

women's **health** west
annual report 2006-2007



contents

collaboration:

working together for women's health	2
chairperson's report	4
chief executive officer's report	5
consolidation and integration	6
collaboration and linkages	8
healthy relationships	10
shared power and support	12
sustainable communities	14
advocacy and prevention	16
our staff	18
financial report	19

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Annual Report 2006-2007

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Front cover

The Heathdale Women's Group renamed themselves Becoming Butterflies with a postcard and poster launch designed to encourage other Heathdale women to join the group.

Read more on page 15.

Photograph Nicola Harte

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Melissa Afentoulis, Lauren Eagle, Robyn Gregory, Jo Harper, Nicola Harte, Jacky Tucker, Naomi Ngo.

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collaboration

working together for women's health

Collaboration is now a central feature of organisational and community landscapes. Women's Health West (WHW) works closely with women and other agencies using the social model of health framework with community development and gender analysis approaches to create positive change in the lives of women in Melbourne's diverse western region.

WHW recognises the structural and cultural barriers that constrain women's lives; we identify these constraints using strategies that enable the women we work with to control the process of change. Our approach is based on recognition and respect of women's experience, contribution and life choices; acting to support women and promote empowerment; acknowledging and embracing the diversity of women; actively and unequivocally promoting the universal human right of women and children to live without the fear or experience of violence and ensuring our values are reflected in our practice.

Partnerships and collaboration are central to the five strategic directions in the 2004-2009 WHW Strategic Plan: being known, credible and influential; supporting innovation and learning; providing leadership and building partnerships; building and maintaining a viable and effective organisation; and building the scope, focus and reach of WHW programs and services.

We prioritise working with marginalized women from population groups identified by our research and evaluation and include women and children affected by family violence, women with a disability, women from culturally and linguistically diverse backgrounds, newly arrived and refugee women, women living in the outer west, socially isolated women, women with diverse sexual identities, Aboriginal and Torres Strait Islander women, women at all stages of the life cycle including young, menopausal and older women and women who are carers.

Changes to the Victorian family violence service system over the past three years reflect the move toward collaborative approaches in that they have revolved around the development of an integrated approach that relies on promoting partnership and teamwork between police, courts and community agencies to simplify women's passage through the system.

Over the past twelve months, WHW has nurtured and consolidated partnerships between our system cohorts by establishing memorandums of understanding with the courts as well as a range of other agencies. We are actively involved in the development and implementation of the Brimbank police family violence unit pilot and this year hosted the Western Service Integration and Planning Coordinator whose role was to establish the western integrated family



Collaboration and integration is now a central feature of organisational and community landscapes.



Community members, agencies, local government and volunteer organisations came together to work on the Gender, Local Government and Violence Prevention Initiative at Maribyrnong City Council
 Photograph: Nicola Harte

violence committee. The individual support offered to women and children by our family violence services increased this year to more than three times the number supported in each of the previous two years. Our staff maintain our regional profile through place-based work that simultaneously ensures our availability to clients in various parts of the region and maintains a healthy relationship with agencies in the area. Staff involvement on family violence-related committees and networks not only supports innovation and learning but also builds partnerships and extends the reach of our service.

In the Health Promotion, Research and Development area we have delivered on the first year of our three-year organizational health promotion plan. Our three organizational health promotion priorities are: equity and social justice; mental wellbeing and social connectedness and sexual and reproductive health. We conceptualise these priorities within the VicHealth mental health promotion framework that outlines various levels of focus: individual, organisational, communities and the society within which community collaborations are embedded.

Individual support from peers is the key to promoting mental wellbeing and social connectedness in Power On, WHW's peer support program for women with a mental

illness and women carers. We run this program with support from key organisations in the region such as Carers Links West. Girls Act Up Too! is a creative activities program that WHW ran in partnership with Young Women's Secure Welfare in which we encouraged mental wellbeing and social connectedness at an individual level by exploring self-image and identity through artistic innovation.

Part of WHW's sexual and reproductive health work at the community level involves working in partnership with schools to assist students to develop the resilience and strengths necessary to participate in healthy relationships and avoid violence, prevent teen pregnancy and sexually transmitted diseases. Also, since WHW hosts both family violence and health promotion services, we are uniquely equipped to develop community assets, and strengthen our partnerships, by delivering prevention of intimate partner violence training to organisations in the western region.

This year WHW developed the prevention of family violence online community, to provide an organizational tool to share information, encourage linkages and build on partnerships established through the prevention of family violence network. We also used our website to promote a kit aimed

at offering clients and agencies a practical, user-friendly method of giving or obtaining client feedback.

WHW continues to be actively involved in a range of formal partnerships that include a wide range of agencies. Some of these are: the Women's Health Association of Victoria; the Primary Care Partnerships - HealthWest Partnership (A Strategic Initiative of WestBay Alliance and Brimbank Melton PCP) and Melbourne Moonee Valley PCP; and a community partnership with Maribyrnong City Council as part of the the Gender, Local Government and Violence Prevention initiative.

Over the last twelve months, WHW submitted papers to State Government regarding same-sex attracted and IVF parenting policies. We did this as part of our work to promote sexual and reproductive health work that is intricately bound in our mandate to provide leadership, based on recognition and respect of women's experience, contribution and life choices. Further, attendance at local, national and international conferences and forums afforded WHW staff the opportunity to share the knowledge that we have gained but also to place that knowledge within a broader context and bring new ideas back to the western region.

Women's Health West works in partnership with women and a range of organisations to meet the **social, emotional** and **physical** health needs of women in our communities.

We work to address the **gender** and **structural inequities** that limit the lives of women through advocacy and knowledge-based social health action.

We undertake **gendered research**, needs identification, information provision, **training** and workforce development.

We influence **population health planning** and service development to promote ongoing responsiveness to the needs of women and their children.

We deliver **innovative, responsive** services that contribute to the evidence base for **best practice**.

We enhance service access through **advocacy** and systemic change.





chairperson's report

Welcome to Women's Health West's Annual Report 2006/07 which I commend to you as it showcases the significant and diverse work of our organisation.

It is with great regret that this is my last Chairperson's report as I will be stepping down from the Board of Women's Health West (WHW). I joined WHW in 2002 and after five years of involvement I feel that it is time for me to move on and provide others with the opportunity to join and lead a dynamic organisation that aims to improve the health, safety and wellbeing of women in Melbourne's diverse western region.

Our strategic directions continue to be relevant to the current growth, development and consolidation that has occurred during the last few years. Over the next twelve months under the stewardship of a new Board, the organisation will be planning its future strategic focus, reviewing and developing a new strategic plan.

My experience on the Board has been a very positive one. I truly appreciate the valuable learning that I have gained by being a part of a highly professional and well functioning Board of governance. I consider the Board of WHW to be an excellent example of good governance and this is largely due to the exceptional women who have brought their skills, knowledge, experiences, passion and commitment to the organisation. More specifically, their personalities, humour and good nature have made the Board meetings enjoyable and my job as Chair an easy one. As a group of diverse women, we've worked very well together.

Some of the Board's major achievements this year include: a comprehensive external performance review of the CEO whose service to WHW has been long standing and an internal appraisal of the Board, using tools which we continue to review, refine and develop; the Finance and Risk Committee initiated an information management audit as well as continuing to refine our financial reporting methods and has overseen the introduction of electronic funds transfers through online banking and the change of our salary agent for more effective and efficient outcomes; the development of a partnership framework policy and a board resignations and quorum policy. In light of recent changes to the Australian industrial relations system, the Board has explored and agreed to progress the development of a collective agreement for WHW to affirm, maintain and improve where possible, the current conditions of staff.

Clearly the role of our Board members has been a pro-active one, which at times has required a high level of commitment from them in bringing about important changes. This has been a shared learning environment which is a further testament to the strength of this Board.

I would like to thank each and everyone of our Board members for the time, effort and contribution that has been made to WHW – in particular, a special thanks to the following members who have already left or will be leaving at the end of this Board term, with me this year. They are: Fartun Farah, Ché Stockley and Kirsty Allen. Furthermore, the Board would not have been able to carry out its role without the valuable support and

assistance of our CEO, Melissa Afentoulis, who has managed the organisation effectively, during a time of significant challenges and growth. I would also like to extend a special thank you to the rest of the staff at WHW for their ongoing dedication and great work in supporting, advocating for, and educating women, their families and communities in the west.

I am very proud to have been a part of such a dynamic and proactive organisation, especially with WHW's achievements in the area of health promotion and service delivery for women and children. I will certainly miss being a part of a women's organisation and working with a fantastic bunch of women on a women-only Board. Although I feel sad about leaving, I feel very confident that the organisation will maintain and strengthen its leadership role in health promotion and research in the area of women's health, as well as in the provision of family violence support and prevention services in the western region.

It is an honour for me to present to you the annual report for the last time, which outlines the diverse range of activities and innovative approaches that WHW has implemented in leading Melbourne's western region in advancing women's health, safety and wellbeing.

NAOMI NGO

BOARD 2006-2007



Above (L-R) Naomi Ngo, Kirsty Allen, Lisa Field, Ché Stockley, Megan Bumpstead and Gainore Atkins

NAME	AGENCY	MEETINGS ATTENDED
Kirsty Allen 2005 - 2007	Sidney Myer Foundation	9
Gainore Atkins 2006 - 2008	Hobson's Bay Women's Referral Service	5
Sandy Beswarick 2005 - Oct 2006	Western Region Health Centre	4
Megan Bumpstead Co-opted Dec 2006	Western Health	6
Lauren Eagle 2004 - Oct 2006	Out Doors Inc	4
Fartun Farah 2005 - April 2007	Interpreter / student	2
Lisa Field 2006-2008 Deputy Chair	Gateway Social Support Options	5
Georgie Hill Co-opted June 2007	Maribyrnong City Council	1
Ruth Marshall Co-opted March 2007	Western Health	4
Naomi Ngo 2002-2007 Chairperson	Multicultural Health & Support Service	9
Ché Stockley 2002 - 2007	Office of Women's Policy	6
Michelle Towstoless 2005 - 2007 Treasurer	Victoria University of Technology	7
Fran Whitty 2004 - Oct 2006	Dept for Victorian Communities	4

Full term members can attend a maximum number of ten meetings of a full Board term - Nov to Oct.

chief executive officer's report



The 2006/07 Women's Health West Annual Report is a testimony to the organisation's vision and the strategic directions that guide our effort. It also serves as a record of key highlights and achievements as we reflect on the previous year's work. I'm proud to present this annual report and to share with the reader examples of WHW's achievements.

As a feminist organisation we focus on redressing the gender and structural inequalities that limit the lives of women, through a range of health promotion and community development actions by: undertaking gendered research, needs identification, information provision, training and workforce development; influencing population health planning and service development to promote on-going responsiveness to the needs of women and their children; and enhancing service access through advocacy and systemic change.

This work is undertaken within a model that focuses on processes that promote individual and community change and empowerment. Such processes include the importance of women naming their own experiences and

having a clear voice within the public arena. Women are supported to develop skills that allow them to participate in the development and implementation of health promotion activities and other change processes. This philosophical stance underlies our central role as a women's organisation in delivering direct services to women and children who are experiencing family violence that impacts significantly upon their health and wellbeing.

Our family violence services engage with women both at the crisis end when safety and the more immediate support needs are critical, by working with them in short to medium term interventions as well as in recovery processes either through direct counselling or by referral to other more appropriate services. In this area, we have succeeded in improving our practice by consolidating the integrated family violence reform framework in the way we deliver services, as well as managing increased complex needs and demand for services. We have continued to improve how we engage with other critical service sectors, such as the police, judiciary and a wide range of other service providers that we rely on for effective

outcomes for women. These services include housing, mental health, community health, indigenous and ethnic agencies and many other partners and colleagues in the community sector.

2006/07 is characterised by many achievements as well as a few challenges. Externally, at a service level, the past twelve months have seen multiple and complex service reforms introduced or developed for implementation. Given the significant interface of family violence services with a range of these reforms, the impact on our resource capacity has been enormous.

We have actively participated in: trialling the family violence risk assessment and management framework and the SMART 6 version of the national SAAP data collection system; the Nexus policing partnerships for safer communities project; the Brimbank – Melton Local Area Service Network (LASN) Pilot for homelessness services; the establishment of the Western Family Violence Committee and participant of several other regional and state-wide committees that contribute to family violence system integration, while at the same time maintaining our service delivery focus. At a broader level, we continue to play an influencing and value-adding role through our formal partnerships as well as through policy and program advocacy.

The most significant challenges for WHW this year and beyond, are staff recruitment and retention, demand management

and advocacy around the funding of preventative health initiatives which are grounded in structural health inequality frameworks, rather than disease management models.

In addition, we face the ongoing challenges of the mainstreaming of gendered services, with risks to the survival of the few remaining women-focussed and women-specific services such as women's housing which is potentially at risk through the current housing sector reforms.

In celebrating the tremendous amount of work undertaken by our fabulous staff members and the Board this year, I pay tribute to all staff – the passionate women who have helped complete a good year, for your generous spirit and hard work in your different roles and the different ways you give to WHW – and to the vibrant, energetic and high achieving Board, with whom I've had the privilege to be associated.

I also thank our many collaborators during the year, and extend our thanks in particular to all our funding bodies, the Department of Human Services personnel and the many other organisations and individuals who contribute to the success of our work: our partners and colleagues in women's health, community health, the community sector service providers, local government and the three primary care partnerships of which we are members.

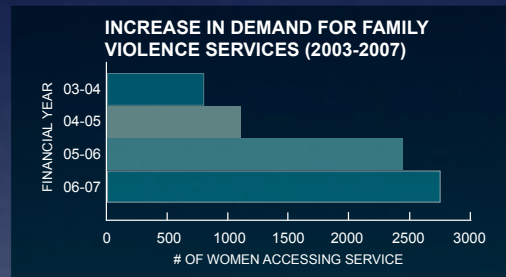
MELISSA AFENTOULIS



Women's Health West staff with women's choir, La Voce Della Luna at the launch of the Victorian Women's Health and Wellbeing Strategy in September 2006

FAMILY VIOLENCE SERVICES DATA

Over the past four years the number of women supported by WHW has more than tripled, from 777 women in 2003-2004 to 2770 women in 2006-2007. An increase in funding and staffing in 2005-2006 gave rise to our capacity to assist far more women here in the western region.



FAMILY VIOLENCE SERVICES (2006-2007)

	WOMEN	FUNDING TARGETS
Outreach		
Case management	661	379
Court support	389	76
Intake support (one off support)	1411	-
Other programs		
After Hours	128	146
Intensive Case Management	18	10
Private Rental Brokerage	31	24
Housing Options	7	11
Accompanying children	1432	-
Counselling children (May – June 07 only)	6	59
VACP	132	
Total	2770 women	

consolidation and integration

INTEGRATED FAMILY VIOLENCE SERVICE SYSTEM (IFVSS)

“I would play dead to stay safe.”

Violence against women focus group participant

The Statewide Family Violence Reform Agenda has been a major focus for services in 2006-07. The agenda brings together police, courts, crisis and support services so that the reforms can be activated in concrete ways. We have continued to be involved proactively with the on-going implementation of the Police Code of Practice and been part of significant local initiatives and partnerships with police.

Much of the success of the integrated family violence services system reforms are dependent upon how well the judicial, police and community service responses are linked and coordinated. Unfortunately coordination, as a function of the system reforms, received little funding. WHW in partnership with both Victoria Police and the Victorian Magistrates Court are committed to developing best practice through improved service coordination. Services are required to demonstrate joint service provision, planning and training as well as the development and application of protocols and memorandums of understanding. In the first year, Women’s Health West (WHW) prioritised both police and the courts and has successfully developed local area relationships and agreements.

WHW is a member of the Women’s and Children’s Integrated Family Violence Consortium and hosts the position of Senior Project Worker of Service Integration and Planning, whose role involves leadership and collaboration for the successful implementation of specific projects and initiatives, in line with a regional plan and sub-regional action plan. A Western Integrated Family Violence Committee has been established to support this work.

Other WHW service links include membership of the following networks and committees: Brimbank Family Violence Service Network, Brimbank Melton LASN Pilot, Coordinating Collective - Domestic Violence Vic, Hobsons Bay Family Violence Network, Maribyrnong Family Violence Working Group, Melton Family Violence Service Network, Moonee Valley Family Violence Network, Nexus Police Working Group, North West Homelessness Network, North West Integrated Family Violence Reference Group, Sunshine Court Family Violence Court User Group, Western Integrated Family Violence Committee, IFVS Statewide Integration Leadership Reference Committee and Wyndham Family Violence Committee.

WHW’S CORE PROGRAMS AND SERVICES

In addition to WHW’s significant and proactive role in a range of service reforms and initiatives, 2006-07 has also meant significant internal restructure and redevelopment of our own service provision, in line with the statewide reform agenda.

Outreach and Case Management

Outreach support workers provide women affected by family violence with case management and one-off crisis support. The primary aim of the worker is to assist women to be safe from family violence. This is achieved by empowering women to take more control over their lives. Outreach workers generally support women and children for a period of a couple of weeks to a couple of months; workers ensure that women who need longer-term support are linked with other services including centres against sexual assault, children’s services, free or low-cost counselling, refuges, housing services, financial counsellors and services for men who use violence and wish to change their behaviour. Outreach workers also help women decide on the steps needed to keep themselves and their children safe, and to plan for future safety.

Over the past twelve months, WHW case management outreach team assisted six hundred and sixty-one women and three hundred and eighty-nine women benefited from our court support. Our intake staff provided one-off support to one thousand, four hundred and eleven women and provided six hundred and ninety-six secondary consultations to external agencies.

WHW has integrated private rental brokerage and intake responsibilities into the outreach workers core work, to ensure that housing support operates within a holistic approach to women’s needs.



Children's support workers encourage children and young people to have fun

WHW Family Violence Services now deliver services across all local government areas in the west. We have built on our existing locations in Werribee and have extended to Niddrie, Sunshine and Melbourne CBD, Melton, Altona, and at Brimbank we have a worker placed at the Family Violence Police Unit.

Daily Intake and After-hours Support

After-hours workers are available to women from 6pm to 8am next morning week days and twenty-four hours on weekends and public holidays. Workers are available to give women practical support in a safe and neutral place, usually in a police station, hospital or motel. An accessible after-hours outreach service is a critical component of the integrated family violence service system. Family violence occurs when families are together and this is most often outside normal business hours, for example at dinnertime or on the weekend when children are home from school and parents aren't working. This year our after-hours service supported one hundred and twenty-eight women and their accompanying children.

WHW Family Violence Intake Service links our after-hours response with our day services by coordinating court support, crisis response, case management and referral to other services. In the last twelve months, WHW also introduced a pilot position of senior

intake worker. This new role manages the day to day operations of the intake service and coordinates police faxback referrals and court support.

A service audit of the WHW intake service, was conducted this year. The audit isolates all service elements involved in intake and promises to provide an accurate account of 'Intake'. Intake respond to high levels of complex needs and provide intensive case consultation through a mix of phone and face-to-face service responses.

This year we increased our intake service by fifteen hours. We will continue to lobby the government to recognise and fund family violence intake separately rather than continuing to draw on outreach case management resources as service demand will continue to increase as a result of other service reforms, impinging on family violence service capacity and resources.

Crisis Accommodation Services

WHW Crisis Accommodation Services (CAS) assist women and children to escape family violence situations by locating short term emergency housing. CAS also supports women both emotionally and practically

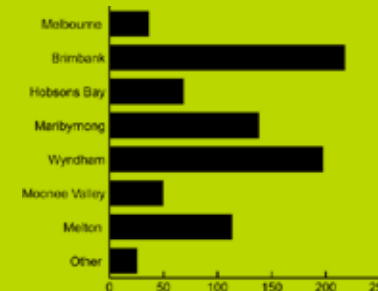
to find safe, affordable housing options, particularly women from culturally and linguistically diverse (CALD) backgrounds who experience additional barriers to accessing safe housing. A key feature of this service is to support children to deal with the impacts of violence by providing a range of social, educational and recreational experiences.

In April 2007, CAS organised for women to enjoy quality time with their children and other families at a seaside camp away from refuges or transitional properties. CAS clients socialised with other women and children who have been in family violence situations to help alleviate feelings of isolation. The staff pre-arranged the transportation, meals and activities at no cost to the attendees to minimise the stressors sometimes involved when going away on holiday. R.E. Ross Trust provided funding specifically for children's development and recovery from experiences of family violence through interactive opportunities, fostering trust of self and others including re-bonding with significant others.

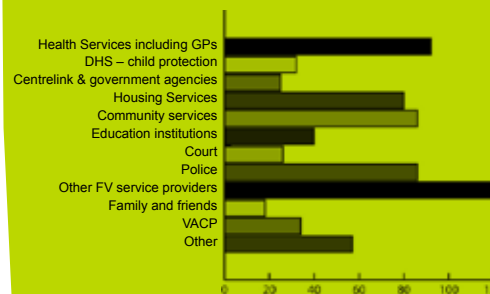
Every year sees an increase in the complexity of this client group involving multiple needs and complex cases. This year has been no exception. We supported a total of eighty women this year and many brought six or more accompanying children, a total of one hundred and sixty-nine children, which has had ramifications for the amount of space we've had to offer to women in need.

CASE MANAGEMENT / OUTREACH DATA

Clients by local government area

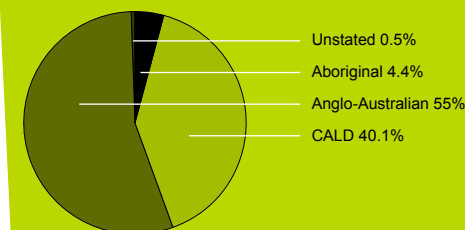


Secondary Consultations



A total of 696 secondary consultations were provided to external agencies

Diverse client groups



collaboration and linkages

and I want to thank you for making a difference in our lives and for showing us there is hope, hope to believe in people again and hope for a new life.

We have a chance to be happy and have the peace we have wished for.

Where ever we go in life we will never forget the kindness you showed us at a time we needed it most or the gift you made happen for us when we didn't have the strength, our safety.

I wish words could make you see how grateful I am for everything you've done.

Thankyou with all my heart.

😊

WHW Family Violence Services client

Family Violence Counselling

WHW provides assistance for women and their accompanying children to re-engage with their lives that have been affected by the violence they experienced. By basing our workers at various locations around the region we've tried to make our service as geographically accessible as possible to reduce barriers to women and children from Indigenous, culturally and linguistically diverse backgrounds or other marginalised groups.

The Victims Assistance Counselling Program (VACP) offers free counselling to victims of crime and is part of a consortium of agencies (Berry Street Victoria, Western Region Health Centre, Moreland Community Health Centre and Women's Health West) across the north-west region of Melbourne. In the last year, WHW VACP counsellors provided a total of three hundred and fifty-eight counselling sessions (excluding VOCAT) for women who were victims of the crime of family violence.

Children's Counselling and Support Services

Children and young people are always affected by family violence. This is the case whether violence is directly inflicted on them, or if they witness it by hearing or seeing it, or just by living in an atmosphere of fear. The emotional effects of family violence will depend on the child's age and experiences, but all children suffer from witnessing or experiencing family violence.

A Children's Counsellor commenced in May 2007 and has been engaged in development work to support the newly established role in the region. A dedicated children's counselling room has been set up to assist children to explore alternative ways of being, by retelling stories. WHW acknowledges the resources, skills and talents that children use when faced with the extreme trauma of family violence. Links have been established with other services in the region to develop groups that promote a safe environment to enhance their self esteem and develop positive peer interactions. Family violence permeates the lives of children in ways that often leave them vulnerable and as such, WHW are also engaged in reforms in child protection.

Intensive Case Management

The Intensive Case Manager (ICM), a relatively new role, aims to assist women affected by family violence who were repeatedly accessing police and services without having their safety concerns met.

This year eighteen women were supported by the ICM who works for up to six months in an intensive case management service. Approximately one third of women accessing the service required food, as well as assistance in developing a safety plan. Other demands for support include advocacy, help with behavioural problems, specialist counselling, and assistance to recover from sexual or physical abuse. Although the majority of women lived alone with their children, most were considered to be at imminent risk of homelessness.

Housing and Homelessness

Housing and homelessness is a major issue for the women and children having to relocate because of violence in the home. WHW is participating in the development of the homelessness assessment and referral pilot that will be introduced through the Brimbank/Melton Local Area Service Network (LASN). This work will better link the family violence reforms with those introduced through the Victorian Homelessness Strategy. While we acknowledge that this too will increase demand on family violence specific services, we also recognise that family violence is an issue that cuts across multiple service sectors.

The CALD Crisis Housing Program assisted sixty-seven women and sixty-seven per cent of these women had accompanying children. The two largest age groups of women accessing this service were between the ages 20-25 years and 30-34 years and represent of fifteen per cent each. The second largest age group was 25-30 year olds at fourteen per cent and two per cent of clients were aged between 35-39. The program provided support to diverse cultural groupings including Vietnamese women who constituted the largest language group.

“ All children suffer from witnessing or experiencing family violence ”

Working Locally with Police

Police are now actively referring both victims and perpetrators of family violence to support agencies. Importantly, WHW actively encourages and supports police referrals. Since 2003, WHW and a number of police stations across the west including Werribee, Footscray and Williamstown, have worked together to develop a referral pathway through the 'fax back' initiative. WHW in partnership with Victoria Police built upon this early work to introduce the 'fax back' referral across the western region. Based on current demand trends, the challenge facing WHW is our capacity to fulfil our commitment to this initiative. In 2004, WHW responded to eighty-five fax back referrals for the year. In contrast, we responded to one hundred and eighteen 'fax back' referrals for the month of January alone.

An outreach worker attends the Brimbank Family Violence Response Unit once a week to better coordinate the linkage between family violence incidents, police attendance and the subsequent support agency response. The placement of an outreach worker within the police unit facilitates secondary consultations between police and support workers. In addition, the outreach worker is available to provide support to women where the police call case conferences and case reviews.

The Police Code of Practice requires police to actively engage with women – the victims. This may be done by calling a case conference where police, the victim of the violence and her support (e.g. family or community member) and her family violence worker discuss the police response and/or decisions such as laying criminal charges against the perpetrator of the violence. WHW has been highly supportive of an evaluation of the Brimbank Family Violence Unit pilot program as a demonstration of coordinated best practice.

Courts

Many women do not realise that family violence is a crime, that can be reported to the police and that they do not have to leave their home. Instead, they may be able to obtain an intervention order against the person hurting them. This is a court order that requires the perpetrator leave the family home and stay away from those to whom they have been violent.

WHW outreach workers assist women and children by providing information, referral and advocacy. Courts can be daunting and outreach workers offer women a safe, private, child-friendly, and culturally appropriate place where workers can talk with each woman about the best course of action for her and her children. WHW is working in partnership with other family violence services, the Family Violence Court Division and the Magistrates Court of Victoria to assist women and children who access the court.

WHW and Victorian Magistrates Court signed a Memorandum of Understanding (MOU) that clearly articulates our respective roles and responsibilities.

Service Improvements

Over the last twelve months, WHW has researched and developed a family violence feedback kit with funding from the Office of Housing 'Promoting Excellence' grants scheme to encourage continual quality improvement and client participation. The strategy was specifically developed to be responsive to the needs of culturally and linguistically diverse women in the west and is available in Vietnamese and Arabic as well as English. The kit consists of resources for use by our clients and can be adapted by other service providers. The kit includes information on involving clients in developing feedback mechanisms, evaluation and service improvement.

In addition we provided family violence training to a number of generalist and specialist service providers across the western region including maternal health care nurses at Tweddle, housing workers at SASHS, and ISIS family support workers. We also provide secondary consultation and advice to health, community and other workers in a range of areas. Such advice is provided through one-on-one consultations, or by speaking to staff groups of other services.



Courts can be daunting. Outreach workers offer a safe, private, child-friendly, culturally appropriate place to talk about the best course of action. Photograph: Erin Slattery

DONATIONS AND GRANTS

Without the assistance of community groups and organisations like Zonta (Melton and Western Region), the Walter and Eliza Hall Trust, Lifeline Australia, Lions Club of Keilor, R.E. Ross Trust and the Queens Fund, we could not provide the material assistance and emergency relief that we have over the past year.

CEO Melissa Afentoulis (below, centre) with members of the Brimbank Family Violence Response Unit. Photograph: Marc Bevis, The Times



healthy relationships



well as working to eliminate the practice of FGM, which is illegal in Australia. This includes increasing the numbers of African women affected by FGM who use antenatal services in the western region, by improving their experience of those services. WHW FARREP workers speak Arabic, Somali, Tigris (Eritrea), Amharic (Ethiopia), Tegrina (a shared language of Ethiopia and Eritrea) and English. Even so, groups sometimes still need an interpreter. WHW produced new FARREP brochures this year and distributed three hundred brochures through the region and via the website.

WHW is also working on a second edition of the Mama and Nunu pregnancy care manual aimed at health professionals in the western region, to ensure that their practice is culturally-sensitive to African women. Mama and Nunu, which means 'mother and baby', contains up-to-date information that explains different cultural practices and outlines the sexual and reproductive health needs of women from different African countries. The second edition responds to changes in the African community, such as the increased numbers of Sudanese, Burundi and Liberian refugees settling in our region, as well as the experiences of young women from Somalia, Eritrea and Ethiopia, who were just girls when the first manual was compiled. We gathered our information through consultations with women from those communities.

*Above: Children enjoy face painting and a Halal BBQ while their mothers and other women relaxed with a walk by the Maribymong river
Photo: Nicola Harte*

AFRICAN WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH PROGRAM

"The women mostly come here as refugees from countries where women's health is not a priority and where pregnancy and birth are treated differently. There is family support but no hospital and welfare system."

WHW FARREP worker

Melbourne's western region has one of the highest proportions of humanitarian migrants from Africa, in Australia. Poor levels of health care in their countries of origin, cultural dislocation, the trauma of war, language barriers and social isolation all mean that African women living in the western region have additional and particular health needs. As a party to the UN Convention on the Rights of the Child and the Universal Declaration of Human Rights (1948), Australia has an obligation to work towards the elimination of female genital mutilation (FGM).

The WHW Family and Reproductive Rights Education Program (FARREP) works to ensure that women who come from countries affected by FGM are able to access sensitive, supportive and culturally-appropriate services and resources that increase their control over sexual and reproductive health decision-making, as

AFRICAN WOMEN'S BBQ AND CHILDREN'S SOCCER DAY

In December 2006, Victoria University students worked with WHW to organise the African Women's BBQ and Children's Soccer Day, an event where women from different African communities came together to enjoy a day off and each other's company. The focus of the event was on creating connections between Somali, Ethiopian and Sudanese women, as well as promoting healthy food and exercise.

The event was publicised region-wide, through the African women's antenatal clinic, Western Region Health Centre, the FARREP network, United Somali Women's Organisation and the 3CR Somali radio show. Over sixty-five African women and children attended the event and the 'Star' and 'Advocate' newspapers took a series of photographs. While the women relaxed after a walk by the river, the children enjoyed face painting, sports and showbags stuffed with water bottles, snacks and balls.

Illustration from Mama and Nunu pregnancy care manual

*Artwork:
Deanna Ganyu*

SELECTED ACHIEVEMENTS

WHW worked with Western Health to identify the antenatal health needs of 39 African women who attended 3 discussion sessions. WHW staff also provided a workshop to 15 maternal and child health refugee nurses to improve their understanding of the particular sexual and reproductive health needs of African women, including culturally-specific pregnancy, birthing and postnatal experiences.

A total of 98 women attended 7 health and life skills sessions at the African women's health, wellbeing and social support group in Flemington this year.

This year 46 women attended 6 sessions of wellbeing groups for refugee women recently arrived in Australia living in and around Ascot Vale.

Over the past 12 months, 542 students and 132 women from specific population groups (eg young women, women with a disability, CALD women) attended WHW-run health information sessions focussing on women's sexual and reproductive health.

WELS PROGRAM

Three times a year, WHW, in partnership with Western Region Health Centre and Maribyrnong Council, delivers a five-week human relations program to newly-arrived young people at the Western English Language School (WELS). This year a total of two hundred students took part in the program, which aims to equip them with an understanding of human relationships and sexual and reproductive rights. We do this through interactive activities and by promoting discussion, using interpreters where necessary.

Material discussed in the human relations program is sensitive and can be controversial for members of newly-arrived communities, who are sometimes unnecessarily fearful that discussion of sexual and reproductive health might lead to activities that contradict their own cultural and religious beliefs. The facilitators continue to encourage WELS staff involvement in the program as well as consulting with parents about their child's involvement.



WELS students are encouraged to "face their feelings" by drawing and discussing their emotions

GIRLS ACT UP TOO!

"It was all about team work and laughter."
Girls Act Up Too! participant

The Girls Act Up Too! project aims to facilitate young women from transient communities to contribute to lasting works of art that reflect their experiences and encourage a sense of permanence and achievement. The project consisted of weekly art workshops with young women conducted by Somebody's Daughter Theatre. The workshops resulted in a portrait project exploring self-image and identity, and a mural project resulting in two life-size mosaic murals portraying young, archetypal female figures.

Rock Chick was the first to be completed and graces the cover of WHW Annual Report 2005-2006. The second mural features Surfie/Koorie Chick whose identity was shaped by a young Aboriginal woman who showed a special interest in the project. The process of participation and immediate impact of the project was clearly positive, both in terms of the enjoyment of the experience for the young women and the subtle behavioural changes noted by staff working with the young women. The murals are a vivid and tangible tribute to the efforts of the young women.

Laughter and struggles during a trust exercise as part of the human relations program at Western English Language School
Photograph: Nicola Harte



GIRLS TALK – GUYS TALK

WHW has developed a proactive and integrated approach to working in schools with young people. Girls Talk – Guys Talk is a year nine sexuality education program combined with a whole-school approach. Laverton Secondary College (LSC) was chosen in May 2007 to pilot the project, which is guided by a three-pronged framework.

First, we have drawn from the World Health Organisation's whole-school sexuality education program, focussing on curriculum and teaching, school organisation and environment, and community links, partnerships and services. Second, we use existing health promotion frameworks to plan a range of actions including research, direct programs and organisational development. Third, a gender framework, recognising the structural factors that affect young people's health and wellbeing, is incorporated into the planning process. This includes setting sexual and reproductive health within the broader context of human rights that impact on young people, such as their culture, gender and sexuality. The staff and service provider working group has allowed for increased referral information to be available to staff at LSC, while close collaboration between the school nurse and the WHW health promotion worker has been important in engaging with students, staff and parents to explore the range of factors that face young people regarding their sexual and reproductive health.



Surfie/Koorie chick, created as part of Girls Act Up Too! is surrounded by small Australian animals and lies on a beach towel depicting the Australian flag
Photograph: Nicola Harte

LEAD ON AGAIN



“The program broadened my mind to what people can do; the guest speakers showed that you can accomplish these things.

I've put post-its on my walls about the things I want to do. Words. Ideas. Things to do today, tomorrow, next year. They're becoming less because I take them off the wall when I've done them. By the end of the year there should be none left!”

Lead On Again participant

Above: Lead On Again participants returned to assist us to record the outcomes of the program after six months
Photograph: Nicola Harte

shared power and support

LEAD ON AGAIN

“I am more confident since last time because I learned how to stand up for what I want.”

Lead On Again participants

The Lead On Again program provides training and mentorship to develop the leadership skills, knowledge and capacity of young women from culturally and linguistically diverse (CALD) backgrounds. The program includes workshops on understanding the Australian political system, body image, planning an event, sexual decision-making and healthy relationships, and developing skills around conflict resolution and communication.

In May 2007, our health promotion worker launched the Lead On Again manual at a forum attended by ten regional service providers, to share the findings and outcomes of the program and make the report available to other agencies who might want to run similar programs. Young women have been assisted to get involved in leadership initiatives including with their school representative council and Rotary Club, Absolutely Women's Health at the Royal Women's Hospital and YMCA Victoria. In August 2006, two graduates of Lead On Again participated in the Premier's Women's Summit to influence future directions for government policy.

Right and above: Women's Power Cards represent a wealth of knowledge and skills to inspire women to act with power
Photograph: Veronica Garcia



WOMEN'S POWER CARDS

“Be curious. Find people to share your interests and visions with.”

Message on a women's power card

The Women's Power Cards were developed during a workshop at a national conference run by the WHW researcher. The aim of the cards is to explore the different ways that women exercise their power - as an individual, within a group or organisation, as part of the community, and as part of society more broadly.

The WHW researcher uses many different card sets in her work for stimulating thought, sharing ideas, identifying emotions and reflecting on possible actions or choices. She wanted a card set that was made by women for women based on their own experiences and thoughts about power.

Over eighty community women explored their perceptions of actions they could undertake to express and enact their power; the resulting cards are beautiful with colourful and imaginative pictures, symbols and messages representing a wealth of knowledge and skills to inspire women to act with power.





Left: Power On participants at graduation day
Photograph: Fid Smithwick from Mental
Illness Fellowship Victoria

Below: Pat (Peer Educator) enjoys the
bubbles in a light moment during the
Power On for Carers program
Photograph: Sally Camilleri



POWER ON

“I can’t understand why it hasn’t been done before – it’s invaluable.”

Pat Chalmers, Peer Carer Educator

Power On is an exciting project aimed at helping women who have experienced mental illness gain power over their lives and health. A project worker and a peer educator run wellbeing workshops with women from various mental health support agencies. The peer educator is involved in every phase of the program – from research to development and delivery – at each step sharing the knowledge and skills she has developed through having a mental illness.

This year the Power On team developed the user’s manual to include information on the final five areas identified in consultations with women with a mental illness: assertiveness, communicating with your health professional, nutrition and healthy weight, and menopause and your menstrual cycle. Modules were delivered to a total of forty-five women in the pilot group, with eleven women participating in each of the ten modules making up the full program.

A carers program was also developed for family members and friends who care for women who experience mental illness. The program was delivered twice to carer groups of seven to eight women and a formal agreement was established with Carers Links West to deliver Power On for Carers twice a year in future. We produced two news sheets informing mental health service providers of the project’s progress and distributed them to thirteen agencies in the region. We also recruited two additional Peer Educators to co-facilitate Power On training in 2007-2008.

SUNRISE WOMEN WITH A DISABILITY SOCIAL SUPPORT GROUPS

“I find it supportive, the women are compassionate. If I didn’t go to the group, I wouldn’t go anywhere.”

Sonya, Laverton Sunrise Women’s Group

In February 2007, WHW undertook a HACC (Home and Community Care) agency assessment for the Sunrise Women with a Disability groups. WHW has run this gender-based health program for women with a disability since 1991 and this process tested the program against the HACC National Service standards and achieved a score of one hundred per cent. The group was assessed on how well we promote access to services, provide information and consultation, exhibit efficient and effective management, respect participants privacy and provide complaints procedures.

The women’s groups meet monthly in Laverton and Werribee for friendship, fun and health information relevant to women with a disability. Activities have included a health information session on how to talk to your doctor, a visit to the Victoria Market and a make-up day. This year one hundred and thirty-seven women with a disability attended the social support group in Werribee and forty-eight women came to nine groups in Laverton over the space of ten months.

SELECTED ACHIEVEMENTS

A substantial increase in confidence and knowledge was reported by 83% of the young women involved in the Lead On Again project.

Contact and support continues with half of the Lead On Again participants and 3 young women have tentatively agreed to participate as peer leaders in the 2008 leadership program.

WHW delivered 23 Power On workshops, each with 8-12 participants, who reported increased skills and understanding of own health and wellbeing needs.

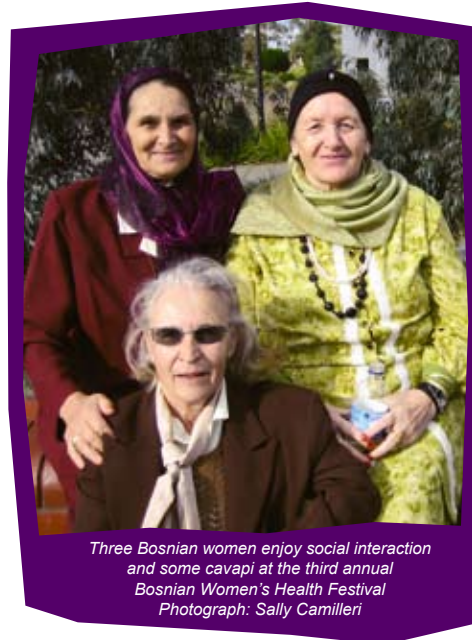
“ I feel great, really good in myself, positive, relaxed, comfortable, useful, practical. ”

Power On participant

sustainable communities

SUPPORTING CONNECTIONS, NETWORKS AND PARTNERSHIPS

WHW builds on the capacity of our projects to be sustainable by engaging in processes that support the self-sufficiency and resourcefulness of the women we work with; we're proud to report on projects that highlight this type of ongoing work and enthusiasm.



Three Bosnian women enjoy social interaction and some cavapi at the third annual Bosnian Women's Health Festival
Photograph: Sally Camilleri

YOUNG MUMS ROCK!

"I just kept pushing it and if nothing was happening, saying, no, that's not good enough."

Young mother in Young Mums Rock! project

These are the words of one young mother who successfully started a young mother's support group in her suburb. All talk and no action makes Jill a dull girl - the Young Mums Action Resources were developed to provide women and service providers with one page outlines of easy steps and tips to identify key feminist issues and processes relating to women-centred health promotion in practice.

The Young Mums Rock! project used creative workshops to research the emotional wellbeing of young mothers' in the west and assess their knowledge of services and supports available to them. The project focused on offering opportunities to resource women to be powerful about their health, telling stories to improve women's health, using women's lived experiences, and lobbying for better resources for women.

WHW recognises that women and service providers have a breadth of skills, strengths and capacities to become active players in health promotion at an individual, community and political level. Above all, the action resources celebrate that women themselves are the most important and valuable advocates for effective service and structural change.

BOSNIAN WOMEN'S HEALTH FESTIVAL

"Bosnian women are engaging in community health promotion in a very real way."

Health promotion worker, WHW

In the first year, the Bosnian women's group, Ostanimo Zajedno (Let's Stay Together) seemed unsure about this 'festival' idea. Our health promotion worker asked the group about every aspect of the event and focused on building opportunities for getting women to attend. They answered her questions but didn't seem to understand what she was 'on about'. Once the day got underway, women loved the festival! They were surprised and delighted at the influence they had over how things happened, "It was so Bosnian".

In the second year WHW's role was a much more consultative one. Women asked for resources, information and support to organise their event. The third annual Bosnian Women's Health Festival, organised this year by the Australian Bosnian Association, was attended by one hundred Bosnian women and our health promotion worker. Volunteers worked together to provide a traditional meal of bread and delicious cavapi (Bosnian skinless sausages) and the Behar Choir entertained the group. Our health promotion worker reconnected festival organisers with the Jean Hailes Foundation to make a joint submission for funds for the 2008 festival event.

*Young Mums Rock! is an action research project that looks at ways young mothers can get what they need to be safe, healthy and happy.
Cartoon: Sarah Marlowe / Nicola Harte*





The women's space at this year's western mental health festival was the spot to be!
Photograph: Veronica Garcia

WESTERN MENTAL HEALTH WEEK FESTIVAL

"I like that women had a chance to have their hands massaged and to talk about health issues if they wanted to. The fact that some women kept coming back tells us that they thought it was great too!"

WHW worker at the festival

Since 1992, World Mental Health Day has been the impetus for a campaign to educate the public about mental health and de-stigmatise mental illness. In October 2006, representatives from the western region joined with those from the northern region to organise a one-day festival during Mental Health Week. Held at Broadmeadows Leisure Centre and funded by the Victorian Government's Department of Human Services, the celebration is planned and implemented by an array of mental health, clinical health and health promotion services.

WHW promotes the specific needs of women at the festival by providing a private space for women to relax. Over one hundred women enjoyed a Latin-American performance in the women's space while they perused health information or enjoyed a hand massage. The program was designed to spark the diverse interests of festival goers and included listening to the many bands that performed throughout the day, participating in community arts activities, henna body painting, Harley motor bike riding, tarot reading, calligraphy or even getting a quick health check.

HEATHDALE POSTCARD PROJECT

"I want us to share this with other women. I see women walking around Heathdale and wonder, does she know about our group?"

Becoming Butterflies member

Heathdale Women's Group participants worked with WHW and the Heathdale Neighbourhood Renewal Project to create a promotional strategy for the women's social support group. In October 2006, the group named themselves Becoming Butterflies and over thirty people, including Wyndham City Council's Mayor, came to the launch of the name and a postcard to promote the group. Through creative workshops women made pieces of art that represent what the group means to members. The women determined that the most important aspect of the group was the support that they gained from each other.

The art works exhibited at the launch were adapted to create beautiful postcards and posters that were distributed to Heathdale women. Eight women from the group shared responsibilities to MC the event, address the launch about what the group means to them and plan the set up. After completing her food handling course and a handful of successful catering ventures the postcard launch was an exciting opportunity for one Becoming Butterflies group member to launch her catering business.

NARRATIVE EVALUATION ACTION RESEARCH

"How do you break the paralysis of not knowing how to respond to an awful situation?"

What makes you feel unsafe?

These questions... are the kinds of questions we have been asking to try and redress violence against women and family violence - personal, tough, confronting, challenging."

WHW health promotion worker

WHW embraced the opportunity to be involved in the award-winning DHS Narrative Evaluation Action Research (NEAR3) training process, as this method of evaluation provides unique and valuable writing and conceptual skills for promoting our work. The NEAR approach to evaluation involves reflecting on a particular project or objective in your work and writing a narrative about it. The benefit of this type of methodology is that the qualitative evaluation captures complexities that are difficult to convey using quantitative data alone.

This year, WHW staff established an internal working group; participated in a workshop with the NEAR trainer, renowned author and social worker Yoland Wadsworth; carried out evaluations; set up an on-going inter-organisational working group and created narratives that provide a window on the richness of the work of WHW. The NEAR team will continue to roll out the method across the organisation through training sessions and practical applications such as media releases and newsletter articles.

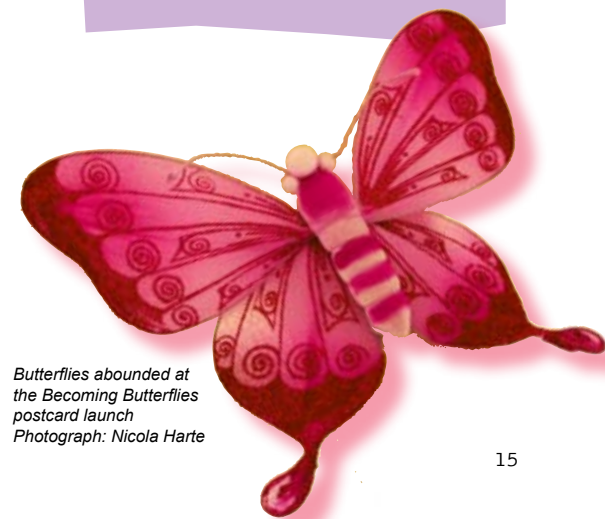


Illustration from training package evaluated using the NEAR technique
Illustration: Julie Knoblock

SELECTED ACHIEVEMENTS

Intimate partner violence workforce development workshops were facilitated for a total of 92 participants at 4 agencies in the western region

Over 30 people, including the Mayor of Wyndham, attended the launch of the Becoming Butterflies women's group postcard to promote the group



Butterflies abounded at the Becoming Butterflies postcard launch
Photograph: Nicola Harte

advocacy and prevention

JUSTICE AND EQUALITY FOR WOMEN IN THE WESTERN REGION

“Control of reproductive decision-making is vitally important to women both in their individual lives and as a condition of all women’s freedom and equality. Termination of pregnancy, at any stage, has no place in the Crimes Act.”
Lisa Field, Deputy Chair of the Board of Women’s Health West

As part of WHW’s strategy to act on key topics that impact on justice and equality for women in the western region, in the past year WHW staff attended rallies opposing the Federal Government’s ‘Workchoice’ legislation. While the legislation is having a devastating impact on all Australians, it will have the greatest impact on women particularly women who are single parents, who are poor, who have a disability, or come from culturally and linguistically diverse backgrounds – those groups overrepresented in the western metropolitan region. This is because there are particular characteristics of women’s work that make them more vulnerable to the changes, resulting partly from their role in child bearing and rearing and partly from systemic discrimination against women and minority groups within Australian society.

WHW participated in a ‘women’s health matters’ postcard campaign coordinated by the Women’s Health Association of Victoria as a means of drawing community women

and politicians’ attention to our three key priorities, (sexual and reproductive health, prevention of violence against women, and mental health and wellbeing) and the ten-point plan for women’s health in the lead up to the State election. WHW staff and board members also visited selected western region members of parliament to discuss women’s reproductive rights and women’s health generally as part of the ALRA-led campaign to remove abortion from the Crimes Act here in Victoria. We produced a media release commending The Hon Candy Broad’s private member’s bill to decriminalize abortion and printed several articles in our newsletter regarding changes to pregnancy counselling and abortion law reform generally.

WHW also participated on the steering committee of an ARC Linkage Research: Unplanned Pregnancy and Abortion Project identifying the factors associated with unplanned pregnancy and decisions about termination, including access to services. The project is a three-way collaboration between the Key Centre for Women’s Health in Society, the Royal Women’s Hospital and VicHealth. WHW staff also set up an internal working group to develop a media strategy for disseminating information about the impact of key policies, practices and priorities on women in the western region. The strategy focuses on western region media, as well as state wide and national media, and looks at various ways of preventing violence against women.

WOMEN’S EXPERIENCE IN MIXED SEX PSYCHIATRIC WARDS

“High Dependency is such a scary place. It doesn’t take long to get raped.”
Miranda, consumer who attended VWMHN Women on the Wards Forum in 2005

According to surveys of seventy-five women consumers and forty-two mental health staff collected by the Victorian Women and Mental Health Network (VWMHN), sixty-one percent of women consumers identify having personally experienced harassment or abuse whilst inpatients. This year WHW supported VWMHN’s campaign for women-only sleeping areas in psychiatric wards via advice to facilitators who conducted consultations with one hundred women across Victoria on how to engage women who experience mental illness.

We also facilitated an article on the topic for the WHW newsletter explaining that the VWMHN printed four thousand, five hundred postcards addressed to the Minister for Health calling for separate sleeping areas for women and men in inpatient units. Funding has now been promised for a Mental Health Branch project to develop guidelines to ‘improve gender sensitivity and safety in inpatient units’.



Posters presented at the Annual Health Promotion Association conference in Adelaide

SELECTED ACHIEVEMENTS

WHW staff attended 19 conferences, forums, community consultations and workshops on key women’s health issues, including six presentations.

WHW was presented with the runner up prize in the VicHealth awards celebrating outstanding achievement in health promotion in the Mental Health and Wellbeing Under \$15,000 category for our work in organising the June 2006 conference, ‘Health Promotion and Preventing Violence Against Women. What does it really mean?’

WHW also published an article titled, ‘Hardly Her Choice: A history of abortion law reform in Victoria’, in issue 19 of the *Women Against Violence* journal.

Postcards to MPs designed to promote women's health in the lead up to the State election
Design: Nicola Harte

Women's health matters to me.
Does it matter to you?

PREVENTION OF VIOLENCE AGAINST WOMEN WORKFORCE TRAINING PACKAGE

"He thinks I'm his possession, I feel trapped."

Focus group participant

Family violence is the leading contributor to death, disability and illness in Victorian women aged 18-44 (VicHealth, 2004) and while it is prevalent, it is also preventable. The intimate partner violence workforce development project aims to build the knowledge and skills of workers and agencies to develop health promotion activities to prevent violence against women. The Prevention of Violence Against Women and Family Violence Intervention Training Package is targeted at maternal and child health nurses, health promotion workers, community health workers and general practitioners.

This year six modules, including a module developed to build the capacity of agencies to respond to violence against lesbians in intimate partner relationships, were finalised and pilots of the modules were undertaken with four organisations to further refine the content and educational strategies. Three focus groups were held with female service users and their direct quotes have been included in the illustrations in the package to highlight the power imbalances that

women experience and to challenge the myths associated with violence. Our health promotion worker also provided support and advocacy to Dousta Galla Community Health Service, ISIS Primary Care and the Western Region Health Centre to adopt comprehensive policies that respond to clients and staff experiencing violent relationships.

DISCRIMINATION AGAINST LESBIANS IN AGED CARE

"People used to get dressed up just to come to the coffee lounge. They could be themselves and felt as if they were at home ... We were outrageous back then."

Val's coffee lounge was a popular gay and straight meeting place in the early 1950s

WHW participated in the MATRIX research steering group looking at discrimination against lesbians in aged care. We provided expertise on research methodology and consultative advice on an ethics application to the MATRIX research team over the course of the project. The research reference group includes representatives from the Ministerial Advisory Committee (MAC) on Gay and Lesbian Rights, Gay and Lesbian Rights Victoria, the ALSO Foundation, Aged Care, Reichstein Foundation and Women's Health East. WHW also facilitated an article on the topic for the WHW newsletter.

ANTI-RACISM PROJECT

"The one-on-one interviews and group sessions were such an eye-opening, challenging and rewarding experience. Participants were so generous, sometimes reliving extremely traumatic experiences."

*Rebecca Smith,
Western Suburbs Legal Service*

Women's Health West worked in partnership with other agencies on this anti-racism project to explore and prevent direct or indirect racial and religious discrimination, vilification and harassment against residents of the western region. Our health promotion worker assisted the research group to develop a clear methodology for the project and provided expertise around the barriers and strategies used to promote positive connections with the target group to make sure that the process of gathering people's stories was safe, respectful and ethical.

Project participants' ideas for improving community attitudes to counter racial discrimination included improving access to information, improving media responses, increasing responsiveness and cultural awareness within complaint agencies, and law reform.



Images in *The Prevention of Violence Against Women and Family Violence Intervention Training Package* highlight the power imbalances that women experience
Illustration: Julie Knoblock

our staff

Chief Executive Officer **Melissa Afentoulis**
Executive Assistant **Chantal Boorman**

FINANCE

Accounting and Finance Manager **Lauren Eagle**

COMMUNICATION AND PROMOTIONS

Communications Coordinator **Nicola Harte**
Information/Administration Officer **Veronica Garcia**
Newsletter Editor **Marg Vandeleur**

OPERATIONS AND FACILITIES

Office Coordinator **Jo Harper**
Administration/Facilities Worker **Meriem Idris**
Receptionist **Marie Germon**
Receptionist/Administration Administration Worker **Luise Tartaglia**
Jenny Hickinbotham

HEALTH PROMOTION, RESEARCH AND DEVELOPMENT

Program Manager **Robyn Gregory**
Sexual and Reproductive Health Coordinator **N'Deane Helajzen**
Researcher **Joy Free**
Health Promotion Workers **Sally Camilleri**
Kirsten Campbell
Lucy Forwood
Project Worker for Women with a Disability **Lindy Corbett**
Community Workers (FARREP) **Rumia Abbas**
Munira Adam
Peer Educators (Power On) **Patricia Chalmers**
Katherine Doyle

FAMILY VIOLENCE SERVICES

Program Manager **Jacky Tucker**
Service Integration and Planning Coordinator **Jess Porter**
Crisis and Early Intervention Co-ordinator **Katrina Makris**
Family Violence Counsellors **Kim, Leah**
Senior Intake Worker **Michelle**
Intensive Case Manager **Tara**
Children's Counsellor **Ana**
Family Violence Outreach Workers **Jade, Jennie, Victoria, Giselle, Jade, Aurora, Christine, Hatice**
Relief Intake Workers **Faduma, Jacqueline, Lynn**

CRISIS ACCOMMODATION SERVICES

Co-ordinator **Alfina Sinatra**
Crisis Housing Worker (CALD) **Phuong**
Children's Support Worker **Karina**
Generalist Workers **Gwyneth, Christie, Aslin, Suzanne, Rowena**
Casual/Relief Workers **Leah, Faduma, Fabien**

AFTER HOURS

Senior After Hours Worker **Aurora**
Crisis Response Workers **Suzanne, Aslin, Kathryn E, Branka, Jade, Jacqueline, Tuyet**

CO-LOCATED WORKERS

WestCASA **Esen**
Victoria Police **Tanya**
Elizabeth Hoffman House **Sharon**

finance report

for the year ended 30 June 2007

INDEPENDENT AUDITOR'S REPORT

To the members of **WOMEN'S HEALTH WEST INC**

Report on the Financial Report

We have audited the accompanying financial report, being a general purpose financial report, of **WOMEN'S HEALTH WEST INC** which comprises the balance sheet as at 30th June 2007, and the income statement, statement of changes in equity and cash flow statement for the year then ended, a summary of significant accounting policies and other explanatory notes.

Management's Responsibility for the Financial Report

The management of **WOMEN'S HEALTH WEST INC** are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the needs of the members. The management's responsibility also includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In

making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report on order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the Management's financial reporting requirement. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

Independence

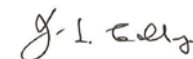
In conducting our audit, we have complied with the relevant independence requirements.

Auditor's Opinion

In our opinion the financial report of **WOMEN'S HEALTH WEST INC**

(a) gives a true and fair view of **WOMEN'S HEALTH WEST INC's** financial position as at 30th June 2007 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1; and

(b) complies with Australian Accounting Standards to the extent described in Note 1.



Janet Collyer
J L COLLYER & PARTNERS

16th OCTOBER 2007
DATE

NOTES TO AND FORMING PART OF THE ACCOUNTS

DECLARATION BY MEMBERS OF THE BOARD

The members of the Board declare that:

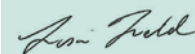
- The financial statements and notes:
 - comply with Accounting Standards and Australian equivalent of the International Reporting Standards (AIFRS) as detailed in Note 1 to the financial statements; and
 - give a true and fair view of Women's Health West financial position as at 30th June 2007 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.
 - are, in the Board's opinion, in accordance with the Incorporated Associations Act of Victoria
- In the opinion of the Members of the Board there are reasonable grounds to believe that the organisation will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Members of the Board by:



Naomi Ngo
Chairperson

Date: 24 September 2007



Lisa Field
Deputy Chairperson

Date: 24th September 2007

1 STATEMENT OF ACCOUNTING POLICIES

This financial statement is a general purpose financial statement that has been prepared in accordance with Australian Accounting Standards and other mandatory professional reporting requirements and the requirements of the Incorporated Associations Act of Victoria. They are compiled on a going concern basis adopting the principles of historical cost accounting and do not reflect current valuations of non-current assets except where stated. The accounting policies are consistent with the changes to accounting for reserves adopted in 2005. The financial report has been prepared on an accruals basis.

STATEMENT OF CASH FLOWS

	Note	2007 \$	2006 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from grants etc		2,482,469	2,311,005
Interest received		65,114	33,605
Payments to suppliers and employees		-2,446,397	-1,860,158
Net Cash provided by (used in) operating activities	9(b)	101,186	484,452
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from (payments for) property, plant and equipment		657	-42,813
Net Cash provided by (used in) investing activities		657	-42,813
CASH FLOWS FROM FINANCING ACTIVITIES			
Proceeds from (payments for) property, plant and equipment		1,135	3,524
Net Cash provided by (used in) financing activities		1,135	3,524
Net increase (decrease) in cash held		102,978	445,163
Cash at the beginning of the financial period		961,444	516,281
Cash at the end of the financial period	9(a)	1,064,422	961,444

INCOME STATEMENT

	Note	2007 \$	2006 \$
Revenues from ordinary activities	2	2,547,100	2,352,271
Employee benefits expense		1,877,272	1,645,857
Administrative expenses		53,477	68,495
Board expenses		2,735	970
Professional support		25,993	17,983
Motor vehicle expenses		47,913	53,239
Depreciation expense		95,981	96,919
Occupancy expenses		113,081	128,295
Refurbishment expenses		55,398	0
Other operating expenses		83,539	98,172
Direct program expenses		188,812	220,081
Net Surplus from ordinary activities	7	2,900	22,261

BALANCE SHEET

	Note \$	2007 \$	2006
Current Assets			
Cash and cash equivalents	9(a)	1,064,424	961,444
Receivables		11,740	12,223
TOTAL CURRENT ASSETS		1,076,164	973,667
Non-Current Assets			
Property, plant and equipment	3	178,436	251,133
TOTAL NON-CURRENT ASSETS		178,436	251,133
TOTAL ASSETS		1,254,601	1,224,800
Current Liabilities			
Payables	4	541,121	614,891
Provisions	5	263,514	179,230
TOTAL CURRENT LIABILITIES		804,635	794,121
Non-Current Liabilities			
Provisions	5	30,355	17,531
Other	8	1,944	3,986
TOTAL NON-CURRENT LIABILITIES		32,299	21,517
TOTAL LIABILITIES		836,934	815,638
NET ASSETS		417,667	409,162
EQUITY			
Retained Surpluses	7	342,922	340,022
Reserves	6	74,745	69,140
TOTAL EQUITY		417,667	409,162

STATEMENT IN CHANGES IN EQUITY

	Retained Earnings \$	General Reserve \$	Total \$
Balance at 1 July 2006	340,022	69,140	409,162
Profit attributable to members	2,900	5,605	8,505
Balance at 1 July 2007	342,922	74,745	417,667

A copy of the full report is available upon request.



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