

**They
believed
they could
so they did**



**WOMEN'S HEALTH WEST
ANNUAL REPORT 2019-2020**



Annual Report 2019-20

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ABOUT WOMEN'S HEALTH WEST

Women's Health West provides specialist family violence services to women and their children. We also run prevention programs that promote equity and justice in Melbourne's west.

Women's Health West leads services, programs and partnerships designed to comprehensively tackle family violence - from primary prevention, to early intervention and response.

Our work has actively contributed to improving the health, safety and wellbeing of women and their children in the western metropolitan region of Melbourne since 1988.

HOW WE WORK

Our work sits within three core areas: primary prevention, early intervention and response. We develop and implement strategies to prevent, intervene and respond to the homelessness, ill-health, dislocation and trauma facing women and their children who are experiencing family violence.

PREVENTION

Our prevention work is focused on promoting gender equity and improving health and wellbeing among our communities. We focus on three priority areas: prevention of violence, mental health and wellbeing, and sexual and reproductive health.

EARLY INTERVENTION

Our family violence crisis response teams intervene as soon as violence is identified, to provide a timely service to victim-survivors to try to avoid further instances of family violence. This includes 24-hour support in response to police referrals, and face-to-face and over-the-phone risk assessments to ensure women and children have access to the support and services they require to ensure their safety.

RESPONSE

Our response teams assist victim-survivors to transition from living with family violence, to promoting a healthy, safe and secure life. Our case managers work with clients to access our housing, refuge, court support and counselling services, and refer them to legal, health and other identified services. Our children's counsellors help strengthen parent-child relationships and support children to heal and recover from their experiences of family violence.

Women's Health West is a leader in developing region-wide strategies and partnerships to further this work. We see partnerships within and beyond the sectors in which we work as essential to bringing about effective and sustainable outcomes for women and children.

OUR FUNDING

Women's Health West's funding is a mix of local, state and federal government grants - principally from the Department of Health and Human Services - as well as grants from other sources including benevolent trusts and philanthropic organisations. Women's Health West is incorporated under the Associations Incorporation Act 1981. We are a Public Benevolent Institution endorsed as a Deductible Gift Recipient and are therefore entitled to receive tax deductible donations, which you can make at <http://whwest.org.au/about-us/donations>.

OUR VISION

Equity and justice for women in the west.

OUR MISSION

We work together for change by supporting women and their children to lead safe and healthy lives and changing the conditions that cause and maintain inequity and injustice.

OUR VALUES

Freedom

We centre freedom from oppression, discrimination and violence in all our work. We take responsibility for behaving and working in ways that promote freedom and we are accountable for the actions we take.

Connection

We foreground connection to ourselves, each other, our clients, the community, the land and the environment. Connection is fundamental to achieving our purpose. We believe in the strength of belonging, of being inclusive and in working together to achieve change.

Resistance

We uphold human rights and in solidarity, work together to disrupt injustice and transform lives. We unapologetically challenge systems that disempower while simultaneously acknowledging that we are part of these systems.

Love

We practice fierce, revolutionary love. We are open to all ways of knowing and being. We treat each other with respect, kindness and compassion and are committed to creating an environment where all feel seen, heard and valued.

Creativity

We embrace and nurture creativity and curiosity. We reflect critically, ask questions, listen and actively pursue learning. We see uncertainty as opening up spaces for new possibilities.

Our work is driven by the needs and experiences of women and children in the seven local government areas that form Melbourne's west:



Women's Health West's catchment consists of seven local government areas: Brimbank, Hobsons Bay, Maribyrnong, Melbourne, Melton, Moonee Valley and Wyndham.

2019-20 AT A GLANCE



22,300

incoming calls to reception



74,005

hours of training
and professional
development delivered



12,400

family violence referrals
received from police



567

requests for
afterhours support



\$2.6 million

Amount of flexible support package
funds distributed to people
experiencing family violence



286

children and young
people supported by
our counselling service



188

victim-survivors experiencing family violence who were supported to access safe, secure accommodation



525

instances of case management support provided by our outreach team to those experiencing family violence



426

attendees at 16 workshops delivered by our Preventing Violence Together team



19,101

reached on social media with our Consent, Empowerment and Respect campaign



22,674

people reached across social media with our 16 Days Activist campaign

CEO AND CHAIR'S REPORT



Dr Robyn Gregory
CEO



Maria DiGregorio
Chair

We are pleased to present the Women's Health West Annual Report 2019-2020 to our members, funding bodies, community, partners and staff. This informative report provides an account of our operational and financial performance in relation to our strategic goals for the financial year 1 July 2019 to 30 June 2020.

This was an extraordinary year, bringing unparalleled challenges to Women's Health West and across the world. This was not only in relation to a viral pandemic in Australia, but also with bushfires that destroyed more than 18.6 million hectares of land, impacting on people, homes and wildlife, and resulting in hazardous levels of air quality for much of the summer months in Victoria.

With the fire season commencing in August 2019, and restrictions to control the pandemic in March 2020, the absolute importance of climate change being at the centre of our thinking and our actions was highlighted in our International Women's Day event and our strategic planning processes, where we added climate justice as one of our frameworks for decision-making and action, along with feminism, human rights, intersectionality and the social determinants of health.

Strategic planning also featured as a key activity this financial year, with Spark Strategy engaged to facilitate a rigorous collaborative and wide-reaching multi-stage process designed to gather feedback and ideas, plan actions, stress-test solutions and ensure our strategy reflects our community and changing sector. Recognising the diversity of our region and our ambition for transformative change, we set out to interrogate our current vision of 'Equity and justice for women in the west'. We did this by listening to what equity and justice looks like from multiple and diverse perspectives, life experiences and identities. We wanted to hear what others appreciated from Women's Health West, and what challenges face us over the next five years if we are to realise our ambitious vision. While the process is still underway, we have ended the financial year with clarity that our ultimate purpose is gender equity, and that family violence response, health promotion and prevention of violence against women are still key areas

for us to focus on in the west. Our strategy is to 'continue with our core' to consolidate our existing work and capacity, while we 'expand and explore' to look at new opportunities and areas to investigate. Our 2020-2025 Strategic Plan will be launched at our annual general meeting in November 2020.

A key area, strongly highlighted by our Rainbow Tick Accreditation working group, was a recognition of the importance of embracing a continually evolving understanding of gender equity. This includes ensuring our services are safe and inclusive for all victim-survivors of family violence, not only those who identify as women. A broader focus on intersectionality, oppression and power and what that looks like from an organisational point of view for the years ahead, with gender equity our ultimate aspiration, engaged our staff in a thoughtful and democratic process.

Developing strategy in a time of change and even crisis was a privilege as well as a challenge, stimulating our thinking in ways not always available before now. The pandemic brought multiple opportunities to highlight and explore the impact of gender and oppression on our community, as viral hotspots quickly shifted from wealthy communities recently-arrived from overseas trips, to those in the west who depend on casualised and precarious employment to maintain housing and living expenses for themselves and their families. The shift to reliance on a largely female-dominated care economy in the home and in workplaces – coupled with the shutdown of hospitality and related industries – meant that the greatest impact of the virus has been felt by women, while the bulk of actions designed to stimulate the economy post COVID-19 will benefit men working in male-dominated industries. This also consolidated our connections with other services working to redress gender inequity, as well as our connections with the amazing communities in the west, such as those in the seven public housing towers in our region that entered a hard lockdown without warning, yet quickly collaborated to meet the needs of their diverse community.

We also explored the challenges that face us as a largely government funded organisation that struggles to meet the ever-increasing demand for family violence response services despite increases in funding in recent years.

Met increased demand for family violence services

This year demand on our family violence services reached record levels yet again. We received 12,400 family violence referrals from Victoria Police alone – an increase of 9.6 per cent on last year’s record level – with another 4306 referrals through our intake service. Despite a delayed state and federal budget we were pleased to receive additional family violence response funds during the year, with the state government recognising the additional costs of supporting a largely at-home workforce, as well as an increase in incidents of family violence as a result of COVID-19. Additional funds of \$50,000 were received from the Office for Women for our health promotion service to support the mental health and wellbeing of women under COVID-19 were also welcome.

We continued to develop our Family Violence First Response team, providing an enhanced response to women and their children who experience a family violence crisis outside business hours. Waiting times crept up as unmet demand moved into the space created by a more streamlined service with double the staff. The reputation of our afterhours team also led to referrals reportedly triple in our region compared with other areas. At the time of writing we are again considering how to best meet ever-increasing demand with limited funds.

Finding new avenues for our health promotion and prevention work

This year our Strategy, Advocacy and Community Engagement teams continued to provide health promotion and primary prevention programs in the west. In October 2019, we formed the Evidence and Impact Unit, which over the past year has worked closely with our family violence and business operations streams to bring together collective expertise. The team analysed client demographic data, documented case studies and focused their advocacy work on difficulties experienced by our clients and communities, such as access to housing and Centrelink payments.

As a result of COVID-19 our programs shifted to online platforms to ensure we continued to provide our services to members of the community. For example, our Preventing Violence Together (PVT) team began facilitating training sessions online and provided sessions on self-care to partners. Shifting online also meant assisting members of our community with accessing necessary technology such as iPads and providing them with digital literacy training to stay connected.

Strengthening our organisation and supporting our valued staff

Prior to the pandemic Women’s Health West undertook two surveys to gather information to inform our planning and better support our staff. This included findings from the OCAT (organisation capacity assessment tool) survey that was commenced in the previous financial year and a staff engagement survey in late January 2020, which combined to assess our strengths and weakness and identify and prioritise areas in which to focus our efforts.

Before we were able to analyse and report on the results, COVID-19 restrictions commenced in mid-March 2020, shifting much of our effort towards resourcing and supporting the bulk of our staff to work from home, while maintaining a safe and accessible service for victim-survivors of family violence who were at greater risk of harm during isolation. Women’s Health West developed processes, practices and policies to balance the safety of our clients and our staff, and were proud that our staff maintained an in-person service for those clients at greatest risk, while offering telephone and video-based support for the bulk of our clients.

Continuing to support our staff through the isolation of lockdowns and the challenges of combining home schooling and care roles with maintaining an income to support their families has been a strong focus. Women’s Health West offered our own ‘job keeper’ style payment as one hardship method for supporting staff whose role in offering a family violence or related response was not always able to be met.

Despite our COVID focus, a representative staff group undertook extraordinary work with all staff and board directors to focus on developing our organisational values as a component of our strategic plan. The group came up with a unique set of values that will guide our decisions and actions over the coming years (see page 6). Work to embed these values, commencing with our most senior leaders, will begin in the next financial year.

Funding challenges

Last year Women’s Health West pointed to our funding as being one of our greatest challenges. This included the short-term nature of pockets of funding post the Royal Commission into Family Violence, which limits our ability to plan for the long term and impacts on the recruitment and retention of staff. We also noted the ability for mainstream services to subsidise higher wages for their family violence staff, given their higher ‘unit price’ funding.

During the financial year Women’s Health West collaborated with our peak body, Domestic Violence Victoria, to bring the problem of unit price funding to the attention of government. This included a meeting with Treasurer Tim Pallas, who recognised that the award classification for family violence workers that sits behind our unit price no longer adequately reflects the work undertaken by those staff following changes arising from the Royal Commission into Family Violence. A planned increase in unit price funding and the way in which client numbers are measured in family violence services was due to commence from the beginning of the next financial year. Unfortunately, the impact of COVID-19 has delayed this urgent and much-needed change.

Similarly, if we are to meet our goals for the prevention of family violence and violence against women, it is imperative that we develop a long-term and bi-partisan primary prevention strategy to complement excellent work underway as a result of the Gender Equality Act 2020 (Vic) and Free from violence: Victoria’s strategy to prevent family violence. This work will be greatly enhanced by the regional leadership of Women’s Health West and the other regional women’s health services, in tandem with the statewide women’s health agencies.



Jennifer Irvin
Treasurer

TREASURER’S REPORT 2019-2020

Women’s Health West, like most organisations, had an unprecedented year; a year of challenges associated with different modes of operation. Pleasingly, it was a year that saw a wide range of services that continued to be offered to women and their families in the west of Melbourne – testament to the organisation’s enduring focus on its clients.

From a financial perspective the organisation is in good health; this year posting a surplus of \$1.6 million. Women’s Health West received specific assistance from the Victorian Government to help mitigate the effects of the pandemic, including a boost to brokerage funds, crisis case management, flexible support packages and capacity building funds. These came from the Department of Health and Human Services and totaled \$744,128.

From a revenue perspective 97 per cent of revenue continues to be generated through government grants. There has been an increase in revenue from \$10.2 million to \$15.6 million, resulting from:

- the reversal of \$1.6 million of acquitted grants from liabilities to income, which is in line with changes to the Accounting Standards – AASB15: Revenue from Contracts with Customers, which came into place last financial year; and
- additional grants identified above.

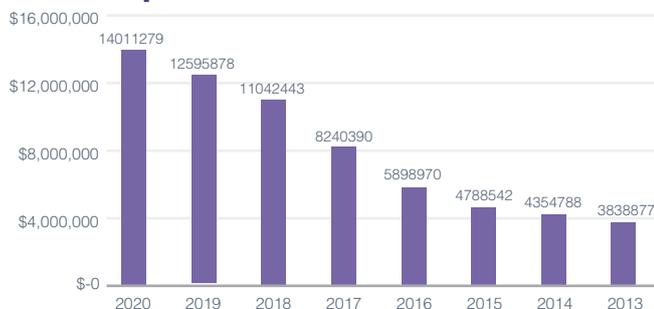
As can be seen by the graph below the total revenue of the organisation has increased markedly over the last eight years.

Total Revenue



An examination of expenditure indicates that it has increased by \$1.5 million during the year. This increase was primarily the result of additional salary expenses, which, as in previous years, is the largest expenditure category. There were also reductions in a number of expenditure categories including: printing and stationery, office supplies, staff amenities, staff training and development, fuel costs and use of temporary staff – amounting to approximately \$475,599.

Total Expenditure



As in the previous year, there have been a number of internal projects funded within this overall financial result. These projects have been prioritised and approved by the board, with the objective of building capability or mitigating key risks facing the organisation. Project examples include:

- ICT refresh – 22 desktop computers were replaced and 32 additional laptops were purchased to support flexible working and outpost placements. We brought some laptop purchases forward to support working from home under COVID restrictions. Furniture and fittings – renovations for reception, kitchens, disabled toilet, and family violence workspaces downstairs
- Security system upgrade – updated the Footscray alarm system, introduced swipe card access to building entrances at the Footscray office and established access management at Joan’s Place
- Online shop launched
- New finance system implemented in May 2020
- Market research and rebranding commenced in tandem with research to support the development of our new strategic plan
- Graduate student project.

The net asset position of Women’s Health West continues to be strong and this year was \$4.0 million, as compared to \$2.4 million last year; noting that \$1.7 million was the direct result of a reduction in grants in advance as the services were provided and thus drawn down.

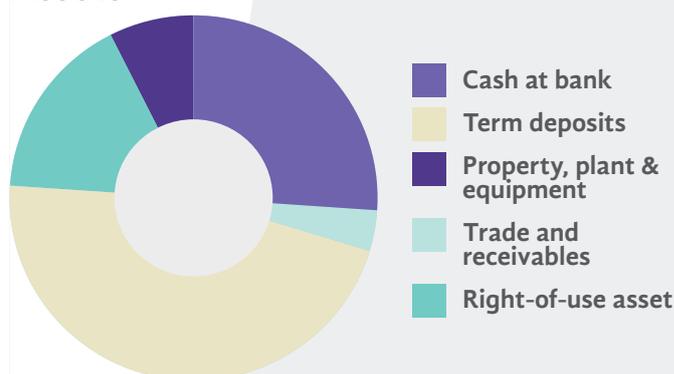
During the year there were changes to the Australian Accounting Standards, including AASB16 Leases. This meant that \$1.8 million of leased assets were recognised along with \$1.8 million of liabilities. These assets, primarily the premises and photocopiers, will be depreciated over the lease terms, and liability reversed as we pay these expenses e.g. rent.

The majority of assets continues to be in cash and cash equivalents; that is \$7.7 million, which is similar to last year. While these funds are invested, interest rates are currently very low and thus interest revenue was also lower this year.

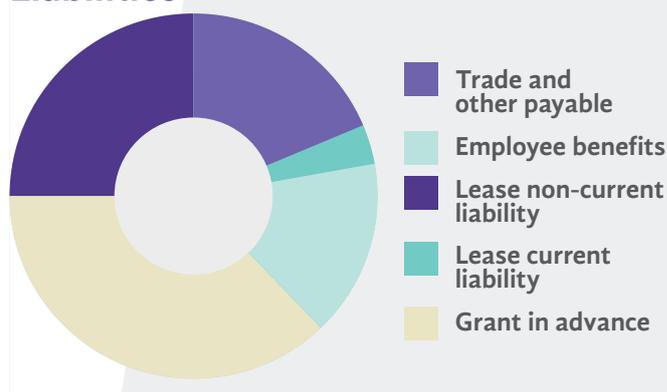
The most significant liability category is grants in advance. Again, this is recognised in line with the updates to the accounting standards that came into effect last year.

The following graphs provide an overview of the categories of assets and liabilities of Women’s Health West.

Assets



Liabilities



The Finance and Risk Committee met throughout the year to monitor the finances, as well as risk and compliance related matters across the organisation. As in previous years the committee reviews the forward budget and strategic risk register prior to reports being provided to the board. There were a number of improvements to the budget process this year, which will continue into future years. We have also reviewed a number of the COVID-19-related plans and risk assessments, which have been very thorough and practical. The committee reviewed a number of policies, quality accreditation requirements and the compliance register, which is a key part of its role. The committee continues to play an important role in monitoring key internal controls of the organisation.

This will be my last report as treasurer and I would like to take this opportunity to say a huge thank you to the management team and my board colleagues – it has been a pleasure to work alongside these exceptional women. I believe, more than ever, of the importance of organisations like Women’s Health West and the significant value they provide to individuals and our community. This work is often above and beyond and I look forward to seeing it continue for many, many years.

OUR PEOPLE, OUR CULTURE

Women's Health West's people and culture team have worked hard this past year to develop key strategic projects and programs to meet the overall organisational strategic direction.

The focus this financial year was to analyse workforce engagement; develop and implement organisational values; build workforce capability by developing training programs aligned to strategic plan objectives and workforce need; and to strengthen workplace health and wellbeing by making Women's Health West a more enjoyable and rewarding place to work.

Understanding our staff and workforce

Our priority was to better understand our workforce so that we could strengthen our organisation's culture and meet the needs of staff throughout the year. The predominant age group of our workforce are millennials (32 per cent) – those aged 21 to 30 years. Millennials operate in significantly different ways to their older colleagues - they want their work to feel worthwhile and efforts recognised; and they are deterred by information silos, expecting complete transparency and feedback. Millennials are ambitious and show a desire to keep learning, demonstrating the need to keep them engaged with what is happening across all levels of the organisation. Following millennials, 27 per cent of our workforce are aged between 31 to 40 years, 18 per cent between 41 to 50 years and 20 per cent are aged 50+.

Of our staff, 59 per cent are employed on a part time basis, 32 per cent full time and 8 per cent are casual. During the year, 4 per cent of our workforce changed positions following internal vacancy opportunities. We also have a relatively new workforce, with 23 per cent of our staff having been employed for one year and under, and 36 per cent having been employed for one to two years. Of our remaining workforce, 31 per cent have been employed for two to five years, and 11 percent for more than five years. The average length of time worked at the organisation is 2.7 years.

What we achieved this year

Development and implementation of organisation values

The development of our values was informed by the board and workforce as well as a staff representative values working group. The values will provide the organisation with a strong culture framework, providing a shared vision and guiding behaviour statements that will ensure we are staying true to our values. We have commenced the implementation of the values within the organisation, which will look to align internal practices to the values framework.

Development and implementation of the leadership development program

Over the past year we have also developed a values-based leadership program that is currently being implemented. The leadership development program will align leadership behaviours to the organisation's values and build leadership capability.

Completion of the employee engagement survey to inform our strategic plan and further culture improvements

At the beginning of 2020, staff at Women's Health West participated in an employee engagement survey. The purpose of the survey was to further understand the organisation's culture and the levels of workforce engagement. The results of the survey provided us with necessary information to inform the direction the organisation needs to take when developing and implementing culture strategies.

Development and implementation of student and graduate program

In response to the Royal Commission into Family Violence's workforce related outcomes, we have implemented a student placement program, which supports the sector and provides coaching and mentoring development opportunities for staff. In 2019-2020 we employed a student placement coordinator and had six students enter our student placement program, who were each allocated a staff mentor within the organisation.

Implementation of mandatory employment training

With the implementation of the learning and management system (ELMO), Women's Health West has been able to effectively develop and implement online mandatory training across the workforce. The training meets the organisation's compliance needs and provides training for staff in areas such as child safety, ergonomics and cyber security awareness.

Guided by our values

Women's Health West is currently in a stage of transformation. Over the past two years we have been collating data, identifying areas of improvement, strengthening workforce practices and developing strategic and operational initiatives to improve overall workforce culture. Over the next year we plan to implement four projects that will assist with the development and improvement of our organisational culture, including an employee value proposition project.

116 STAFF

as of June 2020

25 PER CENT

turnover

7,004 HOURS

of PD and training delivered to staff

2.7 YEARS

average length of time worked at the organisation

6 STUDENTS

entered our student placement program

Women's Health West is an equal opportunity employer with a VCAT Exemption H119/2017 (under the Equal Opportunity Act 2010) to employ only women (including people who identify as female), and to employ women from specified culturally and linguistically diverse backgrounds.

STRATEGIC GOAL: Deliver and advocate for accessible, culturally appropriate services for women and children in the west who experience family violence

Women's Health West continued to see an increase in demand across all our family violence services. A key focus for us this year was improving our response to victim-survivors experiencing crises, and ensuring that they received a timely, accessible and culturally appropriate response from us.

Provided support to victim-survivors experiencing a family violence crisis

Women's Health West's Family Violence First Response service comprises two teams who work during the day, and after hours. This ensures that victim-survivors experiencing a family violence crisis receive a follow up as quickly as possible. The teams work with victim-survivors to assess their level of risk and develop and implement a safety plan. This can include referrals to other services, internally and externally, as required.

The First Response team continued to see an increase in the number of family violence referrals from Victoria Police. This year we received 12,400 – the highest number we have ever received and a 9.6 per cent increase on the previous year. The team also provided support for over 800 victim-survivors through our court support program and continued to co-locate staff at the Multidisciplinary Centre in Wyndham. Women's Health West receives funding to provide 77 periods of court support each year. However, we recognise the need for

this critical service and divert resources to support the demands of this program. Despite COVID-19 restrictions, we continued to provide this support to victim-survivors. As the team were unable to attend court in person, case managers provided phone support to clients needing to access this service.

In addition to police referrals, First Response also received 4306 intake requests, which included self-referrals from victim-survivors, secondary consult requests from professionals and referrals from other services such as child protection and safe steps.

To meet the increased demand, the team implemented various strategies and systems to streamline requests. A ticketing platform was also established to triage all incoming calls and email requests and a rostering system was implemented to manage and visualise our various areas of responsibility.

CASE STUDY: A collaborative approach to assist a victim-survivor to escape family violence

Amma's story

The First Response team received a referral for Amma* from an Orange Door worker, who called us to flag the high-risk factors impacting on Amma and advocate on her behalf, given she had been misidentified as the perpetrator. Following this referral, our team worked with the local hospital to develop an action plan to support Amma following discharge.

First Response arranged for Amma to meet with a case manager for on-site support and to develop a safety plan. Amma did not feel comfortable engaging over the phone as she was currently residing with the perpetrator. During these appointments, our First Response team provided Amma with information about the prevalence and drivers of family violence, its impact on victim-survivors, her rights in Australia and evidence-based risk factors. They also discussed how responsibility for the use of violence rests solely with the perpetrator. She (the victim-survivor) is not to be blamed, held responsible or placed at fault for choices the perpetrator makes to deal with their feelings.

The team connected with safe steps to bring Amma to their attention in case she required out of hours emergency accommodation. They also arranged with a Crisis Assessment and Treatment Team (CATT) to check in over the weekend.

The team then liaised with an external court support worker and legal aid at Melbourne Magistrates Court for assistance with an upcoming court hearing. The First Response team also referred Amma to our outreach case management service and Risk Assessment Management Panel (RAMP) services. The RAMP team were able to mitigate risk and refer Amma to the Outreach team for ongoing case management.

**All names have been changed*

Providing crisis outreach support to victim-survivors

Women's Health West's Afterhours First Response team work collaboratively with safe steps, the state-wide 24/7 referral service, to provide support to victim-survivors experiencing family violence in Melbourne's west. The program ensures victim-survivors have access to telephone and face-to-face trauma informed support when they need it most. This includes emotional support, information on family violence, safety planning, referrals to other support services and material aid.

This financial year saw incredible change and growth for the Afterhours team, with the program expanding its scope beyond providing afterhours outreach support to also responding to police referrals by phone. Face to face and telephone support was also provided to victim-survivors within 24 hours of entering emergency accommodation.

Afterhours completed a total of 567 crisis outreach visits in 2019-2020. This was a 65 per cent increase on the previous year, where we completed 344 visits. Growth funds also allowed us to double the size of the team to meet increased demand.

COVID-19 also meant that we provided more over the phone support than in previous years, which offered the opportunity to reflect on how we could best provide our service in the future. During this time, the team continued to implement systems and process, such as the development of electronic forms, to improve efficiency so that more time could be dedicated to supporting victim-survivors.



567

afterhours requests



743

material aid packs distributed to adults and children



65%

increase in service response compared to 344 in 2018/2019

“ I have a so much gratitude for afterhours staff, who were so supportive to visit me in the middle of the night. Where I come from, it is embarrassing and shameful for me to be going through family violence and, in my culture, we are taught that we must be able to rely on ourselves. You did not make me feel ashamed and taught me that it is okay to ask for help. ”

- Women's Health West Afterhours client

Assisted victim-survivors in accessing safe and affordable housing

Women's Health West's Client and Residency Management (CARM) team coordinate a range of accommodation options, including a high security communal refuge called Joan's Place, independent crisis accommodation properties, head-leased properties, transitional housing, and other housing types. CARM provide the support that victim-survivors, including children, need to ensure they can escape family violence and secure and maintain safe, affordable housing.

The CARM team supported 188 victim-survivors and their children to access crisis accommodation and housing support throughout the year, with the majority securing appropriate, safe and stable housing. This included supporting clients to access transitional, public or private housing.

2019-2020 also marked the second year we received 'Support Funding for Victim Survivors on Temporary Visas in Family Violence Refuge'. This funding allowed support for five new migrant families without income, including seven children, using the brokerage for safe accommodation and intensive support, as well as material aid, travel and other daily living expenses.

188 victim survivors

supported to access crisis accommodation and housing support

58% of clients
identified as CALD

57 days

– average length of stay at JP

52 young people and children

supported in crisis accommodation and housing

132 days

– average length of stay at CAP

Ensured needs of young people and children are met

The CARM children's case manager also provided support to 52 children and young people. This figure includes 30 children and young people at Joan's Place, and nine at our crisis accommodation properties. The remaining number are in transitional housing (THM), private rental or other long-term housing. As part of the support we have provided, the team arranged brokerage for baby-sitting services to ensure children are cared for when their parent needs to attend court. We also organised computers and laptops for education, and bicycles and toys for exercise and play. Our children's case manager has also spent time developing relationships with local schools, kindergartens and childcare providers to ensure that children's rights to access education are upheld, and that their sense of stability, physical and emotional development and socialisation are promoted.

Adapted our service to meet housing needs during a pandemic

The CARM team worked hard to adapt our services and ensure that we provided quality and consistent support to clients during the pandemic. We were able to continue operating our refuge and crisis accommodation services, albeit at a reduced capacity to ensure physical distancing and compliance with Family Safety Victoria guidelines were met.

Out of their client cohort, 58 per cent of identified as culturally and linguistically diverse (CALD), with nearly 42 per cent identifying that their first language was not English. This provided unique challenges to support and access information during the pandemic. The main five languages spoken by our CARM clients are Vietnamese, Arabic, Somali, Oromo, Tigrinya and Hindi. The team used innovative ways of connecting with clients, using phone and tablets to contact all clients, including families in THMs and private rental. As a result of the pandemic, our clients required an increased period of support, including emotional support during lockdown.

Amira's story

Amira* was being supported by our Outreach team and was referred to our CALD case manager for housing support and co-case management. At the time Amira did not have income aside from partial Family Tax Benefits, as she had a temporary visa and young children.

We had a vacancy arise at our crisis accommodation property and were able to offer it to Amira. Thanks to the Support Funding for Victim Survivors on Temporary Visas in Family Violence Refuge grant, we were also able to support her with emergency accommodation and material aid.

While at this property, Amira's CALD case-manager, alongside her outreach case manager, advocated to Unison (the local housing service) and were able to secure a transitional house for the family. This house is affordable, secure and appropriate for their needs.

While residing in her THM, Amira and her children were granted permanent residency. Amira now has stable, safe housing and an income to support herself and her children. This enables her to achieve her goals around education and employment. Amira's son was supported to enrol in the local primary school, where he is settling in well.

**All names have been changed*

Provided victim-survivors with access to specialist family violence case management services

Women's Health West's specialist family violence outreach case management service assists victim-survivors across Melbourne's west to navigate through the service systems required to secure their safety and re-establish their life after violence. Outreach case managers work alongside victim-survivors to identify the level of risk posed to them, develop individual case plans that identify client's own goals, determine safety strategies, and coordinate housing, legal, health and other necessary supports to secure their immediate and long-term safety.

Outreach provided 525 periods of case management support across various outpost locations, both face-to-face and over the phone throughout the year. This also included 70 periods of intensive case management (ICM) and disability intensive case management (DICM), available to support clients with multiple and complex needs.

525

Periods of Generalist Case Management support

32

Victim-survivors supported with Private Rental Brokerage funding

70

Periods of Intensive Case Management support

27

Victim-survivors supported with HEF funding

Implemented systems and processes to effectively manage cases of family violence

This financial year the outreach team implemented many processes and strategies to assist with the increasing demand for case management. The implementation of a duty roster provided sustainability and continuity of service to clients, as well as supporting the team. It also streamlined communication to support case management when staff were out of the office. The team increased their use of information sharing schemes to access and manage the risk of family violence.

Prior to working from home following COVID-19 restrictions, the outreach team held reflective practice sessions. Each month a staff member volunteered to facilitate a training session for the team to share knowledge and experience from different perspectives to enhance our approach.

Partnered with other services to provide face to face support

This year we engaged and partnered with other services and sectors to assist victim-survivors of family violence. The outreach team commenced attendance at Western Health's Drug Health Services Women's Day Program, a six-week program where we were able to connect with women receiving alcohol and other drug support. We also attended Melbourne Town Hall for maternal and child health and immunisation sessions run by Melbourne City Council during stage three restrictions, to provide face-to-face support, complete risk assessments, safety plans and client referrals.

“ My dealings with Women's Health West and my case manager has been nothing but fantastic. It is great to know that I have and continue to receive wonderful and much required support. As you would be aware family violence creates such trauma in one's self. It affects self-esteem, confidence, relations, the way you move on. But having the support from Women's Health West means I am supported, cared for and consistently reminded and encouraged that I am not alone, I am not crazy, and I have a right to live a life without fear, control and gain back my civil liberties. Thank you for reminding me and assuring me that I have a right to live a free-will life. I am so very grateful for everything you have done for me and my children. Thank you so much for all your help and support. Cannot thank you enough! Your help has made a huge difference for us and we will be forever grateful. ”

- Women's Health West Outreach client

Supported children and young people in their recovery from family violence

Women's Health West's children's counselling program provides child and youth-focused trauma-informed counselling and therapeutic group work. The program assists children, young people and their protective parent to make sense of, and recover from, experiences of family violence.

The children's counselling team supported 286 children and young people from the western region in 2019-2020. We delivered two therapeutic group sessions called SPLASH (Safe Place for Laughter, Arts and Sharing) and supported 16 children and young people in these sessions. As well as working with clients, the counselling team also participated and contributed at three western region forums focused on family violence and children.

286

Number of children and young people supported by our counselling service

2

Number of SPLASH groups

16

Number of SPLASH participants

“ The SPLASH group uses relational connections as a form of healing. This has been challenged during COVID-19 shutdown. However, the same lockdown has left the participants desperate for human connection. For this reason, I dedicated time and energy to running the group using online platforms as best I could. Being invited into the children's homes created a level of intimacy to the relational connections: instead of hearing about children's pets, drawings or siblings, they proudly showed them to each other through the screen. Relationships are always important in trauma therapy groups, but during this isolated and fragmented time it was especially poignant that they were seen, heard and validated, by peers, at home. ”

- Tara, Children's and Youth Counsellor

Used creative approaches to centre the experiences of children and young people

The children's counselling team continued to deliver a unique recovery model for children, young people and carers; and is one of the few family violence children's counselling services that offer specialist creative arts therapies as a service.

As a result of COVID-19 restrictions the children's counselling team has adapted the way we provide these services to clients. In March, we transitioned to offering online teletherapy using creative arts therapy modalities. For some families this has allowed a more accessible form of counselling and we will continue to offer this platform as an option in the future.

Advocated for children and young people

This year the team hosted a Master of Art Therapy student from MIECAT, alongside an existing counsellor who is completing the same degree. The two engaged children within the program as co-researchers to amplify the children's experiences in our service and provided recommendations on how we can be even more child focused in our organisation.

The team presented on creative counselling approaches at a Family Safety Victoria forum on adolescents who use violence in the home. We have also commenced the consolidation and revision of our processes in collaboration with Drummond Street Centre for Family Research and Evaluation. This has involved developing a clear program logic and designing creative evaluation tools to inform our future practices and advocate for children's therapeutic services.

Provided financial support for victim-survivors of family violence

The family violence flexible support package (FSP) program is administered by Women's Health West. It provides funding to case managers from many different services across the west, enabling them to deliver a personalised and holistic response to victim-survivors who have recently experienced family violence. Flexible support packages victim-survivor cover costs associated with relocation, security, employment and education-related expenses, and more. This allows victim-survivors to re-establish their lives, and to heal and recover from their experiences.

The FSP program saw an increase in the number of applications received and the amount that was distributed in the Brimbank-Melton and Western Melbourne areas in 2019-2020. Over \$2.6 million in FSP was distributed and 879 applications received (this was a 24 per cent increase on the previous year at 686 applications).

Throughout the year the FSP team looked to improve systems and processes to increase efficiency when processing the number of packages coming in each day. A new application form was developed to help streamline the process and make it easier for case managers filling out the forms. Another key achievement was providing support to case managers in the west; we did this by hosting five onsite information sessions for workers throughout February 2020.

“ I would like to say that the service and support you have provided has been uncomplicated and delivered in a very timely manner. You responded to my inquiries quickly with useful advice, which made the application easy. The brokerage was used to assist a mother and children to relocate interstate, which has enhanced their safety considerably. They were able to action this safety plan swiftly due to your prompt response. ”

- Case manager who made an FSP application

\$2,638,119.16

total FSP spending >

\$1,550,592.24

FSP spending in the wma >

\$1,087,526.92

FSP spending in the bma

\$219,843.25

distributed each month

879

total number of applications received in 2019-2020

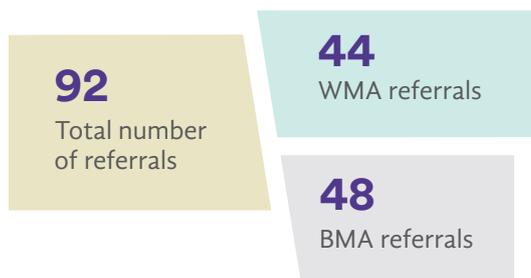
Supported victim-survivors of family violence to feel safe

The Personal Safety Initiative (PSI) is a Family Safety Victoria (FSV) initiative aimed at strengthening the appropriateness, suitability and quality of personal safety, security and technology. The initiative ensures that systems and responses delivered are used consistently and effectively as part of a broader plan for the safety, stability and wellbeing of victim-survivors.

The PSI initiative was launched at Women’s Health West in January 2020. Prior to the roll out of the program, the PSI coordinator worked hard to develop the necessary tools and resources to support its successful launch, creating forms and service agreements with security contractors, a monitoring order form, a welcome letter and a user-friendly pocket card. We also hosted online PSI training information sessions and an onsite family violence information session for all security providers, as well as an onsite information and demonstration session for family violence providers throughout the Brimbank-Melton Area (BMA) and Western Melbourne Area (WMA).

Since the program commenced, the PSI coordinator has responded to a total of 92 referrals. This includes 24 basic security installations and 68 tech security installations.

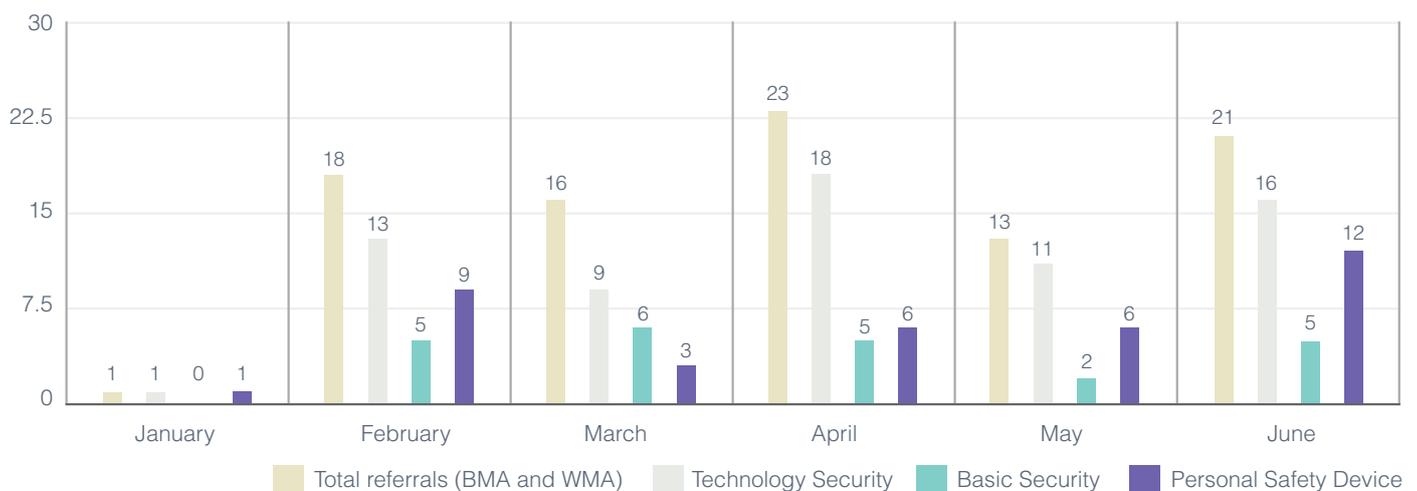
As well as developing and launching the program, the PSI coordinator used their expertise in personal safety to assist with other projects. This included participating in the Gendered Violence Research Network at the University of NSW, who conducted a national audit of the ‘Safe at Home’ initiative on behalf of the Department of Social Services (DSS), and supported the Victims Assistance Program to develop similar processes for a security response.



“ Just knowing these services are available is going to go a long way to making my victims feel safe. ”

- Sexual Offences and Child Abuse Investigation staff member

PSI Statistics Jan - June 2020



Centred community voices to inform our advocacy

Women's Health West's newly formed Evidence and Impact Unit works to centre the voices of clients, communities and staff and to gather knowledge by listening to their experiences of our services and programs, external services and society more broadly. This research and evaluation helps to improve Women's Health West's programs and service delivery, as well as informing advocacy for changes to other systems and supports that affect our cohorts.

Evaluated client experiences within our family violence services

Throughout the year the Evidence and Impact Unit conducted research in collaboration with our family violence teams to further understand clients' experience of our services. The team:

- supported evaluations of our children's counselling SPLASH program and the student placement program;
- conducted a literature review about the impact of COVID-19 on victim-survivors, coupling this with family violence staff observations of trends; and
- commenced work to interrogate client data to better understand the demographic profile of our clients.

Gathered knowledge about experiences of other services and society

The team analysed and reported on trends occurring across our sectors and more broadly at a regional, state, national and international level. The team completed three environmental scans during the year that explored trends in policy and legislation, as well as highlighted research and events that impact our work.

Advocated for changes to other services and support systems

Women's Health West worked to influence public policy and law reform debates at federal, state and local levels. Our aim was to strengthen government strategies, policies and initiatives to improve gender equity, with a focus on the prevention of violence against women and response to family violence. We advocated for systemic and structural changes to improve the lives of the community in the west.

We submitted responses to the Royal Commission into Victoria's Mental Health System and to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability in Australia this year. We responded to the Inquiry into Gender Responsive Budgeting in Victoria, endorsing the eight recommendations outlined in Gender Equity Victoria's initial submission to the inquiry. We also responded to the Inquiry into Homelessness in Victoria where we encouraged government to centre the voices of those with lived experience when implementing recommendations. We also endorsed submissions from the Victorian Council of Social Services and the Western Homelessness Network.

We wrote several letters in support of sector-wide topics and advocated for the rights and safety of the community. For instance, we wrote to relevant members of parliament, advocating for an increase to the rate of JobSeeker (formerly known as Newstart). We also wrote to relevant local councils to recommend against poker machines in Truganina and Mt Atkinson, and to the federal government to object to funding cuts to the Family Violence Prevention Legal Service.

Evolving to provide LGBTQIA+ inclusive services

As a part of the Rainbow Tick Accreditation Process (RTAP) and to ensure that we are delivering accessible services for the LGBTQIA+ community, our Rainbow Tick staff-led working group facilitated internal discussions exploring our understandings of feminism, our service cohort and the impacts of a gendered lens on our work and service provision. This led to additional training for staff to further their understanding of LGBTQIA+ communities and their experiences of family violence.

The results of these discussions informed a discussion paper submitted to our executive team in 2020, which explored current knowledge of family violence within LGBTQIA+ relationships, identified services available in Melbourne's west, and examined how Women's Health West can improve our response to LGBTQIA+ people who experience family violence. These discussions were pivotal to our strategic planning process and our recognition that, while the majority of family violence incidents

involve a male perpetrator and his female partner, family violence impacts people across a diversity of gender identities, social and cultural contexts, and within various intimate, family and family-like relationships, requiring a more nuanced understanding of power and control.

We have also had an increasing number of staff and clients identify as members of LGBTQIA+ communities. In our 2018 LGBTI survey 7 per cent of staff identified as LGBTQIA+ compared to 15 per cent in our 2020 staff engagement survey. Over the last six months we have also seen an increase in the number of clients from LGBTQIA+ communities interacting with and providing feedback on our services. Women's Health West will finalise our strategic plan in the next few months to reflect an evolved understanding of gender equity, and identify, in tandem with our service partners, how each of our programs can deliver safe and inclusive services to LGBTQIA+ communities.

Dominique's Story

In March 2020, I reached out to Woman's Health West after being pushed aside from another organisation, which had explained to me that I wasn't eligible for any funding due to being a transgender woman.

I was told by Women's Health West that I would be receiving a phone call by someone and getting some form of support.

A few days later I got a call from a case manager who at the time was just gathering some personal information. At this stage, after three years of abuse with my ex-partner, it was very hard for me to open up to anyone. But when my case manager explained to me that everything was going to be okay, what word stuck with me was "we". She made me feel like "we" are going to get through this, which made me feel so safe knowing someone wanted to support me. My case manager kept repeating that I didn't have to explain anything in full detail about my experience.

But knowing those exact words, using "we" in her sentence made it very clear that I was safe to open up to her.

My case manager created a support letter for me to get myself into a rental property, which I only leased for a month due the condition of the place and also my ex-partners' friend who was the concierge for the building. I explained to her that I was not feeling safe.

My case manager then helped me with another support letter where I gained a second leasing property that was much more suitable to live in and secure. She also helped me apply for a housing application to get the bond to secure the new property and one month's rent.

I'm so grateful for Women's Health West for connecting me with not only my case manager, but to someone who is a blessing to my life. I have explained to her so many times that if it wasn't for her and Women's Health West, I wouldn't have had this second chance at life. Prior to being connected with my case manager I had nobody to talk to, I was very alone and afraid to be myself. Not only that I was lost in my own trauma.

I just want to say thank you for not only helping me through all the above, but for making me proud to say that I am a survivor of domestic violence and I made it through.

A huge massive thanks to the team at Women's Health West for supporting me all the way. I hope this feedback shares so much peace to each and every one of you who is in this program to know that us woman, especially transgender woman like myself, know "WE" can do this.

**All names have been changed*

Remained connected to community through communications

Our communications work throughout the year focused on enabling Women's Health West to achieve our strategic goals. Our work had a particular focus on raising awareness of the services we provide in an accessible and community-friendly way, sharing stories about our work, increasing understanding of the impact of family violence, and enabling a better understanding of the gendered drivers of family violence.

Increased our online communities

We reached a larger portion of our online community than ever this year, as we invested more time and resources into increasing our online presence. As of 30 June 2020, our social media following grew to over 6,500 across Facebook, Twitter, Instagram and LinkedIn. We saw the biggest increase on Instagram, having started with 575 followers at the beginning of the year and growing to over 1,200. The growth of our online audience has meant that we have been able to advocate to people outside the west. We have been able to increase their awareness and knowledge on key issues relating to family violence and gender equity. Social media has also allowed us to connect with communities who are unable to access traditional forms of media for key information around their rights during lockdown.

Engaged with our members and community

Women's Health West's members represent the exciting and vibrant diversity of Melbourne's west. We have 1049 members who live, work or study in the western metropolitan region. Women's Health West is centrally managed from Footscray, with outposts in several local government municipalities in our catchment. Our members are strong supporters and advocates who share our goals for creating the social and cultural changes required for women and children to live safe and healthy lives. We engage with our members through an e-newsletter every two months and send out a printed newsletter twice a year.

Provided accessible and informative resources to the community

Our resources such as brochures, manuals, guides and information booklets provide practical advice about family violence and primary prevention. They are all available to download, or order in print, from whwest.org.au/resources. Our most popular resource, in print and online, was 'My Safety Plan'. This small booklet supports those experiencing family violence to stay safe when leaving a violent relationship.



STRATEGIC GOAL: Undertake health promotion and primary prevention actions to redress gender inequity and improve the health, safety and wellbeing of women, young people and children

Women's Health West's health promotion programs have continued to evolve and adapt to the needs of the community in the west. We worked to centre the voices and lived experiences of our clients, communities and partners to inform our approach to primary prevention and prioritise gender equity.

Improved outcomes for socially isolated women with a disability

Women's Health West's Sunrise program aims to redress isolation and inequity experienced by women living with a disability. Social isolation leads to poor health outcomes and an increased risk of violence and abuse, particularly for women.

By participating in Sunrise, women who experience social isolation as a result of disability or chronic health conditions in the west are:

- more connected to their communities;
- experience enhanced civic participation; and
- feel confident and informed in their decision making.

We recognise that people living with disabilities or chronic health conditions frequently experience exclusion from the decision-making process. This past year, Sunrise program participants and coordinators co-designed the program content in small groups, introducing participants to each other and services, supporting and encouraging them to develop self-sustaining communities.

The team also established the Sunrise advisory group to support a new post-National Disability Insurance Scheme (NDIS) iteration of the program. This will support changes that include:

- the introduction of a fixed-term two-year program;
- planning to introduce mentors to support participants in exploring their own projects either individually or in small groups.

Adapted program delivery to meet community needs

Sunrise faced multiple challenges throughout this financial year, including the rollout of the NDIS in the west, air pollution resulting from the bushfires and restrictions arising from COVID-19. Because a large proportion of participants are at risk of serious outcomes to their health if they contract COVID-19, the program has been facilitated online since April, and it is planned to continue this until at least October 2021. A positive outcome from moving to an online platform is that participants who typically struggled to attend in-person meetings because of their disability or health are now able to attend regularly. Participants express feeling more positive in their outlook since attending online meetings.

In addition to adapting online meetings, the Sunrise coordinator has supported participants with:

- emergency grocery shopping support for clients who are at risk if they contract COVID-19 or who were self-isolating following COVID-19 testing;
- accessing safe COVID-19 supports by supporting their self-advocacy actions and collaborating with other organisations to arrange necessary supports;
- provision of technology through collaboration with external organisations and digital literacy training with participants.

Since the beginning of the year Sunrise has held 30 sessions. However, as a result of the new NDIS/HACC support guidelines, the number of participants in the program dropped from 66 in 2019 to 35 in 2020. With sessions moving online as a result of the pandemic, Sunrise has been able to connect with participants in ways we haven't been able to before and are aiming to recruit up to 60 participants in the newly-formed program.

Gina's Story

Gina* is a woman with an intellectual disability. She was supported to find a new home through Women's Health West's Integrated Family Violence Services a few years ago. She is happy living alone with her dog, but the COVID-19 pandemic has been a difficult time for her to access the support she needs.

Since the COVID-19 crisis in March, Gina has been self-isolating because of chronic illness. She has also been isolated because she relies on the support of friends to help her with technology.

With the help of the Sunrise coordinator, and her supports in a local community health service, Gina has recently been able to purchase a new laptop computer and will be able to access digital literacy and support with the Sunrise coordinator. This provides her with the safe support she needs to reduce her isolation.

Implementing these supports when restrictions ease will mean that Gina can attend the weekly Sunrise program and connect visually with family, friends and health supports, which she has not been able to do since March.

**All names have been changed*

Assisted women from newly-arrived communities to navigate financial systems

Women's Health West's financial literacy program, Women Understanding Money in Australia, enabled women from newly-arrived communities to navigate financial systems, take control of their financial decision-making, access economic resources and advocate for service systems that are responsive to their needs. The team worked to improve connections between community members and financial services and improve local services' understanding of immigration experiences in Melbourne's west. These services included: Centrelink, WEstjustice, Anglicare (financial counselling), AMES, IPC Health and the Commonwealth Bank.

Helped participants take control of their financial decision-making

In partnership with MiCare, 16 women who had recently migrated from the Democratic Republic of Congo and South Sudan attended our workshops once a week for six weeks. We supported women with young children to attend by employing three qualified childminders who were from South Sudan and the Congo. They looked after 11 children for the duration of the workshops. We also employed a Swahili bicultural worker as an interpreter for the group.

Participants reported an increased understanding of Australian financial systems following the program. Women spoke of understanding their rights, especially in relation to signing contracts, being able to prioritise their expenses and having confidence to make decisions about how they spend money. Finally, 100 per cent of participants said they now felt more confident and likely to access the services they had engaged with throughout the program.

The program also encouraged services to transform how they interact with newly-arrived women, via direct connection and advocacy.

Agok's Story

Agok*, one of the participants, spoke of the hope and courage she gained through the program, because she now understands systems better. In the first week of workshops she said:

'I feel anxious. I don't know anything. I think about my children a lot. If I can't understand things, how will I look after them?'

At the end of the program, she talked about the difference the program had made:

'I'm confused in this country. When I came to Australia I didn't get to learn and I didn't get to choose anything. In Africa I'm not confused. This program is good for me, now when I go home, I'm walking around, I will know [more about what to do and how things work]. I have a girl, I will know [how to help her]. It gives me the hope and the courage to come back again and to learn another one [do another course similar to this one]. I didn't get to do courses before, but it was good to come to this one.'

**All names have been changed*

Increased leadership skills in young women from refugee and migrant backgrounds

Young refugee and migrant women continue to be underrepresented in leadership positions and report difficulty in finding employment in their professional fields after completing tertiary study.

As a way of redressing this, we ran the Lead on Again (LOA) program in partnership with the Centre for Multicultural Youth (CMY). LOA is a strengths-based leadership program for young refugee and migrant women. It helps to develop participants' leadership skills and confidence, connecting them with other young women and local organisations, and enabling them to become active community participants and leaders.

The program involved 13 young women from Iraq, Democratic Republic of Congo, China, Pakistan, Eritrea, Sudan, India, Burma and Afghanistan, who attended a six-day workshop in January. The program was delivered by two peer educators (participants from the previous year) and two program facilitators from CMY and Women's Health West. Workshops covered a variety of topics including sexual and reproductive health, mental health, violence against women, human rights, and a range of youth-led and employment-related opportunities for the young women.

Participants hosted an International Women's Day event following the workshop. Forty-three people attended this event, including staff from other organisations and participants' families.

“ From this program I learnt that many of us girls are in the same boat and possibly facing similar problems, such as finding employment. What I took away was that I am not alone when I need help. All I have to do is seek help and there will be someone or an organisation that can attempt to provide the assistance to the best of their ability.

- Lead on Again 2020 Participant

“ I have learned that regardless of your background, culture and gender, we are all able to make a difference in our society. As a woman, you have every right to achieve anything in Australia; you will be supported.

- Lead on Again 2020 Participant

Improved sexual and reproductive health outcomes for women in the west

Normalised conversations about sexuality and respectful relationships

Women's Health West's sexual and reproductive health (SRH) programs continue to be guided by *Action for Equity 2018-2022: a sexual and reproductive health strategy for Melbourne's west*. Over the last year our SRH team have worked to provide a safe, nonjudgmental space for young people to learn about sexuality, including their right to healthy and respectful relationships. In these spaces, we worked to normalise conversations about sexuality and to support young people to honestly express their gender, sexuality and individuality, free from violence, stigma and discrimination.

Informed communities about their sexual and reproductive rights

Since its launch in July 2019 there has been continued promotion and distribution of the Consent, Empowerment and Respect campaign. The campaign was designed to inform the community that they have the right to make informed choices about their sexual and reproductive health. In early 2019, we engaged local artist Lori Camarata to design images that reflected the evolving space of sexual and reproductive health.

The campaign material has been widely used as an educational resource in a variety of settings delivered by the Action for Equity team, as well as our Preventing Violence Together (PVT) partnership. Additional resources included postcards and posters, available to order online via our website. The resources have been incredibly popular, and we have received requests from across Australia and even internationally.



Education programs for young people in out of home care

Young people in out of home care settings are at a higher risk of SRH inequity and poor health outcomes because of a range of factors, including interrupted engagement from school-based programs. The team took this into consideration in designing a series of four sessions covering safer sex, consent, healthy relationships, pregnancy options and accessing health care, to be delivered in partnership with Parkville College at the secure welfare facility in Maribyrnong.

Content for this program was informed by working with students to identify their needs and to reflect the transforming landscape of sexual and reproductive health. In addition to five consultation sessions with secure welfare residents to assist with the planning of the program, the team delivered two tailored respectful relationships workshops, before COVID-19 restrictions resulted in a pause to the program.

Provided inclusive and culturally safe sexual and reproductive health education

Human Relations is a long-standing respectful relationships and sexual and reproductive health promotion program delivered with students attending the Western English Language School (WELS) in Braybrook. Women's Health West delivers this program in partnership with the City of Maribyrnong (Youth Services), cohealth, Centre for Culture, Ethnicity and Health and the WELS school community.

The program provides young women from refugee and migrant backgrounds with sexuality education that is inclusive and culturally sensitive, to support them to make informed decisions about their sexual and reproductive health. Our SRH team has tailored the program to the needs and priorities of newly-arrived young people from migrant and refugee backgrounds, and special care is taken to ensure that the content is clear, accessible, relevant, culturally responsive and age appropriate. Cultural safety and sensitivity are crucial to the effective delivery of this program.

Two of the key achievements of this program over the last year are:

- In September 2019, the team presented on the program at the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) conference in Perth; and
- In October 2019, the program won the Secretary's Award for Excellence in Culturally Diverse Health at the Victorian Public Healthcare Awards.

While the COVID-19 pandemic has interrupted the delivery of the Human Relations program at WELS, our partners remain firmly committed to continuing the delivery of sexuality education to support newly-arrived young people, and are exploring alternative and innovative ways to do this over the coming months.



510 reactions
19,101 reached
685 post clicks



2484 story views
2561 total number of Likes
17,156 total number of impressions
11,987 total reach

Provided professional development training on Female Genital Mutilation/Cutting

Female genital mutilation or cutting (FGM/C) is a cultural practice that violates women and girl's human rights. Melbourne's west is home to increasing numbers of women from countries that practice FGM/C. The Family and Reproductive Rights Education Program (FARREP) is a state-wide health promotion program that works with communities who have been exposed to cultural practices in their country of origin that have led to poor sexual and reproductive health outcomes. FARREP builds the capacity, confidence and expertise of health professionals to understand the social, cultural and clinical needs of women and girls who have experienced FGM/C, to improve access to culturally appropriate services in the region.

A key achievement of the FARREP team this year was the delivery of professional development training to 121 health professionals in Melbourne's west on the social, cultural and clinical difficulties facing women and girls impacted by FGM/C.

This included:

- Four sessions delivered to Midwifery Group Practice, homebirth midwives and prenatal care clinicians at Sunshine Hospital
- Nursing and midwifery students attending Victoria University
- Health planners, health promotion workers and school nurses from across the west at the Action for Equity regional training day in October 2019
- Internal professional development training for Women's Health West staff to mark Zero Tolerance Day 2020

Session evaluations indicate this training has a significant impact on health professionals' understanding of the practice, its context and prevalence, clinical and health impacts, and the rights and priorities of women, with regard to the provision of culturally responsive and, non-judgemental healthcare. This makes a transformative difference to the lives of women and children in the west and is a critical way we contribute to the elimination of this practice worldwide, using a respectful and community-focused approach.

“ I think it's so important to have normalised, safe and nonjudgmental conversations with young people about sexuality, and the best part of this work is creating a space for young people to receive positive, encouraging information about their sexual health and wellbeing. ”

- Sarah Lorrimar, Coordinator - Sexual and Reproductive Health Promotion

Taking action to promote gender equity

For its fourth consecutive year the Preventing Violence Together (PVT) partnership ran the 16 Days Activist Challenge in November 2019. This is part of the international movement '16 Days of Activism Against Gender-Based Violence'. Community members across Melbourne's western region are invited to commit to a range of actions to promote gender equity and prevent violence against women. For this year's challenge, and as a part of the social media campaign, the PVT team recruited six advocates to help promote key messages and provide a voice for prevention of family violence. Advocates included Jan Fran, Antoinette Braybrook and Nevo Zisin.

Following the challenge, 96 per cent of participants said:

- they are more aware of gender inequality in the community;
- they have a better understanding of the problems that gender inequality causes; and
- they have a better understanding of the problems gender stereotypes cause.

121 professionals

participated in FARREP training in the west in 2019-2020

Of those who attended:

85%

stated that they were more confident regarding their knowledge of FGM/C after attending a training session.

91%

stated that they were more confident regarding their understanding of the social and cultural context of FGM/C

87%

were more confident about using appropriate terminology when discussing FGM/C with community.

85%

had improved knowledge of the short and long-term health implications of FGM/C

80%

of the participants felt more confident to discuss FGM/C with their patients.

STRATEGIC GOAL: Collaborate with others to achieve shared goals

Women's Health West could not have achieved the impact we have had this year without our partners. From clients and community members to other individuals and agencies, working collaboratively is essential in enabling us to achieve our goals.

Worked collaboratively to improve sexual and reproductive health outcomes for communities of the west

Women's Health West has continued to lead the regional Action for Equity partnership to implement *Action for Equity 2018-2022: A Sexual and Reproductive Health Strategy for Melbourne's west*.

Now in its third year, the partnership aims to improve sexual and reproductive health outcomes for communities of the west, by redressing the social, cultural and economic drivers of sexual and reproductive health inequities.

Delivered collaborative training on sexual and reproductive health

One of the key achievements of the last year included collaborating with partners to facilitate a full day of training for 28 local health practitioners, health educators and health promotion professionals. The session was co-facilitated by the Centre for Culture, Ethnicity and Health, IPC Health, the Department of Education and Training and cohealth, and covered topics that were informed by a survey that had been conducted earlier in the year. It included:

- A sexual and reproductive health data snapshot of Melbourne's west;
- Culturally responsive practice considerations for sexual and reproductive health services;
- Practice considerations when working with communities known to practice FGM/C;
- Showcasing local programs designed to engage people with disabilities and young people from refugee and migrant backgrounds in sexual and reproductive health education and promotion.

Worked collaboratively to inform government priorities

In early 2020 the Action for Equity partnership commenced a consultative research project concerning the health and wellbeing needs of women working in the unregulated sex industry in Melbourne's west. The project was designed to provide practice guidelines for local government, community health and health promotion organisations and women's health services. The project is now waiting on the findings of the State Government's review into the decriminalisation of sex work in Victoria. This will ensure that the research is undertaken with reference to the most current legislative context. The research will be completed in the 2020-2021 financial year.

Supported partners to implement evidence-based preventative health initiatives

Women's Health West produced a comprehensive report entitled '*Sexual and reproductive health: priorities for regional and municipal health planning*', to support our partners and organisations across the west to implement

evidence-based preventative health initiatives. The report includes key sexual and reproductive health data for each local government area of the west, along with an overview of broader trends, emerging priorities, and a set of clear recommendations for regional health promotion and service planning. We will work with partners to implement the findings of the report and ensure that sexual and reproductive health rights and justice are central to health promotion planning.

Working together to prevent family violence

Women's Health West is the lead agency in the Preventing Violence Together (PVT) Partnership. The PVT partnership comprises 26 organisations who work together across Melbourne's west to advance gender equity. This past financial year we focused on three initiatives to support the partnership:

- Designing a collaborative project with partners called Community Conversations
- Evaluating 16 days of Activism activities using the new PVT Shared Measurement Evaluation Framework (SMEF)
- Providing training to workplaces and community groups through our Workforce Capacity Building Project

Recognised for supporting the community

In October 2019, PVT was awarded the prestigious Chief Health Officer's award for supporting healthy populations at the Victorian Public Healthcare Awards. The award recognised the collective implementation of the Community Champions project designed to increase community-led violence-prevention activities across Melbourne's west. The project worked directly with CALD community groups, faith groups, women with disabilities, men's and women's groups, and the online community, and reached more than 500 active participants and a further 1,676 people through printed resources, supporting community members to prevent violence against women.

Worked together to educate the community

The PVT team delivered 16 training workshops to 426 participants in 2019-2020, as a part of the Workforce Capacity Building Project. The team also delivered a women's health program in partnership with the Western Bulldogs Foundation to increase participants' knowledge of what leads to violence, how to prevent violence and how to advance gender equity.

Workshops moved online as a result of COVID-19 restrictions. This method for delivering programs and workshops has provided new opportunities to engage with our partner and non-partner agencies. We have been able to continue delivering the workforce capacity building training, as well as facilitating some self-care workshops.

Strengthened regional collaboration

Women’s Health West auspices the coordination and support roles for the Western Integrated Family Violence Committee (WIFVC). The committee enables strategic integration of service responses to family violence across various service providers and sectors in Melbourne’s west.

This year, the WIFVC undertook targeted activities to support the implementation of family violence reforms across the service system, highlight workforce development needs and support collaborative service responses to family violence in our region. The WIFVC led regional engagement in consultations for the Family Violence Reform Implementation Monitor and the development of the Family Violence Reform Rolling Action Plan 2020-2023. They also contributed to the RICKIE project, which saw the development of a Monitoring, Research and Evaluation Framework for Family Violence Regional Integration Committees across the state. The WIFVC developed and launched the resource Building Familiarity of the Information Sharing Schemes – Cross-Sectoral Family Violence Information Sharing Activity to support prescribed workforces to consider how the Family Violence Information Sharing Scheme and Child Information Sharing Scheme work in practice.

Another key achievement for the WIFVC this year was the delivery of 19 Identifying Family Violence and MARAM Collaborative Practice training sessions. Over 428 practitioners from a range of sectors attended the sessions, enabling them to better respond to and support clients who are experiencing family violence.

Provided a coordinated approach to increasing safety of victim-survivors at highest risk

The Risk Assessment Management Panel (RAMP) is a partnership designed to provide a coordinated approach to increasing the safety of victim-survivors who are experiencing a high level of risk to their lives as a result of family violence. The RAMP increases the accountability of perpetrators and service systems by tracking and following up on their actions. The RAMP consists of key agencies and organisations, including Women’s Health West, Victoria Police, the Department of Health and Human Services, Community Corrections, Child FIRST, and mental health and drug and alcohol services. When required, the team also invite specialised services such as VACCA and InTouch to attend as associate members.

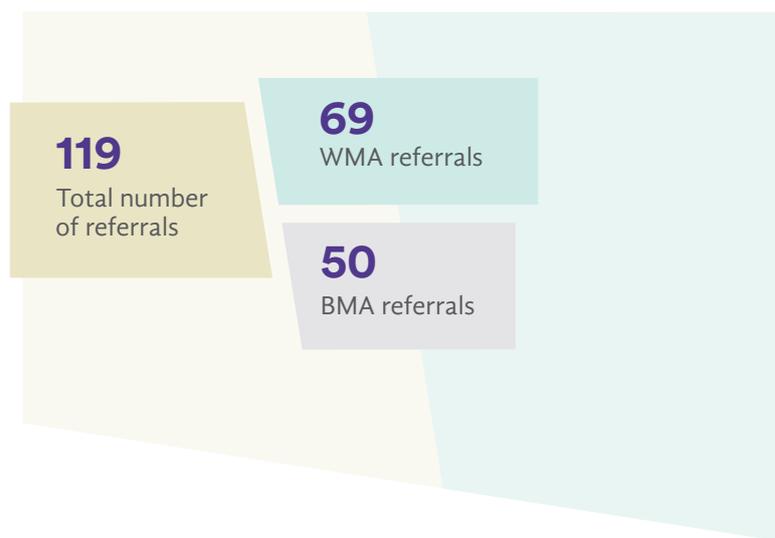
The RAMP team received a total of 119 referrals for the year. Of that number, 69 came from the Western Melbourne area, which included 19 clients who identified as culturally and linguistically diverse; and 50 from the Brimbank Melton area, which included 12 CALD clients, two First Nations clients and three who identified as living with a disability.

The team also saw an increase in the number of consultations with services such as maternal and child health services. This is an outcome from work undertaken to build positive partnerships and rapport with specialised services. The team also identified the negative impact COVID-19 restrictions have had on the RAMP landscape, with an increase in the incidence and severity of violence in the home. However, a positive change has been an increase in consultations from services that work directly with perpetrators. This highlights the importance of agency collaborative practice when holding perpetrators accountable for their violent behaviour.

Strengthened partnerships to build the evidence base

Prioritised internal relationships to improve our work

A priority of our newly-formed Evidence and Impact Unit has been to strengthen relationships within the organisation, particularly with the family violence stream. This relationship has helped further the team’s understanding of the client experience and has strengthened complementarity between our prevention and response work. The unit also supported the commencement of a project to strengthen the organisation’s approach to intersectionality and developed a proposal to better manage demand in our First Response team.



Reflected on our reconciliation journey

Women's Health West's Reconciliation Action Plan (RAP) embeds reconciliation into our daily practice. Our RAP demonstrates that we are committed to building strong partnerships with Aboriginal and Torres Strait Islander community members, Elders and partners; increasing opportunities to recruit community members into our organisation; and promoting cultural safety in our workplace for staff and clients.

Our vision for reconciliation is one where Aboriginal and Torres Strait Islander people's right to self-determination, connection to land and waters, cultures and histories are respected and celebrated across Australia.

Reflection and Planning for our new Innovate RAP

Since early 2020 we have spent time reflecting on our reconciliation journey and began planning our new Innovate RAP in consultation with Aboriginal and Torres Strait Islander Elders, communities, local organisations, and Women's Health West staff. As a part of this process, we re-established our staff-led working group to help guide and facilitate the implementation of the RAP across the whole organisation and within our service provision.

Re-establishing Women's Health West Aboriginal Advisory Committee and strengthening relationships

A core part of our RAP development and learning involved building strong partnerships with the community. This included the facilitation of over 20 consultations with Aboriginal and Torres Strait Islander Elders, communities and organisations to:

- identify the key health and wellbeing priorities of community;
- seek advice on the best way for Women's Health West to support and amplify community led initiatives; and
- ensure that we remain accountable to community in relation to the development of health promotion programs and resources.

Work also involved the re-formation of our Aboriginal Advisory Committee (AAC) in May 2020. The purpose of this quarterly committee is to act as vital counsel to support the work of the RAP working group and enhance Women's Health West community accountability as we deliver on RAP priorities. The committee is made up of the following members, who provide invaluable strategic insights and advice:

- Aunty Darlene Babinall - Wurundjeri Aboriginal Elder
- Aunty Maggie Binks - Gunnai Kurnai Aboriginal Elder
- Jacqueline Watkins - Jingili/Mudburra descendent and Director of Jinkigi Consultancy
- Kate Landolina - Wiradjuri Country, Aboriginal Wellbeing Program Coordinator, Headspace
- Karla McGrady - Gamilaraay/Gomeroi Country, Manager Emerging Practice Team, Our Watch

Celebrated Aboriginal and Torres Strait Islander culture

We have continued to celebrate Aboriginal and Torres Strait Islander culture over the past year by marking days of cultural significance and promoting community-led initiatives, advocacy and fundraising.

We commemorated National Sorry Day by supporting the work of the Kimberley Stolen Generation Aboriginal Corporation and sending Stolen Generation flower lapel pins to all Women's Health West staff and board directors. Staff also had the opportunity to participate in two Wayapa workshops, delivered by Wayapa Wuurrk during National Reconciliation Week in May 2020.

“ It is the responsibility of all of us, including non-Indigenous peoples, to work towards reconciliation for a future where Aboriginal and Torres Strait Islander peoples' cultures and histories are respected and celebrated in this country. ”

- Roshika Kumar, Coordinator - Health Promotion

Developed collaborative internal partnerships to improve quality management systems

As Women's Health West continues to build strong collaborative external partnerships, our Quality and Risk team play a vital role in collaborating with teams to identify current and emerging trends that impact our programs, projects and services. This includes mentoring leaders and teams across the organisation on changes to quality and compliance standards. The team is responsible for liaising with the appropriate risk managers to develop plans that monitor, mitigate and manage incidents that occur within the organisation.

The Quality and Risk team are also responsible for collating client and community feedback. This feedback is essential for informing the organisation and assisting, if necessary, to adapt programs to better meet needs. Our Quality and Risk team collected 174 feedback records over the last year, with 170 coming from clients and community. We dealt with 52 staff, property and finance-related incidents internally. We also reported 5 client-related incidents to the Department of Health and Human Services Client Incident Management System. However, since COVID-19 restrictions were implemented we have seen a significant decrease in client and community feedback, as well as all categories of incident reporting.

Worked towards an LGBTQIA+ inclusive service and workplace

Women's Health West has continued to work towards our Rainbow Tick accreditation. The Rainbow Tick is a national accreditation program for organisations that are committed to safe and inclusive practices and services for the LGBTQIA+ community. The rainbow tick standards promote principles based on affirmation, freedom from discrimination and access and equity. Women's Health West is part of a specialist family violence service rainbow tick community of practice (CoP). The purpose of this CoP is to provide networking opportunities, resources and peer-based support for specialist family violence services undergoing this accreditation. We are also a part of the Queer Family Violence Sector Network, which works towards ensuring community voices, needs and the family violence experiences of the LGBTQIA+ community are represented within family violence organisations.

Centred the knowledge and expertise of individuals in our communities

Each year at our Annual General Meeting (AGM) and for International Women's Day (IWD) we host panel discussions to amplify the voices of people in the community on topics that are of relevance to the organisation and our sector.

At our AGM in November 2019, we hosted a panel discussion titled 'From the Margins to the Centre' that looked at how services like ours can be as inclusive as possible for all women, trans and gender diverse people and non-binary folk in the west. The panel of experts were Tasneem Chopra, Jax Jacki Brown, Karla McGrady and Nevo Zisin.

Our IWD event in March 2020 took a feminist approach to climate justice, further interrogating the topic by considering who is disproportionately impacted by the effects of climate change. We discussed how we could support decolonisation efforts and dismantle capitalism in the fight towards climate justice. We were delighted to host over 100 people at Victoria University's Metro West in Footscray, who came together to hear from our three incredible speakers – Lidia Thorpe, Dr Deb Parkinson and Alex Fuller (of the Australian Youth Climate Coalition).

Women's Health West's key strategic partnerships

The organisations below worked with us throughout the year to deliver family violence services, health promotion programs and primary prevention actions. We are extremely grateful to them for their commitment to collaboration.

AMES Australia	Melton City Council
Anglicare	MiCare
Banyule Community Health	Moonee Valley City Council
Brimbank City Council	MS Health
Centre for Culture, Ethnicity and Health	Multicultural Centre for Women's Health
Centre for Multicultural Youth	North West Melbourne Primary Health Network
Centrelink	Parkville College
ChildFirst	Royal Children's Hospital
City of Darebin	Royal Women's Hospital
City West Water	safe steps
cohealth	Salvation Army Social Housing service (SASHs)
Commonwealth Bank	Spark Health
Department of Education and Training	Thorne Harbour Health
Department of Education (Brimbank Melton)	Unison
Department of Education (South Western Melbourne)	VACCA
Department of Health and Human Services	VACCHO
Department of Justice and Community Safety (West Metropolitan Regional Office)	Victoria Police
Djerriwarrh Health Services	Victoria University
Djirra	Victorian Multicultural Commission
Domestic Violence Victoria (DV Vic)	Vincentcare
Drummond Street Services	Wayapa Wuurrk
Elizabeth Morgan House	West Metro Elder Abuse Prevention Network
Family Safety Victoria	Westjustice
Gender Equity Victoria (Gen Vic)	Western Bulldogs Community Foundation
Good Shepherd Australia New Zealand	Western English Language School
HealthWest Primary Care Partnership	Western Health
Hepatitis Victoria	Western Integrated Family Violence Committee (WIFVC)
Hobsons Bay City Council	Western Region Centre Against Sexual Assault (WestCASA)
Indian Care	Women's Health in the North
Intouch	Women's Health Victoria
IPC Health	Women's Housing Limited
Relationships Matter	Women with Disabilities Victoria
MacKillop Family Services	The Wunggurrwil Dhurrung Centre
Maribyrnong City Council	Wyndham City Council
Maribyrnong Youth Services	Wyndham Youth Resource Centre
McAuley Community Services for Women	
Melbourne City Council	

Our membership on strategic groups

Women's Health West sits on numerous working groups, steering committees and networks in order to collaborate effectively with others in our region.

Action for Equity Senior Management Committee	North Western Melbourne Primary Health Network
Brimbank Melton Homelessness and Housing Reform Working Group	Preventing Violence Together Executive Governance Group
Brimbank Social Justice Coalition Strategic Implementation Group	Preventing Violence Together Implementation Committee
Building Equality and Respect Project: Western Region Interfaith Networks	Risk Assessment Management Panel – Brimbank/Melton
City of Melton Preventing Family Violence Advisory Committee	Risk Assessment Management Panel – West Melbourne
Cohealth Sexual and Reproductive Health Hub Steering Committee	State-wide FARREP best practice forum
Court Users Network	Support and Safety Hubs Statewide Reference Group - Family Safety Victoria
Domestic Violence Victoria (DV Vic) members network	Victorian Council of Social Service (VCOSS)
Family Violence Funding and Outcomes Reform Reference Group - Family Safety Victoria	Western Health Primary Care and Population Health Advisory Committee
Family Violence Housing Assistance Task Force Working Group - Family Safety Victoria	Western Homelessness Network Reference Group
Gender Equity Victoria (Gen Vic)	Western Integrated Family Violence Committee
Getting Equal Project	Western Integrated Family Violence Committee Governance Group
Identifying and Responding to Family Violence Project Steering Committee (INW PCP)	Western Integrated Family Violence Partnership Governance Group
INCEPT Project Working Group (INW PCP)	Western Region Family Violence Women and Children's Partnership
Inner North West Primary Care Partnership (INW PCP) Governance Group	Western Local Services Network Reference Group
Koolin Balit Footsteps to Success	Western Region Legal Assistance Forum
Koolin Balit Wellbeing Partnership	Western Think Child Working Group
LGBTI+ Housing and Homelessness Project Advisory Group	Women's Health Services Council
Moonee Valley City Council Public Health and Wellbeing Advisory Committee	Wyndham Multidisciplinary Centre Local Governance Group
Municipal Association of Victoria	Wyndham City Council Family Violence Committee
North West FARREP Governance Group	Wyndham City Council Safer Communities Portfolio Meeting
North West FARREP Network	Wyndham Humanitarian Network Health and Wellbeing Working Group



STRATEGIC GOAL: Promote good health, safety and wellbeing in our workplace

Women's Health West's staff are our most important asset, and we undertook a number of actions in 2019-2020 to support the health, wellbeing and safety of our people. The achievements under this goal have in turn supported us to achieve all that we have under our other strategic goals.



Supported staff health and wellbeing

Women's Health West's Work Health, Safety and Environment Subcommittee continued to meet to ensure a safe and healthy physical environment for our staff. In addition, the related Wellbeing Group continued to run guided meditation sessions and organised fortnightly visits from a qualified massage therapist. The Wellbeing Group also provided staff with opportunities to connect with each other and participate in wellbeing activities. In October 2019, for World Mental Health day, the group organised for a gelato cart to visit the Footscray office and provide staff with free ice cream. Staff were also invited to write compliments about their colleagues, which were stuck to the office walls for everyone to see. In early 2020, the team introduced Taco Tuesday's and Thursday's and every fortnight the group would host a social lunch, inviting all staff to come and eat together. These events were a success as they allowed staff to connect with one another.

As a result of restrictions put in place to control COVID-19, many of our organisation-wide social activities ceased. Instead, our teams shifted to online platforms like Zoom and Microsoft Teams to engage with one another in a social as well as work capacity. The Wellbeing Group hosted a virtual organisation-wide social event for all staff to attend in May, with further events planned.

Committed to ensuring staff and client safety

Women's Health West commenced plans to renovate our Footscray building in early 2020. The project involved a rebuild and remodel of our two kitchens and the enlargement of our disabled toilet area. The development of this project was informed by staff feedback and our feminist toolkit, which indicated the need for better facilities, including a reduction in the amount of incidental foot traffic in workspaces. The Operations team were also responsible for upgrading our security systems. Advanced alarm systems and swipe access at the entrances to each of our locations, with security now managed internally, has meant the organisation is able to ensure the continued safety of our staff and clients.

STRATEGIC GOAL: Enhance the long term sustainability of Women's Health West and its work

It is crucial for Women's Health West to consistently improve our ability to sustain our work, regardless of changes in the political or funding environment. One of the ways we do this is by ensuring our services are constantly evolving to incorporate new and innovative ideas.

Strengthened organisational culture and capability

The Evidence and Impact Unit has played a vital role in transforming the organisation's culture and enhancing the long-term sustainability of our work. This is embodied in their work to strengthen our culture of reflection, evaluation, service improvement and advocacy. The team also facilitated a review of our Sanctuary model and started exploring ways the organisation could increase its revenue from training.

Committed to continuous improvement

Our Quality and Risk team is responsible for leading the management of Women's Health West's quality management systems (QMS). This process requires the team to conduct reviews to ensure we achieve a high level of compliance with the relevant standards, industry legislation and best practice guidelines. As well as a stringent review process, the team also reports on quality and risk management to help inform executive and governance monitoring responsibilities, and any required actions arising to respond to risks identified or gaps in compliance.

Over the past year, the organisation's continual shift into digital reporting has allowed the team to have a centralised oversight of its programs and QMS reporting. We have reviewed and upgraded the systems that manage our QMS, extending further modules to migrate and integrate risk and ISO accreditation requirements into our centralised QMS reporting systems for the new financial year.

In the last year we have also achieved 21 safety and compliance improvements, including implementation of an improvement register. This reflects our focus on improvements in safety, which we can also credit to the implementation of our ELMO system for improving staff awareness and training.

Improved our digital systems and technology

A key focus for our Operations team was to improve our digital systems and technologies. This included the development of our information and communication technology (ICT) system, which transformed from a reactive system to one that is preventative. The team were also able to transform this space by employing a full-time and dedicated ICT specialist in the organisation and negotiating a service agreement with our long-term ICT support provider. It is because of these developments that we reported a decrease in server and internet outages. These developments also ensured that Operations could best support staff with their working from home requirements during the COVID-19 pandemic.

Prior to the COVID-19 lockdowns, the team updated our computer refurbishment policy to purchase laptops instead of desktop computers. This action enabled the team to mobilise all staff within three weeks to enact COVID-19 working from home requirements.

The Operations team are also working on improving our telecommunication systems to enable faster interaction between clients and family violence team members, as well as improving our call transfer capabilities for those who are working from home.

Adapted processes and systems in a pandemic

Women's Health West has had to adjust our business to divert attention and resources to meet pandemic management requirements. This involved prioritising a shift to working from home, adjusting our service delivery models to remote and pandemically-safe onsite services, while minimising the impact this could have had on our clients.

Before sector guidelines were established to manage pandemic requirements, Women's Health West had already put controls in place to respond to the impacts of COVID-19. This allowed us to continue to provide our onsite and mobile afterhours outreach service for our most critical clients and most essential programs. We will also continue to innovate and improve on pandemic processes as a result of constant changes to manage risks to staff, while supporting risks to clients through adapted service delivery. Other challenges we faced as a result of the pandemic included being an essential service with existing client-centric frameworks, but also having to be staff-centric given our OHS requirements. Having the majority of our staff working from home has highlighted the gendered impacts of a pandemic on our workforce.

“ In a virtual and physically isolating environment our team and the whole organisation has had to evolve and work differently with changing plans. The impacts of uncertainty surrounding COVID-19 has made the Quality and Risk team consider staff mental health and staff capacity as a factor when prioritising actions for improvements. ”

- April Amosa, Manager – Quality and Risk

“ I've been especially proud of the response of the operations and reception team to be adaptable in supporting the staff to maintain their work requirements during these unprecedented times. ”

- Sarah Goodhart, Manager – Business Systems and Operations

Launched our online shop

In June 2020, we launched an online shop to test opportunities to diversify the organisation's income. The successful launch of the online shop will allow Women's Health West to further develop our income strategy and look at other sustainable income sources.

Following the successful development and reception of the sexual and reproductive health 'Consent, Empowerment and Respect' campaign in 2019, we decided to use the artwork on our promotional material. Images were printed on tote bags, notebooks and tea towels.

A priority for the shop was to ensure that its supply chain is as sustainable and ethical as possible. We have engaged suppliers – from our printers to our courier company – who are committed to reducing greenhouse emissions and their environmental footprint.

LOOKING TO THE FUTURE

On the horizon for Women's Health West in 2020-2021

Strategic Plan

We engaged Spark Strategy to lead a comprehensive process of strategic planning in collaboration with our staff, board, partner agencies, clients and communities. This was a rigorous and exciting process as we look to the future. We will finalise the plan for launching at our AGM in November 2020.

Rainbow Tick accreditation

As a component of Rainbow Tick accreditation and in developing our strategic goals for 2020-2025, we have identified the importance of ensuring safer and more accessible family violence services to members of LGBTQIA+ communities who experience family violence in Melbourne's west.

Rebranding

We are excited to commence a rebranding project to update the 'look and feel' of the organisation. The process will interrogate all aspects of our visual identity – who we are, what we represent and how we want to be seen – to ensure our new look is reflective of the organisation's vision, values and purpose.

Reconciliation Action Plan (RAP)

We look forward to developing our second Innovate RAP with partners and the Aboriginal community, including re-establishing the Women's Health West Aboriginal Advisory Committee.

Values

We are looking forward to the launch of our new organisational values. The values, values statements and behaviours were developed by a staff-led working group in collaboration with staff and board directors. These values will provide a shared purpose and shape the organisations identity and working culture.

Evaluation

We are committed to strengthening our evaluation culture through cross team collaboration on data and other projects.

OUR BOARD OF DIRECTORS



Maria DiGregorio,
Chair
Contractor
B. Ec (Accounting), Postgrad.
Dip. (Computing)



Elaine Montegriffo,
Deputy Chair
Interim CEO -
Leadership Victoria
Masters Social Science,
International Development,
BA (Honours) Philosophy



Jennifer Irvin,
Treasurer
CFO/Director, Keystone Health
Bachelor of Commerce
(in Accounting), CPA



Catherine Harding,
Board Director
Associate Director,
KPMG Australia
BA LL.B (Hons), Master of Public
and International Law



Christine Harding,
Board Director
Diversity and Inclusion
Specialist
Diploma of Teaching, Grad.
Dip Special Education and
MBT (Masters - Business
Administration and Technology)



Maree Mattner,
Board Director
Managing Director Operations
- Accenture
Bachelor of Business Studies
(HRM & Economics), Master of
Business Administration (HRM &
Project Management)



Dr Mimmie Ngum Chi Watts,
Board Director
(to March 2020)
Lecturer Community Health,
College of Health and
Biomedicine, Victoria University
RN, Grad. Cert. Tertiary
Education, Masters of Public
Health, PhD in Public Health



Nicola Rabôt,
Board Director
Manager - Planning and
Business, Victorian Government
M.Soc.Sci (by research), B.Soc.
Sci (Socio-Environmental
Assessment and Policy)



Tonye Segbedzi,
Board Director
Senior Policy and Research
Officer, Australian Association
of Gerontology
Bachelor of Arts, Bachelor of
Law, Grad. cert. of Management,
Master of Policy



Tanaya Lyons,
Board Trainee
Senior Administrative Officer
and Archivist, Victoria University
Bachelor of Arts Kyinandoo,
Bachelor of Arts Humanities
(Hons)

GOVERNANCE

Our board directors have a broad and diverse skillset to enable effective governance.

Women's Health West is incorporated under the Associations Incorporation Act and a board of directors (the board) oversees our affairs. Up to nine directors are drawn from and elected by our individual and organisational members – the community and sector in which we work.

Financial accountability is maintained via our finance team, who work with the board treasurer and finance and risk committee, with independent audited financial statements prepared each year in line with funding and regulatory requirements.

In addition to the finance and risk committee, there is also – a performance and succession subcommittee, an investment and funding diversification task group, a strategic planning task group and a governance subcommittee, which was established in March 2020.

Directors are elected for a two-year term and may serve for up to four consecutive terms.

They are expected to:

- Have a commitment to Women's Health West's vision and mission and be familiar with the organisation's affairs and those of the sector more broadly
- Make every effort to attend all board meetings (quorum is five)
- Be willing to serve on one or more board standing committees or task groups

The board appoints a chair, deputy chair and treasurer, who hold office for one year and may be re-appointed.

This year, we held 10 board meetings, with an 80 per cent attendance rate across all board directors.

STATEMENT BY THE MEMBERS OF OUR BOARD

In the opinion of the members of the board:

- a. The attached financial statements comprising the Statement of Comprehensive Income, Balance Sheet, Statement of Changes in Equity, Statement of Cash Flows and notes thereto are drawn up so as to give a true and fair view of the state of the Association's affairs at 30 June 2020 and of its results for the year ended on that date.
- b. At the date of this statement there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.
- c. The financial statements have been compiled in accordance with the Australian Accounting Standards Reduced Disclosure Requirements, the Associations Incorporation Act (Vic) 2012 and the Australian Charities and Not-for-profit Commission Act 2012.

This statement is made in accordance with a resolution of the members of the board by:



Maria DiGregorio
Chairperson



Jennifer Irvin
Treasurer

Date: 7 October 2020



FINANCIAL STATEMENTS

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2020

	Notes	2020 \$	2019 \$
Revenue	(2)	15,636,804	10,179,264
Employee expenses		(9,093,261)	(6,953,373)
Management and administrative expenses		(454,913)	(869,706)
Right-of-use interest expenses		(73,222)	-
Travel expenses		(21,525)	(21,525)
Motor vehicles expenses		(72,706)	(103,063)
Depreciation and amortisation		(455,162)	(153,689)
Occupancy expenses		(168,117)	(427,878)
ICT expenses		(358,681)	(207,147)
Client Support Services expenses		(3,117,000)	(3,593,340)
Training & Development expenses		(134,083)	(202,089)
Communication expenses		(61,548)	(64,068)
Surplus/(deficit) before income tax		1,625,525	(2,416,614)
Income tax expense	(1g)	-	-
Surplus/(Deficit) for the year	(1b)	1,625,525	(2,416,614)
Other comprehensive income for the year		-	-
Total comprehensive income for the year	(1b)	1,625,525	(2,416,614)

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2020

	Notes	2020 \$	2019 \$
Current assets			
Cash and cash equivalents	(4)	7,708,703	7,724,267
Trade and other receivables	(5)	369,717	238,859
Total current assets		8,078,420	7,963,126
Non current assets			
Leasehold improvements in progress		-	1,832
Plant and equipment	(6)	773,673	590,125
Right-of-use assets	(7)	1,777,479	-
Total non current assets		2,551,152	591,957
Total assets		10,629,572	8,555,083
Current liabilities			
Trade and other payables	(8)	1,237,810	1,030,854
Lease liabilities		210,562	-
Auspice funds	(9)	180,466	285,947
Employee benefits	(10)	970,889	768,686
Grants in advance	(11)	2,283,014	3,982,530
Total current liabilities		4,882,741	6,068,017
Non current liabilities			
Employee benefits	(10)	80,382	84,337
Lease liabilities		1,638,195	-
Total non current liabilities		1,718,577	84,337
Total liabilities		6,601,318	6,152,354
Net assets		4,028,254	2,402,729
Members' equity			
Reserves	(19)	2,672,749	1,082,150
Retained earnings		1,355,505	1,320,579
Total members' equity		4,028,254	2,402,729

STATEMENT OF CASH FLOWS AS AT 30 JUNE 2020

	2020 \$	2019 \$
Cash flow from operating activities		
Grants revenue and other receipts	15,171,602	15,805,097
Interest receipts	112,995	173,320
Payments to employees and suppliers	(14,727,396)	(14,173,397)
Interest paid – Lease Liabilities	(73,222)	-
Net cash generated from operating activities	483,979	1,805,020
Cash flow from investing activities		
Payments for plant and equipment	(313,876)	(275,176)
Net cash provided by (used in) investing activities	(313,876)	(275,176)
Cash flow from financing activities		
Auspice liabilities	-	(275,176)
Lease liabilities	(185,667)	-
Net cash used in financing activities	(185,667)	(9,523)
Net increase/(decrease) in cash	(15,564)	1,520,321
Cash at the beginning of the year	7,724,267	6,203,946
Cash held at the end of the year	7,708,703	7,724,267

STATEMENT OF CHANGE IN EQUITY FOR THE YEAR 30 JUNE 2019

	Reserve \$	Retained earnings \$	Total \$
Balance as at 1 July 2018	1,082,150	3,737,193	4,819,343
Surplus/(deficit)	-	(2,416,614)	(2,416,614)
Balance as at 30 June 2019	1,082,150	1,320,579	2,402,729
2020			
Balance as at 1 July 2019	1,082,150	1,320,579	2,402,729
Surplus/(deficit)	-	1,625,525	1,625,525
Allocation to reserves	1,590,599	(1,590,599)	-
Balance as at 30 June 2020	2,672,749	1,355,505	4,028,254

Full financial statements and accompanying notes are available on our website at whwest.org.au.

NOTE 1 - STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

Basis of preparation

Women's Health West Inc applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB), the Associations Incorporation Reform Act 2012 and the Australian Charities and Not-for-profits Commission Act 2012. The association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of the financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

Accounting policies

New standards adopted as at 1 July 2019

a. Leases

The Association has adopted AASB 16 Leases retrospectively with the cumulative effect of initially applying AASB 16 recognised at 1 July 2019. In accordance with AASB 16, the comparatives for the 2019 reporting period have not been restated.

The Association has recognised a lease liability and right-of-use asset for all leases (with the exception of short-term and low value leases) recognised as operating leases under AASB 117 Leases where the Entity is the lessee. The lease liabilities are measured at the present value of the remaining lease payments. The Association's incremental borrowing rate as at 1 July 2019 was used to discount the lease payments.

The right-of-use assets for leases were measured and recognised in the statement of financial position as at 1 July 2019 taking into consideration the lease liability, prepaid- and accrued lease payments previously recognised as at 1 July 2019 (that are related to the lease).

The following practical expedients have been used by the Association in applying AASB 16 for the first time:

- for a portfolio of leases that have reasonably similar characteristics, a single discount rate has been applied;
- leases that have remaining lease term of less than 12 months as at 1 July 2019 have been accounted for in the same way as short-term leases;
- the use of hindsight to determine lease terms on contracts that have options to extend or terminate;
- applying AASB 16 to leases previously identified as leases under AASB 117: Leases and Interpretation 4: Determining whether an arrangement contains a lease without reassessing whether they are, or contain, a lease at the date of initial application; and
- not applying AASB 16 to leases previously not identified as containing a lease under AASB 117 and Interpretation 4.

The following indicate the effect of initial application of AASB16:	\$
Operating lease commitments at 30 June 2019	2,309,352
Discount using the incremental borrowing rate at 1 July 2019	(332,614)
Lease liabilities recognised at 1 July 2019	1,976,738

The Entity's weighted average incremental borrowing rate on 1 July 2019 applied to the lease liabilities was 4.49%.

NOTE 1 - STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued).

Leases

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options, if the lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date, as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset, whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Association anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

b. Revenue and other income

Revenue recognition

The association applies AASB 15: Revenue from Contracts with Customers (AASB 15) and AASB1058: Income of Not-for-Profit Entities (AASB 1058) .

Grant revenue

The association enters into transactions involving several performance obligations. The total transaction price for the contract is allocated amongst performance obligations relative to the selling price as detailed in the funding contract. The transaction price for a contract excludes any amounts collected on behalf of third parties. Revenue is recognised over time when (or as) the association satisfies performance obligations by transferring the promised goods or services to its customer. If the outcome of the performance obligation cannot be reasonably measured, the association recognises revenue only to the extent of the costs incurred as the association expects to recover the costs incurred in satisfying the performance obligation.

Other revenue

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Revenue from the rendering of a service is recognised upon the delivery of the service to the customers. Interest revenue is recognised as it accrues, taking into account the effective yield on the financial asset. The gain or loss on disposal of non-current asset sales are recognised at the date control passes to the buyer, usually when an unconditional contract of sale is signed. The gain or loss on disposal is calculated as the difference between the carrying amount of the asset at the time of disposal and the net proceeds on disposal (including incidental costs). Donations are recognised when the funds are received. All revenue is stated net of the amount of goods and services tax (GST).

NOTE 1 - STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued).

c. Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount, and impairment losses are recognised either in profit or loss. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(j) for details of impairment). Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

The depreciable amount of all fixed assets is depreciated over the asset's useful life to the association commencing from the time the asset is held ready for use. Structural improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

<i>Class of fixed asset</i>	<i>Depreciation rate</i>
Plant & equipment	20% – 30%
Furniture & fittings	15% – 20%
Motor vehicles	23%
Right-of-use asset	term of lease

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount. Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise.

d. Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the association becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the association commits itself to either purchase or sell the asset. Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

The association only has financial instruments that are measured at amortised cost using the effective interest rate method or cost. The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in the statement of comprehensive income.

NOTE 1 - STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued).

Impairment

At each reporting date, the association assesses whether there is objective evidence that a financial instrument has been impaired. Impairment losses are recognised in the statement of comprehensive income.

e. Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks and other short-term highly liquid investments with original maturities of three months or less.

f. Goods and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in the statement of financial position are shown inclusive of GST. Cash flows are presented in the statement of cash flows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

g. Income tax

No provision for income tax has been raised as the association is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

h. Provisions

Provisions are recognised when the association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at reporting date.

i. Impairment of assets

At the end of each reporting period, the association assesses whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss.

Where it is not possible to estimate the recoverable amount of an individual asset, the association estimates the recoverable amount of the cash-generating unit to which the asset belongs.

j. Comparative figures

Where required by Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

k. Critical accounting estimates and judgments

The committee evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the association.

l. Employee benefits

Short-term employee benefits

Provision is made for the association's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

NOTE 1 - STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued).

The associations' obligations for short-term employee benefits such as wages and salaries are recognised as a part of current trade and other payables in the statement of financial position.

Other long-term employee benefits

The association classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the association's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss classified under employee benefits expense.

The association's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

NOTE 2 - REVENUE	2020 \$	2019 \$
Grant revenue	15,199,135	9,812,405
Other revenue		
Gain on disposal of plant and equipment	55,928	73,490
Donations	61,009	42,894
Sundry income and recoupments	210,242	80,265
Interest	110,490	170,210
Total revenue	15,636,804	10,179,264

**NOTE 3 - SURPLUS/(DEFICIT)
Surplus/(Deficit) for the year has been determined after:**

Interest expense – lease liabilities	73,222	-
Rental expense on operating leases	-	254,113

NOTE 4 - CASH AND CASH EQUIVALENTS

Cash at bank and in hand	2,783,034	2,893,484
Term deposits	4,925,669	4,830,783
Total cash and cash equivalent	7,708,703	7,724,267

NOTE 5 - TRADE AND OTHER RECEIVABLES

Trade receivables	52,632	29,049
Provision for impairment	-	-
Accrued interest	13,534	16,043
Bond	22,048	21,821
Prepayments	281,503	171,946
Trade and other receivables	369,717	238,859

NOTE 5 – TRADE AND OTHER RECEIVABLES (Continued).

Financial assets classified as loans and receivables (note 14)	2020 \$	2019 \$
Total trade and other receivables	369,717	238,859
Bond	(22,048)	(21,821)
Prepayments	(281,503)	(171,946)
Total financial assets classified as loans and receivables	66,166	45,092

NOTE 6 – PLANT AND EQUIPMENT	2020 \$	2019 \$
Furniture & fittings at cost	665,190	512,061
Less accumulated depreciation	(426,134)	(392,145)
Total furniture & fittings	239,056	119,916
Equipment at cost	533,865	417,872
Less accumulated depreciation	(283,812)	(200,505)
Total equipment	250,053	217,367
Motor vehicles at cost	394,872	372,223
Less accumulated depreciation	(120,064)	(165,545)
Total motor vehicles	274,808	206,678
Managed assets	26,996	69,209
Less accumulated depreciation	(17,240)	(23,045)
Total managed assets	9,756	46,164
Total plant and equipment	773,673	590,125

Movements in carrying amount	Furniture & Fittings	Equipment	Motor vehicle	Managed assets	Total
Balance at beginning of year	119,916	217,367	206,678	46,164	590,125
Opening balance adjustment	-	374	-	(374)	-
Additions at cost	153,129	115,993	150,953	-	420,075
Depreciation expense	(33,989)	(83,681)	(80,547)	(16,124)	(214,341)
Disposal at cost	-	-	(2,276)	(19,910)	(22,186)
Carrying amount at end of year	239,056	250,053	274,808	9,756	773,673

NOTE 7 – RIGHT-OF-USE ASSETS	2020 \$	2019 \$
Property		
Recognised on initial application of AASB 16	1,976,738	-
Depreciation expense	(251,177)	-
Net carrying amount	1,725,561	-
Copiers		
Recognised on initial application of AASB 16	57,687	-
Depreciation expense	(5,769)	-
Net carrying amount	51,918	-
Total right-of-use assets	1,777,479	-

AASB 16 related amounts recognised in the statement of profit or loss		
Depreciation charge related to right-of-use assets	256,946	-
Interest expense on lease liabilities	73,222	-

NOTE 8 – TRADE AND OTHER PAYABLES	2020 \$	2019 \$
Accounts payable	228,323	320,217
Payable to the ATO	445,908	361,366
Accrued expenses	489,258	269,414
Other payables	74,321	79,857
Total trade and other payables	1,237,810	1,030,854
Financial liabilities classified as trade and other payables (note 14)		
Total trade and other payable (note 14)	1,237,810	1,030,854
Payable to the ATO	(445,908)	(361,366)
Total financial liabilities classified as trade and other payables	791,902	669,488

NOTE 9 – AUSPICE FUNDS

The association administers funds on behalf of other entity in auspice capacity. Any funds held on behalf of the auspice entity is classified as a liability in the balance sheet. Any funds collected and expended on behalf of other entity is excluded from the statement of comprehensive income.

NOTE 10 – EMPLOYEE BENEFITS		
Current		
Annual leave	705,830	476,440
Long service leave	265,059	292,246
Total current employee benefits	970,889	768,686
Non-current		
Long service leave	80,382	84,337
Total non-current employee benefits	80,382	84,337
Total employee benefits	1,051,271	853,023

NOTE 11 – GRANTS IN ADVANCE					
	2019	Transferred to P&L	Received	Expended	2020
Grant	3,982,530	(1,504,128)	13,393,848	13,589,236	2,283,014
Total grant in advance	3,982,530	(1,504,128)	13,393,848	13,589,236	2,283,014

NOTE 12 – CONTINGENT ASSETS AND CONTINGENT LIABILITIES

Contingent Assets

The association is not aware of any contingent assets as at 30 June 2020

Contingent Liabilities

The association is not aware of any contingent assets as at 30 June 2020

NOTE 13 – ECONOMIC DEPENDENCY

The association is dependent on the Victorian Department of Health & Human Services for a material amount of its revenue used to operate the business. At the date of this report, the Board has no reason to believe this agency will not continue to support the association.

NOTE 14 – FINANCIAL RISK MANAGEMENT

The association's financial instruments consist mainly of deposits with banks, term deposits, accounts receivable and payables. The entity does not have any derivative instruments at 30 June 2020. The totals for each category of financial instruments are as follows:

	NOTE	2020 \$	2019 \$
Financial assets			
Cash and cash equivalents	(4)	7,708,703	7,724,267
Trade and other receivables	(5)	66,166	45,092
Total financial assets		7,774,869	7,769,359
Financial liabilities			
Trade and other payables	(8)	791,902	669,488
Total financial liabilities		791,902	669,488

NOTE 15 – COVID19

The impacts of COVID-19 on the Association's staff, operations, revenue and costs, are being monitored by the Board. The management executive continues to provide the Board with regular reporting and where necessary, mitigation plans, to ensure the safety and well-being of all staff, as well as the ongoing ability of the organisation to provide continuity of service for all contracts and stakeholders.

NOTE 16 – KEY MANAGEMENT COMPENSATION

Compensation paid and payable	795,293	645,125
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NOTE 17 – EVENTS AFTER THE REPORTING PERIOD

There has been no matter or circumstance that has arisen since the end of the financial year that has significantly affected or may significantly affect the operations of the association.

NOTE 18 - ASSOCIATION DETAILS

The registered office of the association and principal place of business is 317 – 319 Barkly Street, Footscray Vic 3011

NOTE 19 - RESERVES

Movements	Future development	Building Equipment ICT	Program Initiatives	Program Reserve	WHW Reserve	Total
Balance at beginning of year	539,192	178,643	364,315	-	-	1,082,150
Transferred	(539,192)	(178,643)	(364,315)	-	1,082,150	-
Addition	-	-	-	1,300,000	290,599	1,590,599
Carrying amount at end of year	-	-	-	1,300,000	1,372,749	2,672,749

Program reserve is to provide:

- funds for new initiative defined in line with the association's strategy goals

WHW reserve is to provide:

- funds for projects, refurbishment or purchase relating to buildings, equipment and ICT as required and
- funds major projects planned over the longer term

NOTE 20 – RELATED PARTY TRANSACTIONS

There were no related party transactions in 2020.

NOTE 21 – AUDITORS REMUNERATION

	2020 \$	2019 \$
Audit services	7,975	7,650
Other services	-	-
Total	7,975	7,650

TRUE AND FAIR CERTIFICATION BY MEMBERS OF THE COMMITTEE

The committee members of the registered entity declare that, in their opinion:

1. The financial statements and notes, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:
 - a. comply with Australian Accounting Standards – Reduced Disclosure Requirements; and
 - b. give a true and fair view of the financial position of the registered entity as at 30 June 2020 and of its performance for the year ended on that date.
2. There are reasonable grounds to believe that the registered entity will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subs 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2013.



Maria DiGregorio
Chairperson



Jennifer Irvin
Treasurer

Date: 7 October 2020



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF WOMEN'S HEALTH WEST INC.

Opinion

We have audited the financial report of Women's Health West Inc. (the Association), which comprises the statement of financial position as at 30 June 2020, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and the statement by the Board.

In our opinion, the financial report of the Association is in accordance with the Associations Incorporation Reform Act (Vic) 2012 and Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

- (a) giving a true and fair view of the Association's financial position as at 30 June 2020 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements, the Associations Incorporation Reform Act (Vic) 2012 and Division 60 of the Australian Charities and Not-for-profits Commission Regulations 2013.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

In conducting our audit, we have complied with the independence requirements of the Australian Charities and Not-for-profits Commission Act 2012.

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

Information Other than the Financial Report and Auditor's Report Thereon

The Board members are responsible for the other information. The other information comprise the information included in the Association's annual report for the year ended 30 June 2020, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF WOMEN'S HEALTH WEST INC. (continued)

Responsibilities of the Board for the Financial Report

The Board and Association are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosure Requirements, Associations Incorporation Reform Act (Vic) 2012, and the Australian Charities and Not-for-profits Commission Act 2012. The Board's responsibility also includes such internal control as the Board determines is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Board is responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the Board either intend to liquidate the Association or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF WOMEN'S HEALTH WEST INC. (continued)

We also provide the directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Matters Relating to the Electronic Publication of the Audited Financial Report

This auditor's report relates to the financial report Women's Health West Inc. for the year ended 30 June 2020 included on the Association's website. The Association's directors are responsible for the integrity of the Association's website. We have not been engaged to report on the integrity of the Association's website. The auditor's report refers only to the subject matter described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of the financial report are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial report to confirm the information contained in this website version of the financial report.

MCLEAN DELMO BENTLEYS AUDIT PTY LTD

Martin Fensome
Partner

Hawthorn
8 October 2020

ACKNOWLEDGEMENTS AND THANKS

Women's Health West recognises that the land on which we work and provide our services always was and always will be Aboriginal land.

We proudly acknowledge the Aboriginal and Torres Strait Islander communities across Melbourne's west, their rich cultures, diversity, histories and knowledges, and the contribution they make to the life of this region.



We acknowledge the impacts of colonisation, as well as the strength and resilience of Aboriginal and Torres Strait Islander communities, and express solidarity with the ongoing struggle for land rights, self-determination, sovereignty and recognition of past injustices.



Women's Health West champions diversity in everything we do. We are committed to providing a safe and inclusive environment for LGBTQIA+ clients and staff.



Women's Health West is a member of Gender Equity Victoria (GEN VIC), the peak body for gender equity, women's health and the prevention of violence against women. GEN VIC works with organisations across Victoria to advance a shared vision of gender equality, health and freedom from violence for every woman and girl in every community across Victoria. Through GEN VIC, Women's Health West advocates, influences and collaborates to improve outcomes in gender equity, women's health and in the prevention of violence against women at a state-wide level.



Women's Health West could not undertake our work without the significant funding support we receive from the Victorian State Government, as well as funds received from the Federal Government.

THANK YOU

Our huge thanks go to Women's Health West's members, as well as our partner agencies, clients and communities. We could not achieve our goals without their commitment, dedication to working in partnership, to human rights, and to sharing their stories with us.

The donations we received from generous community members and philanthropic agencies provided vital funding for our programs and services throughout the year. We are enormously grateful for the generosity of everyone who donated to or fundraised for Women's Health West this year.

Particular thanks goes to the Department of Health and Human Services, Family Safety Victoria, Office for Women, Department of Premier and Cabinet, CoHealth, City West Water, Wyndham City Council, Western Bulldogs, Inner North West Primary Care Partnership, Health West Partnership, Brimbank City Council, IPC Health Altona Meadows, Melbourne City Council and Melton City Council for funding programs this year.

We would like to thank our skilled and dedicated board of directors, who show great commitment and energy in supporting and guiding our work.

And our absolute thanks go to our staff. Their commitment to creating a more just world for women is unsurpassed, and we thank them for their courage, hard work and enthusiasm.







WOMEN'S HEALTH WEST
ANNUAL REPORT 2019-2020

www.whwest.org.au