Annual Report

2009–10

PROMOTING BLADDER AND BOWEL HEALTH
History of the Continence Foundation of Australia

The Continence Foundation of Australia (CFA) is the peak body for continence promotion, management and advocacy. The organisation was founded in 1989 by an alliance of health professionals and corporate representatives who wanted to achieve better advocacy and services for people with incontinence.

The CFA has representation across Australia with a branch or resource centre located in each state and territory. Its National Office manages the National Continence Helpline, Continence Awareness Week, and education and awareness programs under the Australian Government’s National Continence Management Strategy.

The Foundation publishes the *Australian and New Zealand Continence Journal* for health professional members and *Bridge* consumer newsletter.

The Foundation’s Board of Directors is voluntary and is committed to building a strong organisation dedicated to ‘promoting continence and managing incontinence.’

Problems related to weak bladder or bowel are widespread, impacting on the quality of life of around 1 in 5 Australians. Incontinence affects men and women from all backgrounds and walks of life. It includes childhood bed-wetting and crosses all age groups through to aged care. The costs of incontinence to the community and the individual are significant – both socially and financially.
## CONTENTS

Continence Foundation of Australia: Mission and Objectives ......................................................... 2
Board Members 2009–10 ............................................................................................................. 3
Sub-committees to the CFA Board ............................................................................................ 4
President’s Report ....................................................................................................................... 5
CFA Board of Directors ............................................................................................................... 7
Projects ....................................................................................................................................... 8
Awareness Raising ...................................................................................................................... 9
Education .................................................................................................................................... 12
Australian and New Zealand Continence Journal ....................................................................... 15
National Continence Helpline ..................................................................................................... 16
Community Support ................................................................................................................... 17
Industry Support ........................................................................................................................ 18
Reports from CFA Branches and Resources Centres ................................................................ 19
Financial Statements ................................................................................................................ 25
Auditor’s Independence Declaration .......................................................................................... 35
Independent Audit Report .......................................................................................................... 36
Directors’ Declaration ............................................................................................................... 38
Director’s Report ........................................................................................................................ 39
National Office Staff .................................................................................................................. inside back cover
CONTINENCE FOUNDATION OF AUSTRALIA: MISSION AND OBJECTIVES

Membership comprises:

- consumers with incontinence and their carers;
- health professionals such as continence nurse advisors, continence physiotherapists, general nurses, GPs and specialists;
- organisations with an interest in incontinence; and
- companies supplying continence-related products

Our vision

An Australian community free of the stigma and restrictions of incontinence.

Our mission

To represent the interests of our membership and work with our stakeholders to improve the quality of life of all Australians affected by incontinence.

Our objectives

- Raise community awareness of this major health condition
- Encourage people to seek professional help
- De-stigmatise bladder and bowel issues as ‘taboo’ topics for the wider community
- Educate both the community and clinicians to improve their understanding of incontinence-related issues
- Promote the better management of incontinence in the home and all residential settings
- Encourage the development of accessible continence services and information centres
- Support the development of self-help groups
- Facilitate and/or fund continence-related research
## BOARD MEMBERS 2009–10

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Michael Murray</td>
<td>MB, BS, MPH, FRACP</td>
</tr>
<tr>
<td>Vice-President</td>
<td>Ian Tucker</td>
<td>MB, BS, FRCOG, FRANZ, COG, CU</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Therese Tierney</td>
<td>RN, CRRN (USA), Grad Dip Bus Mgt</td>
</tr>
<tr>
<td>Director</td>
<td>Hugh Carter</td>
<td></td>
</tr>
<tr>
<td>Elected Ordinary Director</td>
<td>Darryl Kelly</td>
<td>RN, BScN, Post Grad Dip Nursing, MRCNA</td>
</tr>
<tr>
<td>Elected Ordinary Director</td>
<td>Kay Josephs</td>
<td>RN, CNC, CNA, Cert IV</td>
</tr>
<tr>
<td>Elected Ordinary Director</td>
<td>Glenice Wilson</td>
<td>RN BSc, Grad Dip Continence, Grad Cert Mens Health, MRCNA Churchill Fellow 1992</td>
</tr>
<tr>
<td>Chief Executive Officer/Secretary</td>
<td>Barry Cahill</td>
<td>BBus, MHA</td>
</tr>
<tr>
<td>Industry Advisor to the Board</td>
<td>Lesley Barton</td>
<td>RN, CNA</td>
</tr>
<tr>
<td>Solicitors</td>
<td>Brian Ward &amp; Partners</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level 11, 555 Lonsdale Street, Melbourne, Victoria</td>
</tr>
<tr>
<td>Auditor</td>
<td>Tim P Meehan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prospect Accountants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Office 4, 321 Balwyn Rd, North Balwyn, Victoria</td>
</tr>
<tr>
<td>Bankers</td>
<td>ANZ Bank</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>North Carlton, Victoria</td>
</tr>
</tbody>
</table>
SUB-COMMITTEES TO THE CFA BOARD

**State President’s Committee**
Michael Murray (Chair)
Irmina Nahon (ACT)
Margaret Tipper (NSW)
Judith Goh (QLD)
Tess Steel (TAS)
Dee Greenwood (VIC) until Oct 2009
Judy Sincock (VIC) from Feb 2010
Christopher Barry (SA)
Gail McBean (NT)
Darryl Kelly (WA) until Nov 2009
Karin Allingham (WA) from Nov 2009
Barry Cahill (CEO)

**Finance Sub-committee**
Therese Tierney (Chair)
Barry Cahill
Meri Lyons (until 7 May 2010)
Frances Correa (from 27 April 2010)

**Paediatric Advisory Sub-committee**
Janet Chase (Chair)
Wendy Bower
Barry Cahill
Frances Connor
Vivienne Corcoran Smith
Denise Edgar
Susie Gibb
Mark Gibberson
Lil Johnstone

**Australian & New Zealand Continence Journal Committee**
Assoc Prof Pauline Chiarelli (Chair & Editor)
Barry Cahill (CFA)
Jan Zander (NZCA)
Assoc Prof Hans Peter Dietz
Shona McKenzie
Dr Margaret Sherburn
Assoc Prof Winsome St John
Dr Vincent Tse
Assoc Prof Mark Weatherall
Assoc Prof Kate Moore
Prof Beverley O’Connell
Jacinta Miller (Production Editor)

**Continence Awareness & Support Project (CASP) Steering Committee**
Barry Cahill (Chair)
Jacquie Lodewyke
Pauline Chiarelli
Lesley Millar
Phillip Herreen
Lisa Wragg
Sue Thomas (DoHA until Dec 2009)
Sally Burgess (DoHA until Nov 2009)
Kerry O’Dea (DoHA)
Jo Cross (DoHA Dec 2009 – Mar 2010)
Bev Hamming (DoHA)
Rosalie Donhardt

**Bridge Editorial**
Anne Ramus (Editor)
Barry Cahill
Fay Brassington
Hugh Carter
Colin Cassells
Elizabeth Kirby
Jacquie Lodewyke
Steve Marburg
Frank Ritchie
Shirley Shaw
Glencie Wilson
Susan McCarthy

**Consumer Advisory Committee**
Hugh Carter (Chair)
Elizabeth Kirby
Barry Cahill
Fay Brassington
Shirley Shaw
Frank Ritchie
Phillip Herreen
Tania Hayes
Lionel Foote

**Board of Trustees Sub-committee**
Michael Murray (Chair)
Therese Tierney
Hugh Carter
Darryl Kelly
Glencie Wilson
Barry Cahill

**18TH NATIONAL CONFERENCE ON INCONTINENCE 2009**

**Scientific Committee**
Christopher Barry (Chair)
Barry Cahill
Donna Coates
Rosalie Donhardt
Kym Horsell
Annette Innes
Leigh Pretty
Ann Robinson
Nick Rieger
Fiona Roney
Elvis Seman
Di Semmler
Ian Tucker

**19TH NATIONAL CONFERENCE ON INCONTINENCE 2010**

**Scientific Committee**
Michael Murray (Chair)
Christopher Barry
Barry Cahill
Janet Chase
Pauline Chiarelli
Peter Dwyer
Kate Moore
Christine Murray
Di Semmler
Marg Sherburn
Ian Tucker
Michael Whishaw
This year we celebrate a milestone in the history of the Continence Foundation of Australia. Like so many historical events, precise details can become muddled with time, but what we know for sure is that the Continence Foundation of today owes a lot to the passionate, committed group of people who first met in 1986 as a small working group. This working group were the forerunners to the National Taskforce on Incontinence which would eventually become incorporated as the Continence Foundation of Australia on 31 December 1989.

Our first President, David Fonda, along with numerous board and committee members have shown enormous dedication to the Continence Foundation and its goals since these early days, and many still continue to be involved. In our 21st year, I am proud to present to you this annual report on outcomes achieved by the Continence Foundation of Australia in 2009–10.

Much of our efforts over the past year have been focused on the introduction of the Australian Government’s Continence Aids Payment Scheme (CAPS), planned for 1 July 2010. CAPS provides a direct payment to clients to increase flexibility and choice about where they purchase their continence products. It will allow clients to get the best value for money and most appropriate products for their individual needs. In the lead up to the new scheme, we have been working with our members and the Department of Health and Ageing (DoHA) to ensure a smooth changeover and prevent clients from being disadvantaged by the changes.

DoHA has shown commitment to making the move to CAPS as smooth as possible, particularly through providing support to the Continence Foundation to develop an extensive national continence services directory and a product supplier and manufacturers directory. All directories are available from our website for use by health professionals, the public and staff working on the National Continence Helpline (NCHL).

In preparation for the introduction of CAPS, we also received support from DoHA to expand the call handling capabilities of the NCHL, including hardware and software upgrades. This means we can now have more nurses staffing the Helpline at any one time, and can route calls to the most suitable staff member depending on the enquiry. A new customer relationship management system is also set to be implemented in late 2010, accompanied by a new website. As a whole, these changes equip the Continence Foundation with the tools needed to step confidently into the future and continue to improve the quality of life of all Australians affected by incontinence.

Aside from preparing for the introduction of CAPS, there have been many other exciting achievements and developments during the year, including:

- Successful completion of the third year of management of the Continence Awareness and Support Project (CASP) funded by the Australian Government under the National Continence Management Strategy (NCMS). Our central awareness raising activity for the year, Continence Awareness Week, focused on the important issues faced by people caring for someone with incontinence. An extension of the CASP was negotiated for a further six months ending 31 December 2010.
- The 18th National Conference on Incontinence in Adelaide was attended by 595 delegates. Thanks to the efforts of Scientific Committee with Dr Chris Barry as Chair, this was by far the most successful conference in the history of the Continence Foundation. We were again able to award scholarships under NCMS to support a further ten health professionals to attend the conference.
- In partnership with key corporate stakeholders, we commissioned Access Economics to undertake research into the economic cost of incontinence in Australia. The research will reveal the economic impact of incontinence and the burden of disease of incontinence and will form the cornerstone of our advocacy activity at both Federal and State/Territory level in the coming years.
- Assoc Prof Pauline Chiarelli was appointed as Editor of the Australian & New Zealand Continence Journal (ANZCJ). Pleasingly, both the ANZCJ and our consumer magazine, Bridge, have continued to grow in circulation over the past 12 months.
• Memorandum’s of Understanding (MOUs) were entered into for the first time with the Continence Foundation of Australia resource centres in Western Australia, South Australia, New South Wales and Victoria. The MOUs strengthen the productive working relationship that exists between the national office and state-based resource centres.

• Development and delivery of two accredited courses on chronic disease self management, in partnership with The Benchmarque Group and Health Issues Centre, under an Australian Government contract. The courses were specifically targeted at primary care nurses and Indigenous health workers and were extremely well received.

• As the national peak body for continence, we met detailed performance measures that form part of our funding agreement with the Department of Health and Ageing’s Community Sector Support Scheme (CSSS). We successfully negotiated a further funding agreement for the 2010–11 year.

• An increase of almost 20 percent in calls to the National Continence Helpline (NCHL), managed by the Continence Foundation and funded under the NCMS. The NCHL received nearly 26,000 calls in 2009–10 from consumers, carers and health professionals, demonstrating the worth of this important service.

In November 2009 our Annual General Meeting was held in Adelaide, with one hundred and thirty one members present. Congratulations to Therese Tierney, Hugh Carter and Darryl Kelly on their reappointments to the Board. I wish to thank my fellow Directors, State Presidents, Resource Centre Managers, Sub-committee members, and all members and staff who have contributed to this year’s outcomes. Our thanks also to our many corporate supporters who have assisted us with so many projects throughout the year.

I would especially like on behalf of the National Board and the whole membership to give a large vote of thanks to Barry Cahill and his great team at the National Office.

Michael Murray
July 2010

The Continence Foundation’s National Office relocated to new premises in late-June 2010, after almost a decade in AMA House, Parkville. The new office on Sydney Rd, Brunswick, features modern workstations and a specially fitted-out room for the National Continence Helpline.
State Presidents’ Meetings

Regular meetings throughout the year have been held between the National President and the State Presidents. The meetings provide an important communication link between the national Board and State Branches. One face-to-face meeting of State Presidents and the Board is scheduled to be held during the National Conference. Thank you to all State Presidents for their support of the Foundation’s activities through the year and National Office.

Paediatric Advisory Sub-committee

The Paediatric Advisory Sub-committee (PASC) is a sub-committee of the Board. A multidisciplinary committee the membership represents professionals who participate in the care of children with incontinence problems, and consumers. The committee provides specialist expertise on projects undertaken by the Continence Foundation that have a paediatric focus.

During the year the committee has continued to support the paediatric news column in the *Australian & New Zealand Continence Journal* providing regular updates from the International Children’s Continence Society (ICCS) and local information.

During the year two new members joined the PASC; Mark Gibberson from Royal Children’s Hospital, Sydney and Frances Connor from Royal Children’s Hospital, Brisbane.

The PASC and the Continence Foundation continue their close association with the ICCS. Currently planning is proceeding with the possibility of holding a joint meeting with ICCS in 2014. Tryggve Neveus, the Secretary General of the ICCS is participating at the Alice Springs conference in October 2010.

Industry Advisor to the Board

The appointment of an Industry Advisor to the Board has meant ongoing liaison at Board level with a representative from the continence products industry sector. This allows the Board of Directors and management to benefit from informed corporate opinion nationally.

Lesley Barton of Sanicare continued in this role in 2009–10. Her broad industry experience plus her background as a continence nurse advisor has proved of real value to the Foundation.

Consumer Advisory Committee

The CFA Consumer Advisory Committee is dedicated to advising the CFA on strategies to enhance and promote consumer and community participation in the development, implementation and evaluation of activities. The Consumer Advisory Committee comprises eight members representing:

- Alzheimer’s Australia
- Carers Australia
- Consumer Health Forum
- MS Australia
- ParaQuad Australia
- The Disability Council of Australia; and
- The Prostate Cancer Foundation of Australia.

The CFA would like to thank its members for their invaluable input into our planning over the past 12 months.

Scott Mayne, National Sales Manager, Kimberly-Clark Australia (left) presents CFA President, Michael Murray with a cheque towards the work of the foundation at the 18th National Conference on Incontinence, Adelaide, South Australia
## Projects

### Continence Awareness and Support Project (CASP)

The Continence Awareness and Support Project (CASP) is a key initiative of Phase Three of the Australian Government’s *National Continence Management Strategy* and has been managed by the Continence Foundation over the past three years.

The key objectives of the project are to:

- promote bladder and bowel health
- raise awareness of the diagnosis, treatment and management of incontinence, and
- facilitate access to a range of information and support services.

This is facilitated through the following activities:

- the operation of the National Continence Helpline
- relationship building with continence related agencies and groups
- the coordination of education and training activities across Australia, and
- the coordination of awareness raising activities such as Continence Awareness Week.

The activities of CASP are seamlessly aligned with the overall objectives of the Continence Foundation, which supports us to reach our mission and vision. Ongoing funding for the project will be subject to review under Phase Four of the *National Continence Management Strategy*.

### Chronic disease self management projects

The Continence Foundation successfully secured funding from the Australian Government Department of Health and Ageing to develop and deliver two accredited courses on chronic disease self management during the 2009–10 year. These projects were undertaken in partnership with The Benchmarque Group and Health Issues Centre.

The first course *Vocational Graduate Certificate in Chronic Disease Self Management Advising* targeted primary care nurses, with a total of 86 courses delivered nationally.

The second course *Course in Chronic Disease Self Management Support* targeted Indigenous health workers, with a total of 96 courses delivered nationally.

Both courses will continue to be delivered by The Benchmarque Group, with a credentialing process for the *Vocational Graduate Certificate in Chronic Disease Self Management Advising* currently being developed by the Australian Practice Nurses Association. This process will support the establishment of formalised Chronic Disease Self Management Advisors across the health system.
Partnerships and collaborations

The Continence Foundation has continued to work with a broad range of continence-related stakeholders over the past year. These stakeholders include peak bodies, professional organisations and corporate groups.

Examples of activities conducted in collaboration with these groups include:

- the development of information resources
- reciprocal articles in newsletters, magazines and websites
- reciprocal attendance at educational forums, and
- input into policy and advocacy activities.

Key stakeholders the Continence Foundation has worked in collaboration with over the past year include:

- Australian Fitness Network
- Australian Nurses for Continence
- Australian Physiotherapy Association
- Australian Practice Nurses Association
- beyondblue
- Carers Australia
- Chronic Illness Alliance
- Consumer Health Forum
- Ferring Pharmaceuticals
- Fitness Australia
- Foundation 49
- Hartmann Pty Ltd
- Independence Australia
- Intouch Direct
- Kimberly-Clark Australia
- Kinect
- Norgine Pharmaceuticals
- Prostate Cancer Foundation of Australia
- Pharmacy Guild of Australia
- SCA Hygiene Australasia

Bridge magazine

*Bridge* is the quarterly consumer magazine of the Continence Foundation. *Bridge* is written and managed by the Editor and overseen by the Editorial Committee, which comprises a multidisciplinary group of health professionals, consumers and carers.

**Bridge magazine – Editor’s report**

The popularity of *Bridge* has continued to grow over the past year with a minimum of 20,000 copies produced each quarter. *Bridge* aims to improve the understanding of incontinence for people from all age groups and all walks of life. Each edition is dedicated to a different theme, which reflects a particular continence-related issue.

The Spring 2009 edition focused on the role of carer’s in conjunction with Carers Week, and highlighted the link between incontinence and chronic conditions such as diabetes, heart disease and arthritis.

The Summer 2009 edition provided an overview of the Australian Government’s *National Continence Management Strategy* and celebrated the immense gains in community and health professional awareness, education and research since the strategy’s inception in 1998.

The Autumn 2010 edition focused on continence products, which encouraged people to live life to the fullest using the right continence products to suit their needs. The primary message of this edition was: seek professional help to choose products wisely. A special products edition of *Bridge* was also produced to support the launch of the Australian Government’s Continence Aids Payment Scheme.

The Winter 2010 edition supported Continence Awareness Week, which focused on bowel health. Articles included a focus on common concerns and how to tame a misbehaving bowel, while providing information about self-management. This edition encouraged professional help as the best option for anyone experiencing ongoing difficulties.

We appreciate the efforts of the many individuals and organisations who help to distribute *Bridge* in their local communities, and our thanks also to those who
responded so positively to the reader’s survey – your praise was as equally welcome as the suggestions for improvement.

My thanks also to the Editorial Panel for their review and suggestions for each issue.

On behalf of the Continence Foundation, I extend our appreciation to InTouch, Protect-a-Bed and BrightSky who supported Bridge this past year, enabling extended print runs through their advertising.

Anne Ramus
Bridge Editor

Continence Awareness Week 2009

Continence Awareness Week is the key awareness raising activity of the Continence Foundation and is supported by our members and partner organisations. The aim of Continence Awareness Week is to promote a key topic related to bladder and bowel health, with the topic of ‘carers’ selected in 2009.

Continence Awareness Week was officially launched at Old Parliament House Canberra on Friday 31 July 2009. The launch was attended by 60 stakeholders and was supported by a range of guest speakers who provided meaningful insights into the difficulties faced by carers.

As with our previous Continence Awareness Weeks, the 2009 event was supported by a poster which tied into the theme of carers. The poster featured Tania Hayes, who is a member of the Continence Foundation’s Consumer Advisory Committee and an ambassador for Carers Australia, with her husband Warren and their son Josh.

Tania has been Warren’s primary carer for many years, and played an integral role in planning for Continence Awareness Week 2009. She was also responsible for the slogan of the 2009 campaign Knowing someone else cares when ‘nature calls.’

Continence Awareness Week 2009 was supported by an integrated media campaign that included print, radio, television and online communication channels. Whilst primarily promoting the message of carers, the campaign also extended to other at risk groups such as women and children.

Media outreach in support of the campaign reached in excess of 2.5 million Australians. This included the development of three advertorials which were featured on Channel 9’s WIN TV during peak viewing times.

Evaluation of the campaign demonstrated that the theme of carers was successful in generating nearly 3500 calls to the National Continence Helpline.
Pelvic Floor Fitness Project

The Pelvic Floor Fitness Project is a key initiative of the Continence Foundation. The aim of the project is to educate fitness professionals about the link between exercise and pelvic floor dysfunction and encourage the adoption of pelvic floor safe exercises, particularly for high risk groups.

To date, the Continence Foundation has successfully achieved the following outcomes in relation to the Pelvic Floor Fitness Project:

- establishing a multidisciplinary working group to oversee the aims and objectives of the project
- successfully lobbying for pelvic floor and women’s health issues to be included in the National Fitness Industry Training Package, and
- presenting an overview of the project, including the link between exercise and pelvic floor muscle dysfunction at Filex, the largest fitness professional conference in Australia.

The Continence Foundation is currently working on the following activities in further support of this project:

- the development of a consumer resource about exercise and pelvic floor muscle dysfunction
- the development of a fitness professional resource about high risk groups for pelvic floor muscle dysfunction and pelvic floor safe exercises
- the development of a range of speakers kits to support the delivery of education by continence health professionals to fitness professionals, and
- the development of an online education program.

International Continence Society Meeting

In September 2009, the Continence Foundation attended the International Continence Society Meeting (ICS) in San Francisco. Two presentations were delivered by the Continence Foundation at this conference, which included Listening to the voices of children and young people with continence problems and Continence Education in Remote and Indigenous Australia.

The Continence Foundation also attended several meetings of the ICS Promotions Sub-Committee and played a major role in the review and redevelopment of the ICS Continence Promotions Sub-Committee website.

Continence Foundation website

The Continence Foundation’s website www.continence.org.au continues to be a popular point of reference for consumers, carers and health professionals, receiving nearly 3,500,000 hits over the last year.

As part of our commitment to continual improvement we will launch a new website in July 2010, which will incorporate the feedback we have received over the past few years.

The new website will provide warm and easy to understand information for consumers and carers, and clinical information and updates for health professionals, with the following features introduced over time:

- an improved resource ordering system
- a user friendly online forum
- the ability to register for events online
- the ability to join or renew your membership online, and
- the ability to search for a continence service provider or product supplier/manufacturer using an online directory.
18th National Conference on Incontinence

The National Conference on Incontinence is the largest continence education event in Australia. Hosted by the Continence Foundation on an annual basis, this multidisciplinary conference provides a platform for the latest research in the field of incontinence, featuring both national and international guest speakers.

The 18th National Conference on Incontinence was held at the Adelaide Convention Centre, Adelaide, South Australia, from 4–7 November 2009. The four day conference program provided one full day of workshops followed by the scientific program and trade exhibition and was attended by a total of 595 health professional and trade delegates, the largest number to date.

With six international and local keynote speakers highlights at the conference included the Robert Taylor Memorial Address delivered by Prof Michael Kamm on the topic Functional gut and pelvic floor disorders – relationship between the psyche, neural control, the bowel and the bladder, and presentations from celebrity guest Bettina Arndt on The truth about men, women and sex.

Such highlights were only overshadowed by the extraordinary program including seven very successful workshops. Our sincere thanks to Dr Chris Barry, Chair for the 2009 event, and his colleagues on the Scientific Committee who all worked so hard to deliver what has been the most successful conference in the Foundation’s history.

Jan Paterson Awards

The Jan Paterson Awards at the 18th National Conference on Incontinence were presented to the following presenters:

- Best Paper – Emmanuel Karantanis
  Women who cannot contract their pelvic floor muscles – avulsion or denervation? The Pelvic Floor Neuroanatomy Study

- Best Poster – Deborah Courtney
  The Role of Clinical Audit in Improving Orthopaedic Bowel Care Outcomes

20th National Conference on Incontinence

16–19 November 2011
Crown Conference Centre, Melbourne
National Continence Scholarships Program

The Continence Foundation, with funding under the Continence Awareness and Support Project, sponsored 10 health professionals to attend the 18th National Conference on Incontinence.

The aim of the scholarship program was to support health professionals working in continence care (or with an interest in continence care) to upskill their knowledge and skills in continence diagnosis, treatment and management.

Congratulations go to the following recipients:
- Jenny Whitehurst, continence nurse advisor
- Susan Torr, continence nurse advisor
- Marco Hake, continence nurse advisor
- Cathy Arnall, continence and women’s health physiotherapist
- Nermine Malak, continence and women’s health physiotherapist
- Irmina Nahon, continence and women’s health physiotherapist
- Rebecca Anderson, registered nurse
- Jan Hercus, registered nurse
- Eleanor Hannah, residential aged care nurse
- Katrina McCloskey, residential aged care nurse

Every Body’s Business forums

Every Body’s Business forums are a key education and awareness raising activity under the Continence Awareness and Support Project. These free forums target both health professionals and consumers in order to raise awareness about incontinence and bladder and bowel health. Each event comprises an evening information session for the general public, and a full day education session for health professionals.

In 2009–10 the Continence Foundation coordinated two Every Body’s Business forums. These were held in Albury, New South Wales and Tanunda, South Australia.

The theme of these forums was women’s health, which was complimented by the slogan of Every Woman’s Business. This theme proved to be very popular among consumers and health professionals with the two events attended by a combined total of 209 health professionals and 126 consumers.

Every Body’s Business is supported by a strong network of partnerships, which include peak body and industry groups. Examples of organisations the Continence Foundation partnered with in 2009–10 include:
- Alzheimer’s Australia
- beyondblue
- Cancer Council
- Arthritis Australia
- Jean Hailes Foundation
- National Stroke Foundation, and
- Diabetes Australia.
Accredited Continence Education

The Continence Foundation delivered a number of CFA/Benchmarque accredited continence education courses under the education and training portfolio of the CASP.

These courses were met with a high level of interest and offered an alternative mode of education to Every Body’s Business Forums or attendance at the National Conference on Incontinence.

In 2009–10 two Certificate II in Continence Promotion and Care courses were delivered to Indigenous health workers or health workers that work with Indigenous people in:

- Toowoomba (QLD)
- Cairns (QLD)

Indigenous Health

The Continence Foundation has continued its focus on Indigenous health by sponsoring 35 Indigenous health workers to undertake an accredited course in continence promotion and care, under the Continence Awareness and Support Project.

The Continence Foundation has also been contracted to undertake a review of the current range of Indigenous resources available under the National Continence Management Strategy which will be launched at the 19th National Conference on Incontinence in Alice Springs.
The Australian and New Zealand Continence Journal is a quarterly publication produced under the auspice of the Continence Foundation and the New Zealand Continence Association.

This peer reviewed journal, is a key education activity and aims to increase the information and evidence base of the continence workforce and provide a foundation for best practice.

The Australian and New Zealand Continence Journal is the only multidisciplinary journal dedicated to research related to the diagnosis, treatment and management of urinary and faecal incontinence.

The journal is overseen by a Journal Editorial Committee and supported by Production Editor Jacinta Miller with publishing by Cambridge Media.

At the Continence Foundation of Australia Annual General Meeting 2009, in Adelaide, the Australian and New Zealand Continence Journal Editorial Committee welcomed its new Editor, Associate Professor Pauline Chiarelli. The committee expressed its appreciation for the dedication and hard work of outgoing editor Professor Peter Dietz who, during his two terms as editor, has raised the standing of the journal.

Editor’s report

The Australia and New Zealand Continence Journal is the flagship of both the Continence Foundation of Australia and the New Zealand Continence Association and each have a truly multi-professional membership.

Our readers represent an eclectic mix of health care professions that not only includes medicine, nursing and the allied health professions, but also a variety of specialised areas within each of those professions. The challenge, as I see it, is to provide a journal of interest to as many of its constituents as possible, while retaining the scientific rigour necessary to sustain and increase the standing of the journal. To do this, we need to embrace the diversity within our ranks and continue to develop an evidence base for the work we undertake.

We are united by a desire to ensure our patients have access to quality treatment to optimise their health and wellbeing. The journal is a way we can share ideas and evidence across our various professions. While some might see the diversity of our membership as a barrier to success, I believe we can all benefit from a better understanding of each other’s work and talents.

Notwithstanding the difficulties presented by language barriers, a second challenge for the journal is the possibility of its expansion across a wider geographical area to perhaps become more truly Australasian. During the past year we have published several papers whose authors are from outside of Australia and have expanded the peer review panel to include international experts.

An efficient and very capable editorial team supports The Australian and New Zealand Continence Journal. Ours is a niche journal and our greatest challenge is to convince researchers to take the first step towards publication in such a specialised journal. We are here to help and we are keen to publish a variety of works that can only highlight the veracity and diversity of the work of our membership.

I thank the editorial committee for their diligence and assistance, and Jacinta for managing the day-to-day work of the journal, and I thank Barry and Jan for their support.

Pauline Chiarelli, Editor
The National Continence Helpline is a telephone advisory service funded under the Australian Government’s National Continence Management Strategy.

The helpline is a free service that is staffed by a team of continence nurse advisors who provide confidential information and advice about the diagnosis, treatment and management of incontinence.

In 2009–10 the National Continence Helpline received nearly 26,000 calls (compared to 22,000 in the previous year) from consumers, carers and health professionals. The majority of these calls were received from New South Wales, Victoria and Queensland with over 50 per cent of callers reporting that they learned about the helpline through a printed resource. This aligns with the fact that over one million continence resources were ordered via the helpline during this period.

The National Continence Helpline continues to grow from strength to strength with a number of new initiatives planned for the 2010–11 year in preparation for the introduction of the Continence Aids Payment Scheme (CAPS). This includes the establishment of an online directory for continence service providers and products suppliers.
COMMUNITY SUPPORT

**Carer of the Year award**

The Carer of the Year award acknowledges the invaluable role that carers play in looking after people with bladder and bowel control issues and is open to all unpaid carers looking after a person affected by incontinence.

Our thanks to Intouch Direct for sponsoring the 2009 Continence Carer of the Year Award.

**Kidsflix**

Kidsflix (Victoria) is a free movie day for children with a disability or special needs and their families/carers, and is the key fundraising activity of the Continence Foundation. Kidsflix is managed by Arthritis South Australia and proceeds from the initiative are used to support paediatric incontinence research, education and promotion.

In 2009–10 there were three Kidsflix events which were held at Preston, Richmond and Chadstone in Victoria. The initiative was also supported once again by a donation of $8,500 from The Marion & E.H. Flack Foundation.

**A love that knows no bounds**

The winner of the 2009 Carer of the Year award was Sharon Williams from Padstow Heights, New South Wales.

Sharon is carer to her daughter Ashleigh who is twelve years old and has an older son Brendan aged sixteen. Ashleigh was delivered at forty-three weeks gestation and had meconium aspiration syndrome at birth. Ashleigh was on life support for 6 weeks before coming home, and was also diagnosed with Downs Syndrome at four days old.

When Ashleigh was three she was diagnosed with Hirschsprung’s disease. Hirschsprung’s disease is a condition of the large intestine, which causes constipation. Some children with this condition can’t have bowel movements at all and this creates a blockage in the intestine. If the condition is not treated, the large intestine can fill up with stools and this can cause serious problems like infections, bursting of the colon and even death.

At the time Sharon had to be taught how to do bowel washouts by staff at Westmead Childrens Hospital. Sharon hired a private nurse to come every second day to assist in this process. At age four and a half Ashleigh had a bowel resection with an adult colostomy, this was reversed a year later.

Ashleigh attends a special school and Sharon pays a private nanny to help look after Ashleigh a couple of evenings a week. Sharon’s mother also cares for Ashleigh for several days during school holidays to help Sharon and give her a break.

Sharon has been working part time as a manager and trainer for a major airline. She is always smiling through any and all adversity and although her supports are minimal, she copes and manages. However, at the end of last year Sharon had a health scare of her own. During this time Ashleigh was able to be looked after by Sharon’s mother while she recovered. Sharon’s condition is being closely monitored.

Sharon, as a single working mother is doing a fabulous job of bringing up a delightful child who has Downs Syndrome. Life is not easy for this wonderful carer and in recognition of all her hard work, dedication and love towards her child she was nominated by Claire Dobson, Continence Nurse Advisor from Bankstown, New South Wales for the 2009 Continence Carer of the Year Award.
The corporate sector is a significant and valued stakeholder of the CFA. When the CFA was originally established in the late 1980s it was as a result of a close collaboration of health professionals and industry representatives.

Since that time many companies and their staff have been involved with the CFA (at both a state and national level) by:

- their presence at events, talking to both clinicians and consumers (and promoting the CFA and the Helpline in the process)
- including CFA and Helpline contact details on their printed materials (press releases and similar)
- liaising with the CFA in drafting and reviewing continence-related content used in sales and marketing information
- helping to run CFA continence events such as community presentations and Continence Awareness Week
- funding the printing of CFA resources, and
- sponsorship to assist the Continence Carer of the Year Award, the National Conference on Incontinence, or as an exhibitor at the Conference.

CFA also includes an industry representative on the Foundation’s Board. Lesley Barton represents the wider interests of industry members and advises the Board on industry-related matters.

The Incontinence Products Promotion Group (IPPG) in Victoria and the Continence Products Promotion Group (CPPG) in New South Wales work support’s many of the CFA’s state branches and resource centres in their metropolitan and regional continence promotion events.

The Continence Foundation of Australia gratefully acknowledges our 2009 Conference sponsors.
NEW SOUTH WALES

The Continence Foundation of Australia in NSW Inc (CFA NSW) continues to provide a clinical service and be the state wide resource centre for health professionals, clients, carers and the general public.

Promotion of the Continence Promotion Centre and the National Continence Helpline has continued at many arenas across the last year. Continence Awareness Week 2009 was highlighted with product displays and information sessions for clients, carers and health professionals at Newcastle, Nowra, Newington and Bathurst. As always with these events, a big thank you goes to the Continence Nurse Advisors and companies for their promotion and support of CFA NSW activities.

The New South Wales Nurses Association Annual Conference held at Randwick over three days was a huge event with a lot of interest to the CFA NSW stand especially from country delegates. CAREX at Rosehill, where Barbara Scales, CFA NSW Outreach Nurse, presented on ‘Hydration and the Aged Person’ was another great, very busy two day event.

Other events which were attended include Seniors Information Day at Richmond, Bloke’s Day at Hawkesbury, Prostate Education Session at the Sydney Adventist Hospital and the Elderly CALD group at Newtown Town Hall.

Staff from CFA NSW attended the Non-Government Organisations Forum at Sydney West Area Health Service and the NSW Health Non-Government Review Workshop. Regular HACC meetings with other service providers at Hawkesbury, Penrith and Blue Mountains were also attended.

Professional education sessions were provided to the Westmead Prostate Support Group, Food Services staff and carers at Lawson Neighbourhood Aid, Paediatric Education Day at University of New South Wales, education session for TENA on the role of CFA NSW to personal care attendants, staff at St Hedwick Village at Blacktown, Chesalon Nursing Home at Richmond and Filex Fitness Expo at Sydney Convention Centre. One student from The College of Nursing completing the Stoma and Continence Management Course spent work experience time with the Outreach Nurse.

In February 2010, Susan McCarthy, CFA Victoria, and I were asked to be involved by the National Office with the ‘Every Woman’s Business, Continence across the lifespan’ education sessions held in Albury. It was a very well attended event with Pauline Chiarelli as Keynote Speaker.

In March 2010, CFA NSW and the Association of Nurse Continence Advisors Network (ANCAN) joined forces to hold an event in Orange. On the Friday evening, Denise Edgar presented on the Do’s and Don’ts of Childhood Bedwetting to the public and the Saturday program was for Health Professionals titled ‘Continence Awareness Day’. Even though the number of attendees was small, the evaluations showed those who attended found the day beneficial.

With funding from the National Continence Management Strategy, a two day Continence Workshop was conducted in Goulburn in liaison with Bern Lambert, CNC Continence, Moruya Community Health Centre. It was an extremely successful event with 76 participants on Day 1 and 64 on Day 2. The evaluations highlighted the need for ongoing continence education to health professionals.

Clinical services have continued at the Newington campus on a needs basis for both adults and children. The Outreach Program to the HACC client group in the Hawkesbury, Penrith and Blue Mountains local government areas is going from strength to strength with the numbers increasing by 40% over this twelve month period. The Hawkesbury Clinic in Windsor is fully booked with a one month waiting list. A second clinic was commenced in July 2009 at Blackheath Family Medical Centre on a twice monthly morning appointments only. The annual mail out to the general practitioners, community health centres, hospitals and other relevant HACC services in the Auburn, Hawkesbury, Penrith and Blue Mountains local government areas has created a large number of referrals and requests for education sessions.

Consultancy continues to be an important role for the staff at CFA NSW. As in previous years, CFA NSW has been involved in the former Greater Metropolitan Clinical Taskforce now known as Agency for Clinical Innovation continence and urology working groups for nurses and the consumer group.
The Continence Technical Working Group has continued to meet in 2010 to set guidelines for the prescription of continence products on a state wide basis. With the transitions of PADP offices now coming under Enable and the CAAS/CAPS issues, the focus of the meetings has changed to accommodate these issues.

CFA NSW was again successful in receiving funding from the Australian Chinese Charity Foundation for the development of a fact sheet outlining the relationship between falls and incontinence.

Denise Edgar resigned from CFA NSW in July 2009 after 15 years of employment. Her skills and expertise have been well known in the continence arena not only in NSW but also in Australia. The Management Committee, staff at CFA NSW and colleagues thanked her for her commitment to her field of work with a dinner in Parramatta in August 2009. She has agreed to be a member of the Management Committee so her knowledge and skills are still being utilised. Barbara Scales is continuing in her role as Outreach Nurse for the HACC client group and Kim Goutsios keeps the office running very efficiently. With the support of the dedicated staff at CFA NSW and the Management Committee, my role as Continence Promotion Centre Manager is made a lot easier.

Marilyn Woodcock
Continence Promotion Centre Manager

VICTORIA

The Committee of Management CFA VIC has focused on updating policies and procedures in 2010. We have considered conflict of interest, recruitment, induction, succession planning, risk management and financial strategies and procedures.

A recent survey of local members highlighted the need to support education in the rural sector in particular, and consideration of a mentoring program for clinicians new to continence management.

We are also looking at probable relocation of the Resource Centre in 2011.

Highlights from the Year

Project: One Step at a time; a parent’s guide to toilet skills development for children with special needs

A funding grant from Disability Services and the Lord Mayor’s Fund enabled us to completely revise this resource for parents of children with special needs. This new version is a booklet that gives specific information to assist parents and carers to teach toileting skills and toilet training. The information is presented in five sequential steps to provide a clear framework to follow. The emphasis is on toileting skills rather than toilet training to encourage parents to start the process early.

In addition there are twelve tip sheets that address some common issues around toileting and toilet training. We launched the booklet in April at a seminar for health and educational professionals. There were 100 participants at this seminar. We were overwhelmed by the interest in this seminar and we have subsequently conducted another two seminars on this topic.

We have received additional funding from Disability Services to develop a simple English version for families were English proficiency or literacy skills are low.

The resource is available as a hard copy or can be downloaded from our website.

Project: Continence in Ethnic Communities

The Continence in Ethnic Communities project aims to raise awareness of incontinence among culturally and linguistically diverse (CALD) communities. In particular, it explores how cultural perceptions, practices and attitudes influence the prevention, treatment and management of incontinence. Limited information about perceptions and attitudes towards incontinence among CALD communities is known. The project will present a review of available evidence concerning ethnicity and incontinence including a summary of findings from consultation with CALD communities.

We received an initial seeding grant from the Lord Mayor’s Charitable Fund (LMF) in August 2009. The grant from the LMF has enabled us to begin consultations with six ethno-specific communities; Greek, Italian, Polish, Chinese, Vietnamese and Arabic. Thirteen focus groups have been held so far to explore people’s perceptions and knowledge of incontinence.

An additional grant was received in June from the Department of Health’s Aged Care Branch. This funding will enable the project to be completed with additional CALD groups and supporting resource materials for service providers. Some of the preliminary results from the first round of focus groups were presented at the Diversity in Health 2010 conference in Melbourne in June. There is a substantial amount of interest from service providers about this project. Later this year we have been invited to present at the Nurses for Continence annual study day and we have had an abstract accepted for the National Conference on Incontinence in November 2010.
CALD Engagement

We have continued to engage with ethno-specific agencies and these relationships have strengthened and grown. This has led to a significant increase in requests from ethno-specific groups and agencies servicing CALD clients for education. 45% of community education sessions are to CALD groups. We signed a MOU with RDNS for the adoption of their translation standards and protocols. These standards and protocols will be used in the development of new translated health information to ensure the quality and effectiveness of translated information.

CAW 2009: Knowing someone else cares when nature calls

We ran a highly successful workshop for carer support workers – social workers, case managers and community nurses and workers. The aim was to provide strategies for these health workers to raise the issue of bladder and bowel control problems with their clients and to provide initial management strategies including choice of incontinence aids.

Susan McCarthy
Manager, Victorian Continence Resource Centre

Judy Sincock
President, CFA VIC

TASMANIA

A Busy year in Tasmania

Project to identify the legal and ethical responsibilities for Continence Nurses in Tasmania performing internal and external perineal examinations. This has resulted in the implementation of a policy and clinical procedures to ensure quality outcomes for clients and as a proactive risk mitigation strategy to treat the inherent risks associated with performing intimate and invasive procedures. The associated clinical procedures articulate the expected standard of practice with regard to female pelvic floor assessment, ano-rectal examination and the informed consent process. The policy and procedures promote safe, high quality and consistent clinical practice with the Statewide Continence Service and align with the DHHS Strategic Directions.

We are currently finalizing a Competency based training program in partnership with UTAS and the Clinical Teaching Associates that all Continence Nurse Advisors must complete to demonstrate competence prior to performing internal and external perineal examinations.

The training workshop will provide nurses with a standardized approach to pelvic floor assessment and current management methodology related to urinary continence enabling them to achieve accreditation of pelvic floor assessment. The workshop is designed to provide learning experiences to enhance continual professional development. Accreditation will be achieved through a summative assessment of each Continence Nurse clinical examination skills from a trained Clinical Teaching Associate and a pre and post test.

Along side this is a second project to ascertain the effectiveness and efficiency of our service’s current model of care. The development and articulation of a service delivery model that provides efficient and effective integrated service provision to manage the needs of clients at an appropriate level and within an acceptable timeframe, in the face of a growing and ageing population.

Any model developed will include:

- a specialist continence service that is focused on clients who require high level continence expertise to achieve well defined health outcomes, and
- a health promotion and education strategy.

The Men’s Health project is slow in progressing. However this is typical of what is happening around Men’s Health nationally. Regular networking with men’s health groups continues but we all have the same problems in engaging men in their own health.

We continue to run a men’s health clinic once a fortnight. Despite this, we had a very successful outcome from attending a community forum in the South East District which eventuated in 3 days of screening clinics where all clinics were fully booked with 100% attendance. These clinics were organised by the South Eastern Tasmanian Aboriginal Centre. Evaluation will be by consultation with the attendees as to how they found the process, improvement in self awareness of their bladder/bowel habits, how to best engage other men in the community and how they will share there experience with others in the community.

Tess Steel
**WESTERN AUSTRALIA**

**Branch Report**

This year has seen a change in the Committee with Darryl Kelly standing down as State President. Many thanks go to Darryl, who was in the role for five years, for his hard work and enthusiasm. Darryl, you’re a hard act to follow.

We also said farewell to our colleague Glen Wilson. Glen has in some respects been a pioneer in the world of continence in WA. Her passion and enthusiasm for all things continence has been legendary. She will be greatly missed and we all wish her good health and happiness in her retirement.

Glen and Darryl are still involved as members of the Continence Foundation Board of Directors.

The main focus for the Committee this year has been to address the education that we provide for our members. Traditionally education sessions have been organised as a midweek evening session. Attendance has been disappointing and the Committee acknowledges that our members have other commitments such as family which take priority.

Therefore we organised our first metro Study Day entitled *Tears, Trickles and Tension* which was very well supported with 35 participants. Topics covered were quite diverse ranging from mental health and continence to perineal tears. The evaluations received have been very positive which is very encouraging. My thanks go to the various companies who very kindly sponsored the day and of course to the Committee who worked very hard to ensure that this day would be a success.

We look forward to seeing a good turnout at the upcoming National Conference in Alice Springs.

**Karen Allingham**  
CFA, WA state president

**Continence Advisory Service of WA**

**Continence Awareness Week 2009**

Our annual public seminar focused on the overactive bladder in men and women. Eminent urologist Mr Stan Wisniewski, urogynaecologist Michelle Atherton and continence physiotherapist Charlotte Hosking spoke to over 110 people on overactive bladder, current treatments and self-help strategies.

The majority of people stated that they intended to take actions to improve their health because of attending the seminar. These actions included making lifestyle changes such as improving their fluid intake and seeking medical advice. Local CFA members along with our regular volunteers helped make the night a great success.

**Waterworks Week**

Our third annual Waterworks Week promoted bladder health by encouraging people to choose water as their drink of choice. Local displays helped to raise awareness in a range of workplace and community settings.

**Community Education Programs**

The Continence Advisory Service held it’s popular community education session *Simply Busting!* in conjunction with the City of Subiaco and the Town of Mosman Park. Funding support from the Injury Control Council for Stay on Your Feet Week® allowed us to hold a continence and falls prevention seminar in Scarborough, and Seniors Week funding allowed us to hold a seminar in Manning. Evaluation of these seminars found that as a result many people seek help and adopt a healthier lifestyle for their bladder and bowels.

Thanks to all the health care professionals, volunteers, sponsors, staff and Board of the Continence Advisory Service for all their efforts and support in 2009–10.

**Deborah Gordon**  
Chief Executive Officer

---

**SOUTH AUSTRALIA**

**Branch Report**

In the last year we have seen the CFA Annual Scientific Meeting come and go in Adelaide with excellent feedback as to the nature of the program and interesting science pushing research into directions delegates had not even thought of. Our committee goes from strength to strength but our aim this year has been to recruit young and new talent with new ideas to broaden our objectives and help plan new projects within the State.

This year we were involved in the Barossa meeting in March 2010, which as usual was standing room only for invited speakers to talk and discuss pelvic health through ones lifetime, the important aetiological factors as well as preventative strategies. This was held as part of *Every Body’s Business* Program and was in conjunction with multiple stakeholders.

The CAW last August (2009) involved the public information stand in Rundle Mall, manned in freezing temperatures by dedicated staff led by Di Semmler to promote last year’s theme.

We continue to promote continence care through the public hospital news information system, radio and newsletter. We are also looking at ways to use money raised from these events to recruit but also put forward specific projects within the State.
The group meets monthly to share ideas and has a good working relationship with industry to keep all stakeholders in the loop.

Dr Christopher Barry
CFA, SA State President

SA Continence Resource Centre

Over the last year the SA Continence Resource Centre has provided many continence education and awareness sessions to students, carers, health professionals and community groups in both metropolitan and rural areas of the state. Some of the community information sessions include Alzheimers support groups, Parkinsons support groups, carers groups, elderly community groups and prostate cancer support groups. We have also attended expos and conferences throughout the year to promote the services of the Continence Resource Centre and the Continence Foundation of Australia.

Client enquiries to our service have continued to increase in regard to information on community continence services, ranges of continence products available and continence funding scheme information. Many clients phoned our service for direction in the process of the changes from CAAS (Continence Aids Assistance Scheme) to CAPS (Continence Aids Payment Scheme).

Highlights of the year

18th National Conference on Incontinence
4–7 November 2009 at the Adelaide Convention Centre

CFA National held a very successful conference in Adelaide which was well attended and offered an interesting and varied program. The local CFA SA Branch committee members assisted with organisation of the program. Thanks to Dr Chris Barry, president of the CFA SA Branch, for his fantastic contribution towards the program content.

Continence Awareness Week

On 5 August 2009 an information booth operated in Rundle Mall, staffed by the local CFA committee members. It was a very positive day with many enquiries from the public.

A Continence Education Day was held on 7 August 2009 at the Berri Resort Hotel organised by the Continence Resource Centre and the CFA SA Branch. It was a very successful event. The morning program included concurrent workshops for carers and health professionals, and the afternoon program continued for health professionals. Many trade organisations supported the day with displays.

Other events

On 14 August we attended the Disability and Ageing Expo at the Adelaide Showgrounds, organised by DIRC (Disability Information and Resource Centre). The Continence Resource Centre display was well attended by visitors.

The International Day of the Older Person event was held on 1 October 2009 at the Adelaide showgrounds (organised by the Department for Families and Communities and The Office for the Ageing). The Continence Resource Centre operated a display which was very well attended with many enquiries.

The Every Woman’s Business community and health professional forums were held on 18–19 March 2010 at the Weintal Resort, Tanunda organised by CFA National. Many thanks to Jacqui and Catriona from the national office for their hard work in making the forums so successful. It was great for SA to be represented in the Every Body’s Business program. Many of the SA Branch members were speakers in the program.

On 15 May 2010 a Health Ed Seminar Women’s and Children’s Update: An Education Day for GPs was held at the University of SA, Basil Hetzel Building. Over 200 GPs attended. The CFA booth was well attended and GPs were very interested in the resources available for internet download.

Rosalie Donhardt
CFA SA – Independent Living Centre

QUEENSLAND

The CFA Queensland branch has had a busy year once again with meetings held bi-monthly.

The AGM was held on 12 April 2010. The elected executive consists of:

- President – Professor Judith Goh
- Vice president – Dr Hannah Krause
- Secretary – Ms. Jacinta Crickmore
- Treasurer – Dr Peta Higgs
- Special Projects Manager – Kirsten Lanangan

Committee members are Ms. Sue Croft, Ms. Karen Matthews, Ms. Audrey Burgin and Ms. Kay Josephs.

CFA Queensland branch has been involved throughout the year with various continence displays at conferences and seminars to promote continence awareness. The Women’s and Children’s Health Education forum for GP’s was successful in Brisbane. Whilst on the Gold Coast the Prostate Cancer Conference was attended by CFA National. The HACC/MASS Continence project facilitated a two day forum
in March 2010 and had 215 participants attend. The evaluation reported a very successful event. The team have presented at conferences and presented on continence awareness and promotion widely in Queensland throughout the year and educated consumers, students and health professionals. Local CFA members have manned the display stands for these events.

Other CFA events included awareness of treatment and management of incontinence at an ATSI ageing well expo, Daffodil Day held at Dreaming Community Centre, Indigenous open day, and a Dry up program in the Beenleigh area.

North Brisbane events included Bowels Behaving Badly, a senior’s week expo at Morayfield and soon to come a Men’s continence day in November ‘Movember’.

North Qld HACC Continence Advisory Service (Atherton) held a Two Day Continence promotion Course and a Healthy Body, Healthy Bladder, Healthy Bowel Continence education day and a Dry-up program. The Townsville chapter held their annual education forum on Friday 20th August and had 74 attend, a very good response from participants.

Two Continence Advisors have undertaken CERAP courses for the CFA and Benchmarque in Toowoomba with 18 participants completing their Cert 2 in continence promotion and organising another in November in Goondiwindi. A number of nurses with scholarships either have completed their Cert 4 in Continence promotion or enrolled with Benchmarque. Two nurses have completed their graduate certificate at Flinders University in Adelaide.

Blue Care Continence Nurse Advisors in various areas, including regional and rural Qld, continue to deliver the Two Day Continence Promotion Courses and the Continence Advisors Course in conjunction with University of Qld. Other Blue Care events including Dry Up programs, talks to the general public and health professionals for continence awareness and promotion were held at regular intervals by dedicated Blue Care Continence Advisors.

Continence Awareness week held in the first week of August 2010 was full of activities including CFA National Every Body’s Business forums presented in Brisbane city for consumers on August 5th and for Health Professionals on 6th August.

The Continence Professional Development Interest Group held informative sessions for health professionals on a quarterly basis with guest speakers presenting topics such as painful bladder syndrome, vaginal agenesis, changes from CAAS to CAPS and discussions on the latest management in catheter care.

During the year Professor Judith Goh and Dr Hannah Krause volunteered to give their specialist services to work in health services in countries in Africa. Judith was in Uganda 24 July – 8 August doing fistula surgery. Hannah and Judith were in the Democratic Republic of Congo doing surgery with women who suffered from prolapse and fistula problems.

Judith was in Auckland (9–11 Sept) for the Annual NZ Continence Association meeting where she was keynote speaker.

Scholarships to the CFA 19th National Conference on Incontinence in Alice Springs were awarded to two health professionals for registration to the conference.

Progress is being made for planning of a CFA Resource Centre in Queensland, with Carers Qld offering a venue in Brisbane. Discussions are now taking place to secure funding for a part-time Continence Advisor.

Overall the year has been a very successful and rewarding one with Queensland members participating in numerous continence events throughout the year within their own organisations.

Communication links with the National body remain strong.

Kay Josephs CNA
Committee Member
Continence Foundation of Australia Limited  
Statement of Financial Performance  
For the Year Ended 30 June 2010  
ACN 007 325 313

<table>
<thead>
<tr>
<th>Note</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference and Seminars</td>
<td>509,037</td>
<td>503,896</td>
</tr>
<tr>
<td>Interest</td>
<td>104,145</td>
<td>111,360</td>
</tr>
<tr>
<td>Membership Fees</td>
<td>89,373</td>
<td>91,250</td>
</tr>
<tr>
<td>Programs</td>
<td>2,542,703</td>
<td>1,937,181</td>
</tr>
<tr>
<td>Peak Body Status Funding</td>
<td>161,465</td>
<td>157,850</td>
</tr>
<tr>
<td>Other</td>
<td>225,163</td>
<td>56,251</td>
</tr>
<tr>
<td>Total Operating Revenue</td>
<td>3,631,886</td>
<td>2,857,788</td>
</tr>
<tr>
<td>Kidsflix – Fundraising</td>
<td>181,943</td>
<td>160,896</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>3,813,829</td>
<td>3,018,684</td>
</tr>
<tr>
<td>Expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference and Seminars</td>
<td>320,435</td>
<td>319,769</td>
</tr>
<tr>
<td>Depreciation</td>
<td>38,468</td>
<td>37,451</td>
</tr>
<tr>
<td>Programs</td>
<td>2,544,589</td>
<td>1,940,910</td>
</tr>
<tr>
<td>Salaries and Oncost</td>
<td>89,307</td>
<td>99,818</td>
</tr>
<tr>
<td>Other</td>
<td>69,587</td>
<td>101,339</td>
</tr>
<tr>
<td>Total Operating Expenditure</td>
<td>3,062,386</td>
<td>2,499,287</td>
</tr>
<tr>
<td>Kidsflix</td>
<td>162,687</td>
<td>138,885</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>3,225,073</td>
<td>2,638,172</td>
</tr>
<tr>
<td>Operating Profit / (Loss)</td>
<td>2</td>
<td>588,756</td>
</tr>
<tr>
<td>Retained Earnings at Beginning of the Financial Year</td>
<td>1,892,273</td>
<td>1,511,761</td>
</tr>
<tr>
<td>Total Available for Appropriation</td>
<td>2,481,029</td>
<td>1,892,273</td>
</tr>
<tr>
<td>Transfer to Reserves</td>
<td>3</td>
<td>–</td>
</tr>
<tr>
<td>Retained Earnings at the end of the Financial Year</td>
<td>2,481,029</td>
<td>1,892,273</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
Continence Foundation of Australia Limited
Statement of Financial Position as at 30 June 2010

<table>
<thead>
<tr>
<th>Note</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Assets**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents 4</td>
<td>2,493,085</td>
<td>2,574,685</td>
</tr>
<tr>
<td>Kidsflix – SA Bank 4</td>
<td>84,407</td>
<td>25,140</td>
</tr>
<tr>
<td>Receivables 5</td>
<td>896,477</td>
<td>124,800</td>
</tr>
<tr>
<td>Investments 6</td>
<td>3,258</td>
<td>3,173</td>
</tr>
<tr>
<td>Prepayments</td>
<td>12,570</td>
<td>123,814</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>3,489,797</strong></td>
<td><strong>2,851,612</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Non Current Assets</strong></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property, Plant and Equipment 7</td>
<td>228,103</td>
<td>89,059</td>
</tr>
<tr>
<td>Security Deposit</td>
<td>9,971</td>
<td>4,804</td>
</tr>
<tr>
<td><strong>Total Non Current Assets</strong></td>
<td><strong>238,074</strong></td>
<td><strong>93,863</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>3,727,871</strong></td>
<td><strong>2,945,475</strong></td>
</tr>
</tbody>
</table>

**Liabilities**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable 8</td>
<td>376,519</td>
<td>260,702</td>
</tr>
<tr>
<td>Kidsflix – SA</td>
<td>16,005</td>
<td>901</td>
</tr>
<tr>
<td>Provisions 9</td>
<td>173,756</td>
<td>115,560</td>
</tr>
<tr>
<td>Revenue in Advance – Conference</td>
<td>159,712</td>
<td>173,255</td>
</tr>
<tr>
<td>Income Received in Advance</td>
<td>221,394</td>
<td>230,996</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>947,386</strong></td>
<td><strong>781,414</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions 10</td>
<td>130,556</td>
<td>102,888</td>
</tr>
<tr>
<td><strong>Total Non Current Liabilities</strong></td>
<td><strong>130,556</strong></td>
<td><strong>102,888</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>1,077,942</strong></td>
<td><strong>884,302</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Assets</strong></td>
<td><strong>2,649,929</strong></td>
<td><strong>2,061,173</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves 3</td>
<td>168,900</td>
<td>168,900</td>
</tr>
<tr>
<td>Retained Earnings</td>
<td>2,481,029</td>
<td>1,892,273</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td><strong>2,649,929</strong></td>
<td><strong>2,061,173</strong></td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
Continence Foundation of Australia Limited  
Statement of Cash Flows for the year ending 30 June 2010

<table>
<thead>
<tr>
<th>Note</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### Cash Flow from Operating Activities

Receipts From:
- Customers: 2,908,114 2,808,014
- Interest: 104,145 111,360
- Payment to consultants, suppliers and employees: (2,863,745) (2,496,791)

**Net Cash Flow from Operating Activities**: 
148,514 422,583

### Cash Flow from Investing Activities

- Purchase of Property, Plant and Equipment: (181,817) (30,437)
- Proceeds from sale of Property, Plant and Equipment: 10,970 53,322
- (Purchase) Redemption of Investments: – –

**Net Cash Inflow (Outflow) from Investing Activities**: 
(170,847) 22,885

### Cash Flow from Financing Activities

- Net Increase (Decrease) in Financing Activities: – –

**Net Increase (Decrease) in Cash Held**: 
(22,333) 445,468

Cash at Beginning of Financial Year: 2,599,825 2,154,357

**Cash at End of Financial Year**: 
4 2,577,492 2,599,825

The accompanying notes form part of these financial statements.
1: Statement of Significant Accounting Policies

Corporate Information

The financial report is for Continence Foundation of Australia Ltd as an individual entity incorporated and domiciled in Australia. Continence Foundation of Australia Ltd is a company limited by guarantee.

Summary of accounting policies

(a) Basis of Preparation

The financial report is a general-purpose financial report that has been prepared in accordance with applicable Accounting Standards, including Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the Corporations Act 2001. The financial report has been prepared on an accrual basis and is based on historical costs. It does not take into account changing money values or, except where stated current valuation of non-current assets. Cost is based on fair values of the consideration given in exchange for assets. The accounting policies have been consistently applied, unless otherwise stated.

As per last year, the amount of the depreciated replacement cost of plant and equipment is not expected to exceed the recoverable amount of the assets.

(b) Statement of compliance

The financial report complies with Australian Accounting Standards which include Australian equivalents to International Financial Reporting Standards (AIFRS). A statement of compliance with International Financial Reporting Standards cannot be made due to the company applying the not-for-profit sector specific requirements contained in the AIFRS.

(c) Significant accounting judgements, estimates and assumptions

Accounting policies are selected and applied in a manner which ensures that the resultant financial information satisfies the concepts of relevance and reliability, thereby ensuring the substance of the underlying transaction and other events is reported.

In the application of AIFRS management is required to make judgements, estimates and assumptions that affect the application of policies and reported amount of assets, liabilities, income and expenses. The estimate and associated assumptions are based on historical experience and other various factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements. Actual results may differ from these statements.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Significant accounting judgements

The company has entered into leases of premises and office equipment as disclosed in Note 15(d). Management has determined that all of the risks and rewards of ownership of these premises and equipment remain with the lessor and has therefore classified the leases as operating leases.

Significant accounting estimates and assumptions

The key estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of certain assets and liabilities within the next annual reporting period are:

Provisions for employee benefits

Provisions for employee benefits payable after 12 months from the reporting date are based on future wage and salary levels, experience of employee departures and periods of service, as discussed in Note 1(k). The amount of these provisions would change should any of these factors change in the next 12 months.
(d) Revenue recognition

Revenue is recognised when the company is legally entitled to the income and the amount can be quantified with reasonable accuracy. Revenues are recognised net of the amounts of goods and services tax (GST) payable to the Australian Taxation Office.

Revenue from fundraising

Donations
Donations and fundraising are recognised when received, however exception has been made this year, as disclosed in Note 2 (b).

Membership Subscription
Subscription revenue is recognised when received except where receipt relates to future period as disclosed in Note 12.

Program Revenue
Program Revenue which represents project grants is recognised only when costs relating to goods and services specified under the conditions of the funding contract are incurred. Unutilised amount is carried forward as deferred income as stated in Note 1(j).

Investment Income
Investment income comprises interest. Interest income is recognised as it accrues, taking into account the effective yield on the financial asset.

Asset sales
The gain or loss on disposal of all non-current assets is determined as the difference between the carrying amount of the asset at the time of the disposal and the net proceeds on disposal.

(e) Expenditure

All expenditure is accounted for on an accruals basis except where disclosed in Note 2 (c), and has been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to a particular category they have been allocated to activities on a basis consistent with use of the resources. Premises overheads have been allocated on a floor area basis and other overheads have been allocated on the basis of the head count.

Fundraising costs are those incurred in seeking voluntary contributions by donation and do not include costs of disseminating information relating to the activities carried on by the company. Fundraising activities are disclosed in Note 2 (b).

(f) Cash and cash equivalents

Cash and cash equivalents in the balance sheet comprise cash at bank and in hand and short-term deposits with an original maturity of three months or less. For the purposes of the cash flow statement, cash and cash equivalents consist of cash and cash equivalents as defined above, net of any outstanding bank overdrafts.

(g) Trade and other receivables

Trade receivables, are recognised and carried at original invoice amount. Normal terms of settlement vary from seven to 90 days. The notional amount of the receivable is deemed to reflect fair value.

An allowance for doubtful debts is made when there is objective evidence that the company will not be able to collect the debts. Bad debts are written off when identified.

(h) Property, plant and equipment

Bases of measurement of carrying amount
Plant and equipment is stated at cost less accumulated depreciation and any accumulated impairment losses.

Any property, plant and equipment donated to the company are recognised at fair value at the date the company obtains control of the assets.

Depreciation
Items of property, plant and equipment (other than land) are depreciated over their useful lives to the company commencing from the time the asset is held ready for use. Depreciation is calculated on a straight line basis over the expected useful economic lives of the assets as follows:
<table>
<thead>
<tr>
<th></th>
<th>2010 % pa</th>
<th>2009 % pa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project and office equipment</td>
<td>20.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>33.3</td>
<td>33.3</td>
</tr>
<tr>
<td>Motor vehicles</td>
<td>20.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Leasehold Improvements</td>
<td>33.3</td>
<td>–</td>
</tr>
</tbody>
</table>

**Impairment**

The carrying values of plant and equipment are reviewed for impairment at each reporting date, with recoverable amount being estimated when events or changes in circumstances indicate that the carrying value may be impaired.

The recoverable amount of plant and equipment is the higher of fair value less costs to sell and value in use. Depreciated replacement cost is used to determine value in use. Depreciated replacement cost is the current replacement cost of an item of plant and equipment less, where applicable, accumulated depreciation to date, calculated on the basis of such cost.

Impairment exists when the carrying value of an asset exceeds its estimated recoverable amount. The asset is then written down to its recoverable amount.

For plant and equipment, impairment losses are recognised in the income statement.

**De-recognition and disposal**

An item of property, plant and equipment is de-recognised upon disposal; when the item is no longer used in the operations of the company; or when it has no sale value. Any gain or loss arising on de-recognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in profit or loss in the year the asset is de-recognised.

Any part of the asset revaluation reserve attributable to the asset disposed of or de-recognised is transferred to general funds at the date of disposal.

(i) **Trade creditors and other payables**

Trade payables and other payables represent liabilities for goods and services provided to the company prior to the end of the financial year that are unpaid. These amounts are usually settled in 30 days. The notional amount of the creditors and payables is deemed to reflect fair value.

(j) **Deferred income**

The liability for deferred income is the unutilised amounts of grants received on the condition that specified services are delivered or conditions are fulfilled. The services are usually provided or the conditions usually fulfilled within 12 months of receipt of the grant. Where the amount received is in respect of services to be provided over a period that exceeds 12 months after the reporting date or the conditions will only be satisfied more than 12 months after the reporting date, the liability is discounted.

(k) **Employee benefits**

Employee benefits comprise wages and salaries, annual and long service leave, and contributions to superannuation plans.

Liabilities for wages and salaries expected to be settled within 12 months of balance date are recognised in other payables in respect of employees’ services up to the reporting date. Liabilities for annual leave in respect of employees’ services up to the reporting date which are expected to be settled within 12 months of balance date are recognised in the provision for annual leave. Both liabilities are measured at the amounts expected to be paid when the liabilities are settled.

The liability for long service leave is recognised in the provision for employee benefits and measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to anticipated future wage and salary levels, experience of employee departures, and periods of service. Expected future payments are discounted using market yield at the reporting date on national government bonds with terms to maturity and currencies that match, as closely as possible, the estimated future cash outflows.

The company pays contributions to certain defined contribution superannuation plans. Contributions are recognised in the income statement when they are due. The company has no obligation to pay further contributions to these plans if the plans do not hold sufficient assets to pay all employee benefits relating to employee service in current and prior periods.
(l) Leased assets and liabilities

Operating leases

Operating lease payments are recognised as an expense in the income statement on a straight-line basis over the lease term.

(m) Taxation

Income Tax

The company is a charitable institution for the purpose of Australian taxation legislation and is therefore exempt from income tax. This exemption has been confirmed by the Australian Taxation Office. The company holds deductible gift recipient status.

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 Australia Taxation Office, in which case it is recognised as part of the cost of acquisition of an asset or as part of an item of expense.

Receivables and payables are recognised inclusive of GST

The net amount of GST recoverable from or payable to the Australian Taxation Office is included as part of receivables or payables.

Cash flows are included in the statement of cash flows on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from or payable to the Australian Taxation Office is classified as operating cash flows.

2. Operating Profit for the Year

(a) The operating profit for the year is $588,756. The net surplus comes from the Foundation’s normal administrative operations, Kidsflix Fundraising activities as per Note 2 (b) and the Annual National Continence Conference.

(b) Under an agreement entered into between the CFA and Arthritis South Australia (ASA), ASA undertake fundraising for the CFA via telemarketing. The fundraising supports Kidsflix activities in Victoria involving sponsoring theatre events for children with a disability. The fundraising activities under the agreement are subject to statutory audit by ASA’s auditors, PKF. An audit report on the telemarketing fundraising activities conducted for the CFA covering the period 1 July 2009 to 30 June 2010 has been provided. The audit provides an opinion as to whether the reporting requirements for Kidsflix are consistent with the agreement entered into between the CFA and ASA to raise funds for the CFA. Revenue and expenditure for Kidsflix are recognised when received and paid as stated in Note 1. Fundraising activities this year has resulted in a surplus of $19,551 for the twelve months to 30 June 2010.

(c) As stated in Note 1, expenditure is accounted for on an accrual basis except where cost was fully funded and provided for under the Continence Awareness & Support Program contract.
<table>
<thead>
<tr>
<th>Section</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Reserves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at Beginning of Financial Year</td>
<td>168,900</td>
<td>168,900</td>
</tr>
<tr>
<td>Transfer From Retained Earnings</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td><strong>168,900</strong></td>
<td><strong>168,900</strong></td>
</tr>
<tr>
<td>4. Cash and Cash Equivalents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash on Hand</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>Cash at Bank</td>
<td>795,835</td>
<td>1,174,485</td>
</tr>
<tr>
<td>Short Term Deposits with bank</td>
<td>1,697,050</td>
<td>1,400,000</td>
</tr>
<tr>
<td>Kidsflix – SA</td>
<td>84,407</td>
<td>25,140</td>
</tr>
<tr>
<td></td>
<td><strong>2,577,492</strong></td>
<td><strong>2,599,825</strong></td>
</tr>
<tr>
<td>5. Receivables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Receivables</td>
<td>880,284</td>
<td>113,780</td>
</tr>
<tr>
<td>Sundry Debtors</td>
<td>16,193</td>
<td>11,000</td>
</tr>
<tr>
<td></td>
<td><strong>896,477</strong></td>
<td><strong>124,780</strong></td>
</tr>
<tr>
<td>6. Investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust Company of Australia</td>
<td>3,258</td>
<td>3,173</td>
</tr>
<tr>
<td></td>
<td><strong>3,258</strong></td>
<td><strong>3,173</strong></td>
</tr>
<tr>
<td>7. Property, Plant and Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant and Equipment – At cost</td>
<td>290,585</td>
<td>167,458</td>
</tr>
<tr>
<td>Accumulated Depreciation</td>
<td>(97,668)</td>
<td>(78,399)</td>
</tr>
<tr>
<td>Leasehold Improvements – At cost</td>
<td>35,576</td>
<td>–</td>
</tr>
<tr>
<td>Accumulated Depreciation</td>
<td>(390)</td>
<td>–</td>
</tr>
<tr>
<td>Total Property Plant and Equipment</td>
<td><strong>228,103</strong></td>
<td><strong>89,059</strong></td>
</tr>
<tr>
<td>8. Accounts Payable Unsecured Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Creditors</td>
<td>305,760</td>
<td>252,095</td>
</tr>
<tr>
<td>Accrued Liabilities</td>
<td>19,618</td>
<td>17,547</td>
</tr>
<tr>
<td>Liability for Tax Payable</td>
<td>50,540</td>
<td>(8,940)</td>
</tr>
<tr>
<td>Sundry Payables</td>
<td>601</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td><strong>376,519</strong></td>
<td><strong>260,702</strong></td>
</tr>
<tr>
<td>Provision for Employee Leave Entitlements &amp; FBT</td>
<td>109,142</td>
<td>85,560</td>
</tr>
<tr>
<td>Provision for Redundancy</td>
<td>64,614</td>
<td>30,000</td>
</tr>
<tr>
<td></td>
<td><strong>173,756</strong></td>
<td><strong>115,560</strong></td>
</tr>
<tr>
<td>Provision for Employee Leave Entitlements</td>
<td>130,556</td>
<td>102,888</td>
</tr>
<tr>
<td></td>
<td><strong>130,556</strong></td>
<td><strong>102,888</strong></td>
</tr>
</tbody>
</table>
11. Net Cash Flow from Operating Activities

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Surplus/ (Loss)</td>
<td>588,756</td>
<td>380,512</td>
</tr>
<tr>
<td>Add back Depreciation</td>
<td>38,468</td>
<td>37,541</td>
</tr>
<tr>
<td>Profit on Disposal of Asset</td>
<td>(6,665)</td>
<td>(2,476)</td>
</tr>
<tr>
<td>(Increase) Decrease in Prepayments</td>
<td>111,244</td>
<td>(52,571)</td>
</tr>
<tr>
<td>(Increase) Decrease in Receivables &amp; Investments</td>
<td>(776,929)</td>
<td>(101,786)</td>
</tr>
<tr>
<td>Increase (Decrease) in Accounts Payable</td>
<td>189,117</td>
<td>28,048</td>
</tr>
<tr>
<td>Increase (Decrease) in Provisions</td>
<td>27,668</td>
<td>15,561</td>
</tr>
<tr>
<td>Increase (Decrease) in Revenue Received in Advance</td>
<td>(23,145)</td>
<td>117,754</td>
</tr>
<tr>
<td><strong>Net Cash from Operating Activities</strong></td>
<td><strong>148,514</strong></td>
<td><strong>422,583</strong></td>
</tr>
</tbody>
</table>

12. Members

The company is limited by guarantee. If the company is wound up, the Memorandum of Association states that each member is required to contribute a maximum of $2 towards meeting any outstanding obligations of the company. Annual subscriptions are from July to June in any one year and only recognised when received, however, subscriptions paid for future periods are treated as income in advance.

13. Segmental Information

The activities of the company are generally to assist people with incontinence, their families, carers and health professionals, the promotion of self-help groups, public awareness and research on all aspects of incontinence, and the development of accessible continence services throughout Australia.

14. Related Party Disclosures

The names of Directors who held office during the financial year were:

- Assoc Prof Michael Murray
- Ms Therese Tierney
- Dr Ian Tucker
- Mr Hugh Carter
- Ms Kay Josephs
- Mr Darryl Kelly
- Ms Glenice Wilson

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income paid or payable to all Directors of the company from the company</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

15. Financial Instruments

(a) Significant Accounting Policies

Details of the significant accounting policies and method adopted, including the criteria for recognition, the basis of measurement and the basis on which revenues and expenses are recognised in respect of each class of financial asset and financial liability are disclosed in Note 1 to the financial statements.
(b) **Interest Rate Risk**

<table>
<thead>
<tr>
<th></th>
<th>Average Interest Rate %</th>
<th>Interest Bearing $</th>
<th>Non Interest Bearing $</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Financial Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>5.5</td>
<td>2,212,266</td>
<td>365,226</td>
<td>2,557,492</td>
</tr>
<tr>
<td>Receivable</td>
<td></td>
<td></td>
<td></td>
<td>896,477</td>
</tr>
<tr>
<td>Investments</td>
<td></td>
<td></td>
<td></td>
<td>3,258</td>
</tr>
<tr>
<td>Prepayments</td>
<td></td>
<td></td>
<td></td>
<td>12,570</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(2) **Financial Liabilities**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>376,519</td>
<td></td>
<td></td>
<td>376,519</td>
</tr>
<tr>
<td>Revenue in Advance – Conference</td>
<td></td>
<td></td>
<td></td>
<td>159,712</td>
</tr>
<tr>
<td>Income Received in Advance</td>
<td>221,394</td>
<td></td>
<td></td>
<td>221,394</td>
</tr>
</tbody>
</table>

(c) **Credit Risk**

Credit Risk refers to the risk that a counterpart will default on its contractual obligations, resulting in financial loss to the entity. The carrying amount of the financial assets recorded in the financial statements net of any provisions for losses, represents the entity’s maximum exposure to credit risk without taking account of the value of any collateral or other security obtained.

(d) **Operating Lease – Contingent Liabilities**

The risks and rewards of ownership to the following remain with the Lessor as disclosed in Note 1 of the financial statements. However Management are aware there are future contractual financial obligations for lease payments during the period of the lease agreement.

Non-cancellable operating lease commitments not capitalised in the financial statements:

<table>
<thead>
<tr>
<th>Payable – Minimum Lease Payments</th>
<th>2010</th>
<th>2009</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than 1 year</td>
<td>$</td>
<td></td>
<td>68,353</td>
<td></td>
</tr>
<tr>
<td>Later than 1 year but not later than 5 years</td>
<td>130,717</td>
<td>31,416</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) **Net Fair Values**

The carrying amount of financial assets and financial liabilities recorded in the financial statements represents their respective net fair values, determined in accordance with the accounting policies disclosed in Note 1 to the financial statements. The aggregate employee entitlement liability recognised and included in the financial statements is as follows:

<table>
<thead>
<tr>
<th>Provision for Employee Entitlements</th>
<th>2010</th>
<th>2009</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>173,756</td>
<td>115,560</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Current</td>
<td>130,556</td>
<td>102,888</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>304,312</td>
<td>218,448</td>
</tr>
</tbody>
</table>
Continence Foundation of Australia Ltd A.C.N. 095 393 463

Auditor’s Independence Declaration Under Section 307C of The Corporations Act 2001

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2010 that there have been:
(i) no contravention of the auditor’s independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Prospect Accountants

Tim P. Meehan

Date: 31 August 2010
Balwyn North, Victoria
INDEPENDENT AUDIT REPORT

Continence Foundation of Australia Ltd
(A Company Limited by Guarantee)

Auditor’s Report for the year ended 30 June 2010

INDEPENDENT AUDIT REPORT

To the members of Continence Foundation of Australia Ltd

Scope

The financial report and directors responsibility

The financial report comprises the balance sheet, income statement, statement of recognised income and expenses, and statement of cash flows, accompanying notes to the financial statements, and the directors declaration for Continence Foundation of Australia (the company) for the year ended 30 June 2010.

The directors of the company are responsible for the preparation and presentation of the financial report that gives a true and fair view of the financial position and performance of the company and that complies with Accounting Standards in Australia, in accordance with the Corporations Act 2001. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Audit approach

I conducted an independent audit of the financial report in order to express an opinion on it to the members of the company. My audit was conducted in accordance with Australian Auditing Standards in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of the audit is influenced by factors such as the use of professional judgment, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

I performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the Corporations Act 2001, including compliance with Accounting Standards in Australia, and other mandatory financial reporting requirements in Australia, a view which is consistent with my understanding of the company’s financial position, and of its performance as represented by the results of its operations, changes in equity and cash flows.

I formed my audit opinion on the basis of these procedures, which included:

- Examining, on test basis, information to provide evidence supporting the amounts and disclosures in the financial report.
- Assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the directors.

While I considered the effectiveness of management’s internal controls over financial reporting when determining the nature and extent of my procedures, my audit was not designed to provide assurance of internal controls.

I performed procedures to assess whether the substance of business transactions was accurately disclosed in the financial report.

These and our other procedures did not include consideration or judgment of the appropriateness or reasonableness of the business plans or strategies adopted by the directors and management of the company.
Independence

I am independent of the Company, and have met the independence requirements of Australian professional ethical pronouncements and the Corporations Act 2001. I have given to the directors of the company written auditors’ independence declaration, a copy of which is included in the financial report.

Audit opinion

In my opinion, except for the effects on the financial report of such adjustments, if any, as might have been required had the limitation on our audit procedures referred to in the qualification paragraph not existed; the financial report of Continence Foundation of Australia is in accordance with:

a) The Corporations Act 2001, including:
   i) Giving a true and fair view of the financial position of The Continence Foundation of Australia Ltd at 30 June 2010 and its performance for the year ended on that date.
   ii) Complying with Accounting Standards in Australia and the Corporations Regulations 2001
b) Other mandatory financial reporting requirements in Australia.

Emphasis of Matter

Proceeds from appeals are a source of revenue for the company. The company has determined that, other than relying on the auditor of the appeal, it is impracticable to establish control over the collection of proceeds from appeals prior to entry into its records. Accordingly, as the evidence available to us regarding revenue from this source was limited, my audit procedures with respect to proceeds from appeals had to be restricted to the amounts recorded in the financial records. I am therefore unable to express an opinion whether the proceeds of appeals which the company obtained are complete.

The directors have added note 2(b) to explain that fundraising by Arthritis South Australia on behalf of the Continence Foundation of Australia has occurred and an amount of $19,551 surplus at year end has been achieved. We accept this additional disclosure and note that this fundraising activity has been independently audited by a registered company auditor.

Prospect Accountants

Tim P. Meehan

Date: 31 August 2010
Balwyn North, Victoria
The directors of the company declare that:

(a) The financial statements and notes:

(i) Comply with accounting standards, other mandatory professional reporting requirements and the Corporations Regulations 2001; and

(ii) Give a true and fair view of the company’s financial position and performance for the financial year ended 30 June 2010 in accordance with the accounting policies described in Note 1 to the financial statements.

(b) In the Directors’ opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made with a resolution of the Board of Directors.

Signed at Melbourne this 15th day of September 2010.

M. Murray
Director

T. Tierney
Director
DIRECTORS’ REPORT

Continence Foundation of Australia Limited
ACN 007 325 313

Your Directors present their report on the accounts of the company for the year ended 30 June 2010

1. The Directors in office at any time during or since the end of the year are:
   Assoc Prof Michael Murray
   Ms Therese Tierney
   Dr Ian Tucker
   Mr Hugh Carter
   Ms Kay Josephs
   Mr Darryl Kelly
   Ms Glenice Wilson

   Directors held office since the start of the financial year to date of this report unless otherwise stated.

2. The principal activity of the Foundation is generally to assist people with incontinence, their families, carers and health professionals in understanding and managing incontinence; the development of accessible continence services throughout Australia; and the promotion of self-help groups, public awareness and research on all aspects of incontinence.

   There were no other significant changes in the nature of the company’s principal activities during the financial year.

3. The net result of operations was a profit of $588,756

4. No significant changes to the company’s state of affairs occurred during the financial year.

5. It is not recommended that a dividend be declared, and no dividend has been declared or paid since the end of the previous financial year.

6. The company’s operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

7. No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the economic entity, the results of those operations, or the state of affairs of the economic entity in subsequent financial years.

8. Likely developments in the operations of the company and the expected results of those operations have not been included in this report as the directors believe, on reasonable grounds, that the inclusion of such information would be likely to result in unreasonable prejudice to the company.

9. Particulars of Directors at the date of this report:

   Michael Murray  MB, BS, MPH, FRACP  President, Additional Director
   Ian Tucker  MB, BS, FRCOG, FRANZ, COG, CU  Vice-President, Additional Director
   Therese Tierney  RN, CRRN (USA), Grad Dip Bus Mgt  Treasurer, Additional Director
   Hugh Carter
   Darryl Kelly  BScN. Post Grad Dip Nursing. MRCNA  Consumer Representative, Additional Director
   Kay Josephs  RN, CNC, CNA, Cert IV  Elected Ordinary Director
   Glenice Wilson  RN BSc, Grad Dip Continence, Grad Cert Mens’ Health MRCNA, Churchill Fellow 1992  Elected Ordinary Director
10. Information on Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Eligible</th>
<th>Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assoc Prof Michael Murray</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Ms Therese Tierney</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Dr Ian Tucker</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Mr Hugh Carter</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Mr Darryl Kelly</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Ms Kay Josephs</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Ms Glenice Wilson</td>
<td>11</td>
<td>8</td>
</tr>
</tbody>
</table>

11. The company has not, during or since the end of the financial year, in respect of any person who is or has been an officer or auditor of the company or related body corporate:
- Indemnified or made any relevant agreement for indemnifying against a liability incurred as an officer, including costs and expenses in successfully defending legal proceedings, or
- Paid or agreed to pay a premium in respect of a contract insuring against a liability incurred as an officer for the costs or expense of defending legal proceedings.

12. No Directors have received or become entitled to receive, during or since the end of the financial year, a benefit because of a contract made by the company, or a related body corporate with a Director, a firm of which the Director is a member or an entity in which a Director has a substantial financial interest.

This statement excludes a benefit included in the aggregate amount of emoluments received or due and receivable by Directors shown in the company’s accounts, or the fixed salary of a full-time employee of the company or related body corporate.

Signed in accordance with a resolution by the Directors.

M. Murray
Director
Date: 1st September 2010
National Continence Helpline staff

The Helpline is staffed by dedicated and experienced Continence Nurse Advisors from 8 am to 8 pm, Mondays to Fridays. Areas of special interest among the team include women’s health, prostate and men’s health, enuresis, and neurological-related incontinence. The nurses also work closely with CFA, advising on health promotion, representing the Helpline at conferences or expos, or reviewing articles for various consumer or health professional publications.
The Continence Foundation of Australia gratefully acknowledges our 2009 Conference Sponsors

Please support these organisations whenever you can

Principal sponsor

Australian Government
Department of Health and Ageing

Gold sponsors

HARTMANN
Vesicare
Independence
NORGINE
intouch
TENA

Silver sponsor

Hospira

Bronze sponsors

Australian Government
Department of Veterans’ Affairs
BrightSky
FERRING
Ocean Spray
Sudocrem
Axis
Medtronic