activist.*
- *It is OK to drop in and out of activism. There are many campaigns that have been fought and won and so many more still to win!*
- *Be generous to your women friends, colleagues and co-workers.*
- *Take sustenance and inspiration from each other.*
- *Savour each victory small and large – make a meal of every gain!*
- *Most of all, try to have some fun!*

– The Hon. Kay Setches,  
speaking to the Women's  
Health Matters:  
From Policy to Practice  
Statewide Summit, 13 July 2006.

Kay was elected to the Victorian Parliament in 1982. Between 1986 and 1988, she chaired the Victorian Women's Health Policy consultation with 6,000 Victorian women that culminated in the establishment of the Victorian Women's Health Program, including Women's Health Victoria.



**Women's Health  
Victoria**

Women's Health Victoria  
Level 1, 123 Lonsdale Street  
Melbourne VIC Australia 3000

T 03 9662 3755  
F 03 9663 7955  
E [whv@whv.org.au](mailto:whv@whv.org.au)  
W [www.whv.org.au](http://www.whv.org.au)

Postal Address  
GPO Box 1160  
Melbourne VIC Australia 3001

Reg. No. A0029795W  
ABN 33365 284944