



QUALITY OF CARE REPORT
2015



A HEALTHY & CONNECTED **COMMUNITY**

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MERRI COMMUNITY HEALTH SERVICES

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A HEALTHY AND CONNECTED COMMUNITY

Merri Community Health Services (MCHS) is a non-for-profit, community health provider, providing health and community services across the Northern Metropolitan region.



ABOVE // We provide services for children

ABOUT US

We are among the largest community health providers in Victoria and provide services for people in need and disadvantaged and vulnerable groups, young people, people with disabilities, people from culturally diverse backgrounds and people with various gender identities and sexual orientations.

MCHS has been in operation since 1994 when it was known as Moreland Community Health Service. It later merged with former Coburg Community Health Centre, Brunswick Community Health Centre and Co-Care, Youth and Disability Health Service. We provide services from a number of sites in the City of Moreland, the Northern Suburbs of Melbourne and parts of Western Metropolitan area.



ACKNOWLEDGEMENTS // We acknowledge that our work in the community takes place on the traditional lands of the Wurundjeri people of the Kulin nation. We respectfully recognise Elders both past and present.

We acknowledge the financial support received from the Victorian and Federal Governments in addition to several local government areas and revenue we generate through our other activities to support our service delivery.

MISSION, VISION AND VALUES

OUR VISION

Partnering in health and wellness through provision of community based services in the northern metropolitan region.

OUR MISSION

A healthy and connected community.

OUR VALUES

Our values help us to provide high quality services and build the strength of our community. We value passion, responsibility, integrity, diversity, engagement and excellence.

Our organisation is an accredited community health service provider with Quality Innovation Performance (QIP). QIP is a body of the Quality Improvement Council Accreditation. Find out more about our accreditation status on page 61. We are also a Rainbow Tick accredited organisation.

We provide interpreter services and have information flyers in many languages. Visit www.mchs.org.au to access these flyers.

ABOUT THIS REPORT

Welcome to Merri Community Health Services' Annual and Quality of Care Report 2015. Every year we produce a report that highlights our progress, outcomes and achievements. This report is for the period of 1 July, 2014 to 30 June, 2015.

HOW DO WE PUT THIS INFORMATION TOGETHER?

Our clients and many teams across the organisation were involved in the preparation of this report. This helps us to provide you with updates that are informative and relevant to our community. Our Annual and Quality of Care Reports are reviewed by our Board, Executive Leadership team, Management Leadership team and the Community Engagement Board Sub-Committee for accuracy and relevance.

WHO IS OUR COMMUNITY?

Throughout this report we refer to 'our community'. Our community are current and potential service users and local residents from across the seven local government areas where we provide services.

WHY DO WE HAVE AN ANNUAL AND QUALITY OF CARE REPORT?

The first part of the report in blue is our Annual Report. This section provides you with information about our organisation, how it is structured, Board of Directors and governance, our services and financial reporting.

The remainder of the document is our Quality of Care report. This report is broken up into three sections, colour-coded in purple, orange and green;

1. Consumer, Carer and Community Participation
2. Quality and Safety
3. Continuity of Care

The report highlights stories about our clients, community and outcomes, services, systems and processes in the last financial year.

WHERE TO FIND THIS REPORT?

This report can be found at each of our sites. See page 88 to find an office location near you. The report is also available on our website, www.mchs.org.au. Our website has information about our services and how you can access them, a calendar of events and latest news.

HOW CAN YOU CONTACT US?

We have 10 sites across the Northern Metropolitan Area. Go to page 88 for our contact details.



\$29,394,208

Total revenue

3973

Dental clients we helped

351

Number of staff

62

*Services we offer

CONNECT WITH US

Stay in touch with our teams and latest news

- Merri Community Health Services
- MerriCommHealth
- Merri Community Health Services

*Additional short-term programs and services are provided throughout the year

CHAIR'S REPORT

2015 has been another year of strong performance by Merri Community Health Services. The health centre continues to provide strong programs and services, which contribute to the wellbeing of the local community and in particular its most vulnerable members.



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Merri Community Health Services (MCHS) is predominantly a government funded organisation. Current changes in Government policy are impacting on our ability to deliver services and we need to change to sustain our services. Our response has been to adjust to the changing funding environment, without losing sight of our role to provide health services to the most vulnerable members of our community.

The Board wishes to thank the staff and the management team of MCHS for their ongoing efforts to ensure that the health centre is responsive to both local needs and to funding changes.

Part of our response has been to establish a formal alliance with similar community health organisations. We have also considered a possible amalgamation with a similar community health centre. Our new alliance, with a number of community health centres in areas of service delivery, administrative support and political lobbying. Our attempt to amalgamate with Darebin Community Health has proven less successful. Unfortunately the amalgamation failed to progress due to differences in our strategic direction.

The Board has many positives to report. The finances of the organisation are healthy. We are continuing to upgrade facilities and we can announce further investments will occur next year. The Board

is looking at ongoing investments to improve facilities so we can ensure better delivery of services. With strong financial reserves to fund such upgrades, we will continue to invest in our future.

The Board is committed to ensuring that the community is involved in the running of our organisation. We have improved our communication with members and consumers. We want to continue to increase our engagement with our community and ensure we are in the forefront of responding to future challenges.

Future public funds for health care will be more competitive and will often involve us tendering for the provision of services. We are committed to positioning ourselves so that we are both a competitive and a quality provider. We are responding to these challenges while maintaining our commitment to provide appropriate and locally based services to our community.

Working together we can be responsive to change, while supporting our objective to provide services that support and benefit our community.

Carlo Carli
Chair

CEO REPORT

It is a pleasure to report on the achievements of the organisation. We have seen a year characterised by significant health policy reform and have positioned the organisation to prepare for the significant changes impacting the entire sector, to ensure our ongoing success in supporting our communities through the delivery of high quality services.



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The platform community health provides is ideal in responding to increasingly complex health and wellbeing needs in delivery of place-based services, often to vulnerable and marginalised communities. The many achievements made during the course of the year are too numerous to mention in my report however, many are showcased in this quality of care report. All have a theme of responding to local population health needs, improving access to care, ensuring our services are culturally sensitive and driving innovation to deliver services in new, more effective and efficient ways. This has seen many of our initiatives showcased through publications, presentations and various media outlets and through professional networks in recognition of the innovation the organisation continues to focus toward, in delivering services to communities.

During the course of the year we explored the option of merging with another community health service to maximise the opportunity this would provide to local communities – unfortunately this didn't come to fruition. As an organisation we have however continued our growth strategy in a number of ways. We have developed strategic alliances with a number of key partners who share our aim to continue to grow and succeed operating in a new funding and service delivery environment. Despite the increasing pressure and a fiscally restrained health funding environment, we have been fortunate to attract significant additional funding that has seen our services grow and be enhanced, especially in the areas of aged care, allied health and a range of other specific services we deliver.

The organisation has again continued to achieve and exceed performance targets and judiciously optimise financial performance. This allows us to reinvest in a range of programs and facility upgrades, something that remains an ongoing strategy.

I have been fortunate to work with a high performing Board through a challenging period that has continued to strategically navigate through a period of reform, as we position the organisation to thrive and succeed for the benefit of the communities we serve. I also am very appreciative for the commitment and dedication of the executive team and our staff that have responded to the ongoing required changes in response to the environment we, and in fact the sector faces.

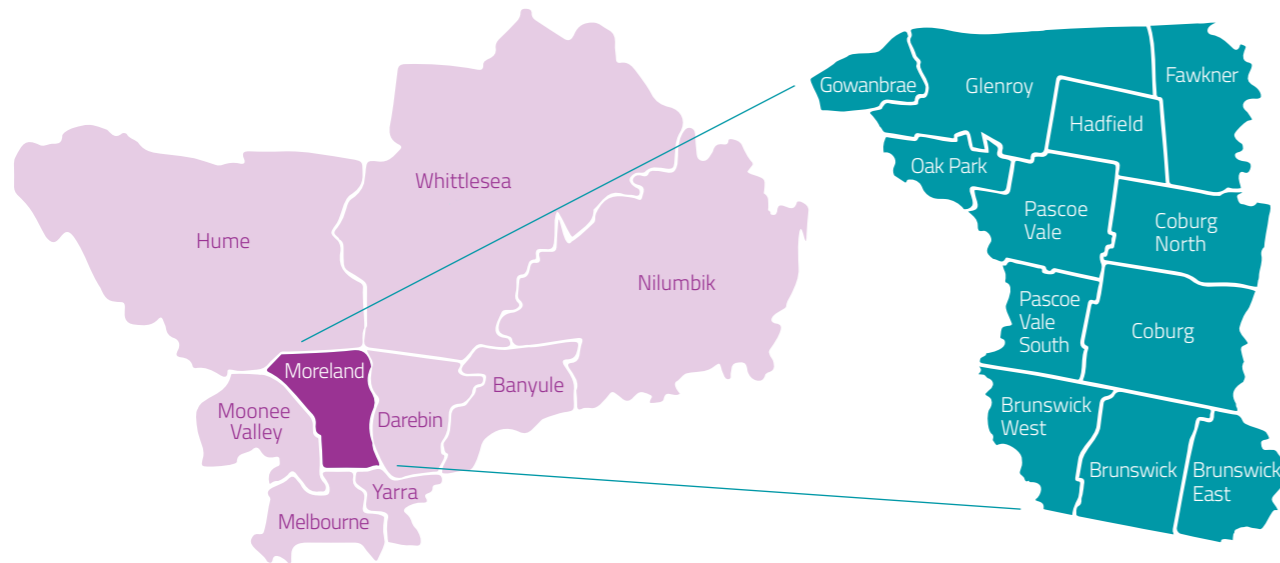
As we enter into a new era of client directed care, the introduction of the National Disability Insurance System; changes to aged care and carer services, the year ahead will continue to be challenging. However as an organisation the work we have invested in over preceding years make us ideally placed to meet these challenges. Our commitment continues to be focused on delivery of our services to communities across northern metropolitan Melbourne, in delivery of place-based services responding to local health needs.

Special thanks goes to all our partner organisations who work with us, and for the backing of the Victorian and Commonwealth Governments in the support they demonstrate to ensure the delivery of locally based services to our communities and for the role Merri Community Health Services has in delivering these.

Nigel Fidgeon
Chief Executive Officer

OUR CATCHMENT AT A GLANCE

Merri Community Health Services is a large multidisciplinary community health organisation operating across Northern Metropolitan Melbourne.



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We provide an extensive range of services and programs across local government areas of Moreland, Hume, Whittlesea, Nillumbik, Darebin, Banyule, Yarra, Melbourne and Moonee Valley.

Merri Community Health Services (MCHS) is the community health service provider for the City of Moreland, Northern Metropolitan Melbourne and for western metropolitan region.

ABOUT THE CITY OF MORELAND

The City of Moreland is a primary catchment area for the majority of our services and has an estimated population forecast of **168,678** for 2015¹.

The City of Moreland covers the suburbs of Brunswick, Brunswick East, Brunswick West, Coburg, Coburg North, Fawkner, Glenroy, Gowanbrae, Hadfield, Oak Park, Pascoe Vale, and Pascoe Vale South. Small sections of the suburbs of Fitzroy North and Tullamarine are also located in the catchment.

ABOUT THE NORTH & WEST REGION

The North and West Metropolitan Region is the most diverse region, covering 2,981 square kilometres and 14 local government areas. MCHS provides many services across this region. It has an estimated resident population of 1.67 million people².

DIVERSITY

The region has the most diverse population in the state with nearly 29.8% of residents born in non-English speaking countries² and over one third speak a language other than English at home, with Italian the most common language.

LANGUAGES SPOKEN³

The top five languages spoken other than English are Italian, Vietnamese, Greek, Arabic and Mandarin.

AGE GROUPS²

The region has a large proportion of younger people with those under 45 over represented. See Table 2.

DISADVANTAGE²

Unemployment is among the highest in the state.

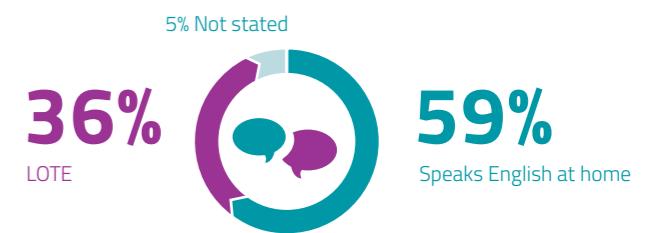
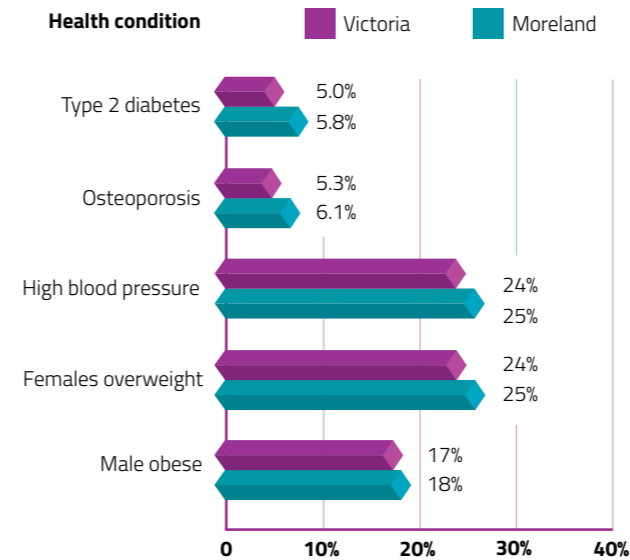
There are seven local government areas (LGA) in the northern metropolitan region, an area where we provide the majority of our services. For these seven LGA, two are among the 40 most disadvantaged areas in Victoria according to the SEIFA Index of Disadvantage; Whittlesea (score 988.6) in place 38 and Darebin (score 990.3) in place 39.

The SEIFA Index of Disadvantage measures the relative level of socioeconomic disadvantage based on a range of Census characteristics, such as low income, low educational attainment, high unemployment and job types. A lower score on the index means a higher level of disadvantage.

HEALTH²

The region reports the highest rate of type 2 diabetes and the highest percentage of people who do not meet physical activity guidelines.

The region has higher than average rates for the following top five health conditions, compared to Victoria.



Source // Australian Bureau of Statistics, Census of Population and Housing 2006 and 2011.

TOP LANGUAGES

We collect interpreter data every year to understand what the top languages are as requested by clients when accessing our services. The top six languages requested across all our sites are Italian, Arabic, Greek, Turkish, Farsi and Vietnamese.

We also break these languages up per site to understand the needs across different Local Government Areas. The following are the top languages at each of our 10 sites.

TABLE 1 // TOP LANGUAGES AT EACH OF OUR 9 SITES

SITE	LANGUAGE 1	LANGUAGE 2	LANGUAGE 3
Brunswick	Greek	Italian	Arabic and Turkish
Coburg	Italian	Greek	Arabic
Fawkner	Arabic	Italian	Assyrian, Turkish and Urdu
Thornbury	Arabic	Farsi, Assyrian and Thai	–
Glenroy	Italian	Tamil	–
Preston	Arabic	Greek and Turkish	Italian
Coburg, Victoria St	Farsi	Arabic	Turkish
Brunswick, Moreland Rd	Italian	Greek	–
Pascoe Vale	Englis	–	–

TABLE 2 // 2012 POPULATION BY AGE AND SEX

AGE	FEMALE	MALE	% TOTAL LGA POPULATION
00–14	160,106	167,359	18.3%
15–24	127,815	129,208	14.4%
25–44	302,527	305,477	34.0%
45–64	201,335	194,794	22.1%
65–84	92,713	82,378	9.8%
85+	16,208	9,072	1.4%

0.5% Aboriginal & Torres Strait Islander in Moreland

57% of the population are non-smokers in North & West Region

40.2% of people have an income less than \$400 per week with families making up 47.4%

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ABOUT OUR ORGANISATION

Merri Community Health Services (MCHS) aim to recruit, develop and retain a competent, committed and diverse workforce that provides high quality services to our clients, their families and the wider community.

OUR WORKFORCE

We value the diversity of skills and professional experience that each team member brings to the organisation. Ongoing support is provided to our employees through education, training, regular appraisals, clinical supervision, good employment provisions and flexible working options to ensure all employees are given every opportunity to succeed in their roles. Our success is very much attributed to the performance and contributions of all our employees.

TABLE 3 // WORKFORCE PROFILE

	NO. OF EMPLOYEES	% OF TOTAL WORKFORCE
Male	38	10.83%
Female	313	89.17%
Full-time	118	33.62%
Part-time	160	45.58%
Casual	73	20.80%
Executive	4	1.14%
Management	16	4.56%
Team Leaders	29	8.26%
Allied Health Professionals	33	9.4%
Dental	47	13.39%
Early Childhood	2	0.57%
Nursing	14	3.99%
Social & Community Service Workers	144	41.03%
Support Services	62	17.66%
TOTAL EMPLOYEES	351	

EQUAL OPPORTUNITY (EO)

MCHS recognises that EO is a matter of employment obligation, social justice and legal responsibility. It also recognises that prohibiting discriminatory policies and procedures is sound management practice. MCHS is committed to fostering a safe workplace culture free from discrimination, harassment and bullying.

POLICE CHECK AND WORKING WITH CHILDREN CHECKS

All employees and volunteers are required to have a current national police check certificate. In addition, employees working unsupervised with clients under the age of 18 years are required to have a current Working with Children check prior to the commencement of duties and ongoing.

OCCUPATIONAL HEALTH AND SAFETY

MCHS is committed to ensuring the health, safety and wellbeing of the working environment for all employees, contractors, locums, students, volunteers, clients and visitors. In keeping with our values, MCHS seeks to promote a culture where harm through work is unacceptable. MCHS encourages all individuals to regard accident prevention and working safely as a collective and individual responsibility.

Our OHS Consultative Committee has 14 representatives from across various designated work areas. All health and safety representatives complete accredited OHS Representative training within the first 12 months of appointment.

This year saw the review and ongoing implementation of the OHS Strategic Safety Plan 2013-2015 with annual objectives and performance indicators for the Committee to monitor and report on quarterly.

WORKERS' COMPENSATION

MCHS' indicative performance rating is 0.738539 which is 26.14% better than the industry average. Our WorkCover premiums have remained stable between \$180,000 and \$220,000 for the past six years. Our Workcover claims have continued to remain relatively low with only 1-2 claims made each year and staff returning to work on pre-injury duties.

HIGHLIGHTS AND ACHIEVEMENTS



ABOVE // MCHS staff and CEO acknowledge White Ribbon day alongside Moreland City Council and Women's Health in the North

- Implementation of the **ePerformance Module and Remuneration Strategy** within our Human Resource Information System (HRIS) providing online collection, analysis and reporting of progress against key performance objectives, our values based capability matrix and the training and development of our workforce. This has been directly linked to our remuneration decisions in providing a platform to reward and recognise talent across the organisation.
- Introduction of a newly developed **Learning and Development Framework** embedding the 70:20:10 learning model across the organisation and providing toolkits for managers on various learning interventions to meet identified skill gaps.
- Review of our **Parental Leave Policy and Procedures** introducing keeping in touch agreements and improving the level of communication and support for our employees commencing and returning from parental leave.
- Roll-out of **Managing Challenging Conversations Workshops** for our managers and corporate services staff as a 2nd Tier to our in-house line management foundation courses. We made a commitment to this learning and development program to enhance internal feedback mechanisms.
- **2014 Employee Engagement Survey** results highlighted an improvement of 4.3% with overall engagement sitting at 49.2% and 73% of respondent agreement that MCHS is truly a great place to work. We had significant increases in satisfaction with our leadership providing clear expectations and regular feedback, addressing change management issues and in providing a workplace free from bullying and favouritism.
- Our continued commitment to the development, training and education of the health and community workforce through **Student Placements and Work Experience Programs** undertaken across multiple disciplines. We have provided over 1,100 days for students increasing our commitment by 8% in comparison to the previous year.
- **Employee retention was 86%** for the year which is extremely positive given the comparative industry rate for community services across Australia was reported as only 71% (ACOSS, 2010).
- Developed an **Aged Care Workforce Plan** which was funded through a grant from the Community Services & Health Industry Skills Council. The Plan provides a framework to support and strengthen workforce capacity and capability in response to aged care reforms.

HONOURING WOMEN IN MORELAND

The Honouring Women in Moreland awards were held on Thursday, 12 March 2015, as part of International Women's Day. We're extremely pleased to report that one of our very own staff, Jemma Mead, received the award for outstanding contribution to the community in gender equity.

The Moreland Mayor, Councilors and the community came together at the Coburg Town Hall as part of the celebrations to honour the contribution of women in our community in the areas of gender equity, diversity and active citizenship.

Jemma shared her story with the Moreland Leader, as a recipient of this annual award.

“ I accepted the award on behalf of all our incredible staff, volunteers, other agencies and most of all, our clients.”

Jemma has consistently been a strong voice and advocate for young people in Moreland, in particular supporting young people that identify as gay, lesbian, bisexual, transgender and queer. Jemma has been a resident of Moreland for the past 17 years and was instrumental in getting the YGLAM program off the ground in 1998. YGLAM is a youth performing arts project for same-sex attracted and gender diverse young people. When Jemma co-founded the group, they commenced with a \$2000 grant from Victoria Police. The group is continuing many years later, and is now in its 17th year.

Jemma was also part of the team leading the work to undertake the Rainbow Tick accreditation that led to Merri Community Health Services being recognised as one of the first community health providers accredited outside of the pilot projects.

We're extremely happy to see Jemma recognised for her outstanding achievements and contribution in gender equity in Moreland! Congratulations to all the award recipients and nominees, for their ongoing contribution within our community. You can read more about Jemma's story and the work behind our Rainbow Tick accreditation in the Moreland Leader, April 6, 2015 edition.



ABOVE // Jemma Mead's work highlighted in the Moreland Leader, April 2015

VOLUNTEERS

The number of active volunteers at the close of this financial year was 104 across various programs at Merri Community Health Services (MCHS). Volunteers in our mental health area have grown significantly as we have consolidated newly developed positions this year.

Following on from the successful streamlining of processes which saw the inclusion of volunteers in our MCHS staff database, has been the implementation of a newly revised Volunteer Policy and Procedure. A revised Volunteer Support and Supervision Policy and Procedure and a Volunteer Recruitment and Selection Framework were also ratified by our Board this year. The alignment of volunteer Policies and Procedures with those of our paid workforce has reinforced both the value of our volunteers in our overall workforce at MCHS and consistency of processes for staff as all HR functions are now streamlined.

Volunteers have also taken advantage of the various in-house training opportunities made available to them:

- Equal Opportunity
- Gay, Lesbian, Bi-Sexual, Transgender and Queer Inclusive Practice
- Working with Aboriginal and Torres Strait Islander Clients
- Cultural Diversity

Volunteers enjoyed our 1980's themed end of year celebration as a number got into the spirit and dressed to reflect the trends of a by-gone and very outrageous decade.

We recognised and celebrated the achievements of our volunteer, Alexandra Woollacott during an Award Ceremony held on International Women's Day in March. Alexandra volunteers in our Supported Residential Services Support Program and has been a very committed volunteer for over two and a half years providing social support for a very isolated and marginalised client.

National Volunteer Week in May was a wonderful opportunity to celebrate the achievements of our dedicated volunteer workforce. A large number of volunteers attended our annual dinner where they were presented with certificates and volunteer lapel pins in recognition of their invaluable work. Our Minister for Health Award nominee this year Christina Ayres, has worked tirelessly in our Population Health Team. Christina made an enormous contribution to the development and implementation of a health and wellbeing strategy used in local primary schools.



ABOVE // Alexandra Woollacott with Jill Hennessy MP and MCHS staff, Jillian Dent and Donna Anastasiadis



ABOVE // Coordinator of Volunteers, Donna Anastasiadis with volunteer Richard

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New volunteers in Primary Care & Carer Services Division in 2014/15

25

New volunteers in Family and Community Support Services Division in 2014/15

HONOURING WOMEN IN OUR COMMUNITY

Alexandra Woollacott has been a volunteer with Merri Community Health Services (MCHS) since 2012 in our Supported Residential Service Support Program. Providing countless hours of support to the community, Alexandra was a nominee at the 2015 Honouring Women in Moreland awards.

Alexandra has recently been helping an elderly client that has been through some hardships, including the loss of her husband. Since Alexandra's involvement in our client's life, she has been a regular friendly face for the client. Through regular interaction and support, Alexandra has been able to encourage her to reengage with her community. She has helped her overcome a period of deep isolation, has enriched her outlook on life and has been the bridge to a much richer experience that would not have otherwise been possible.

Congratulations Alexandra on this wonderful achievement as a 2015 nominee and for your support within our community!

"What so many people take for granted are the fundamental resources and support that allow them to flourish"

Alexandra Woollacott, volunteer

OUR BOARD

Merri Community Health Services (MCHS) is overseen by a Board of Directors. The Board's role is to oversee the operations of the business by providing sound leadership and governance and expert advice.

There are a total of between six and nine Board Members. The Board includes:

- Six Directors that are appointed by our members
- Three Specialist Directors that are appointed by the Board of Directors

The Specialist Directors must represent one of the following professions:

- Lawyer
- Accountant
- Health professional



Carlo Carli
Chair

Carlo has lived in Moreland most of his life and has been involved in public policy for most of his professional career.

Carlo has been a public advocate for access and equity, multiculturalism and broader human rights issues in the community and Government. He was a Member of Parliament for Brunswick, for 16 years, is fluent in English, Italian and Spanish and has a good command of the French language.

Carlo is currently President of the Brunswick Zebras Soccer Club, Treasurer of Hope Street Youth Refuge and Chair of the Legislative Leadership and Governance Group.



Darryl Annett
Deputy Chair

Darryl has lived in the northern suburbs of Melbourne for over 22 years and has been actively involved in the community through local school groups and sports clubs.

Darryl is a lawyer that has 30 years' experience, with a legal career in the public sector and private practice, in criminal defence advocacy and criminal prosecution work. He held a four-year appointment as Deputy Chair of the Business Licensing Authority and is currently the coordinator of the Salvation Army's Urban Justice Centre.



Michael Beahan
Board Member

Michael has been a Brunswick resident for the past six years and serves on two committees for the Australian Neighbourhood Houses and Centres Association.

Michael was a senator in the Australian Parliament for nine years and served for three years as President of the senate. He was state secretary of the Western Australia Branch of the Australian Labor Party and directed a Commonwealth statutory authority, providing education for union officials.

Michael has degrees in Arts and Education from the University of Western Australia and was awarded an AM in the 2011 Australia Day honours.



Marlene Raffoul
Board Member

Marlene has been a resident of the City of Moreland for 13 years and has been involved in various committees within the area.

Marlene has been educated in three languages and her knowledge extends to teaching and business expertise. She is passionate and committed to improving health services to the multicultural community of Moreland, and looks forward to extending her expertise to its residents.



Michael Malakonias
Board Member

Michael has over 23 years finance and management experience, with over 17 years of service within the Financial Services Industry, of which 13 have been with GE Capital.

Prior to his current General Manager role with GE Premium Funding, Michael was the Chief Financial Officer of Pacific Premium Funding; strategically partnering with the business MD and GE Capital Australia & New Zealand Chief Financial Officer and Chief Executive, to successfully deliver strategic outcomes for the organisation and its clients.

Michael is a Fellow CPA and also holds a CPA MBA from Deakin University, majoring in Leadership and Communication.

Michael has lived in both the inner and outer northern suburbs of Melbourne all his life, with the last 18 years based in Northcote.



Katerina Angelopoulos
Board Member

Katerina is an experienced Director with a background in corporate management, health issues planning, human resources and community engagement. In 2008 Katerina was appointed to the University of Notre Dame School of Medicine Advisory Committee, and is actively engaged in governance activities with a number of Melbourne-based organisations.

Katerina has lived in the Brunswick and Coburg areas for 45 years. For 25 of these years she has been involved in community service, including the local YMCA, Ethnic Communities Council and as a counsellor with the Moreland City Council.

Katerina is committed to improving the overall health and wellbeing of the residents of Moreland and people who use the service.



Giuseppe Ardica
Board Member

Giuseppe has been a Moreland resident for seven years. A community activist largely involved with local groups, Giuseppe has broadened his interest in activism and community engagement through involvement as a volunteer, board member and executive, including volunteer at the Co.As. It Adult Day Care Centre, board member of the "San Marco in Lamis" Social Club and current member of the St. Margaret Mary Parish Pastoral Council.

Giuseppe recently ran for the Moreland City Council and continues to contribute to his community.

Giuseppe is a Revenue Specialist in the energy industry and at work is a member of the staff engagement committee and an award winner on 'People Engagement'. Giuseppe previously worked at INCA, the Italian Migrant Welfare organization in Coburg. In Italy, Giuseppe was the President for the cultural centre 'ARCI' in his hometown and union organizer for CGIL.



Julie McCormack
Board Member

Julie is the Manager of the Clinical Training Unit at Dental Health Services Victoria, where she has been since May 2012. Her previous role was with the Australian Dental Association (ADA), Victoria Branch, as the Manager of Continuing Professional Development and Training and the Manager, Industry Partnerships.

Prior to joining the ADA, Julie was the General Manager of Education at the Law Institute of Victoria and Secretary to the Accredited Specialisation Board. Julie has a background in Education and Public Health. Her work experience includes four years as a Lecturer in Education at University of Melbourne, policy and curriculum development with Victoria University and the development of education resources for the Royal Women's Hospital. Julie also is a Director of a small business called Incompany, Women in Trades.

Julie holds a Masters in Public Health (Women's Health), Graduate Diploma in Education and Certificate 1V in Training and Assessment, Bachelor of Arts and a Graduate Diploma in Frontline Management. She has trained as a mediator.

MEMBERS OF THE BOARD AS OF THE 30 JUNE 2015



LEFT TO RIGHT // John Orr, Tassia Michaleas, Nigel Fidgeon and Dr Antoinette Mertins



Hasan Erdogan
Board Member

Hasan been a Moreland resident his whole life and for the past five years has worked as an Accountant for a public practice in Moreland.

Hasan has a Bachelor of Commerce majoring in Accounting from La Trobe University and is an Associate CPA member. Hasan has also completed a Certificate IV in Domestic Building and Construction from the Housing Industry of Australia (HIA).

Hasan is passionate about health policy and is committed to ensuring the evolving health needs of our community are met. He is fluent in English and Turkish and has some proficiency in Kurdish.



John Orr
Company Secretary

John is the General Manager of Corporate Services at Merri Community Health Services and has worked with many Boards and Committees in the non-for-profit sector.

John has held the position of Company Secretary with The Australian Ballet; the Queen's College Endowment Fund, Queen's College (Melbourne University) and St Margaret's School. He has a Bachelor of Business in Accounting, with widespread experience in risk reduction, compliance and corporate governance

Joan Wilkinson
Board Secretary

Joan has worked with Merri Community Health Services for 17 years and has been the Board Secretary for 10 years.

EXECUTIVE LEADERSHIP TEAM

The Executive Leadership team lead our staff to achieve common goals that are in line with our vision and purpose. Members of this team include the Chief Executive Officer and three General Managers.

Nigel Fidgeon

Chief Executive Officer
MHA, BN, GAICD, FCNA, FCHSM

Nigel has extensive executive management experience in leading and managing change across the public and private health sector, at both strategic and operational levels. This has included strategic design and planning of services, organisational development, redesigning and implementing new models of care and building organisational capacity, through collaboration and partnerships with a variety of organisations.

Nigel holds a Master of Health Administration, a Bachelor of Science (Nursing), Diploma of Company Directorship along with educational experience gained at the Wharton School of Business at the University of Philadelphia, USA.

Dr Antoinette Mertins

General Manager,
Primary Care and
Carer Services

DrPH, PDipHRM, BBSc, AFCHSE, GAICD

Dr Mertins has extensive leadership and senior management experience working in the public sector across a diverse range of organisational forms, at operational and strategic levels. This has included extensive experience working collaboratively across community care, health and primary care sectors. Antoinette is committed to population health approaches to improve health and wellbeing outcomes.

Dr Mertins holds a Doctor of Public Health degree, a Post Graduate Diploma in Health Research Methodology and a Bachelor of Behavioural Sciences (Psychology).

Tassia Michaleas

General Manager,
Family and Community
Support Services

BEC, BSW, MBA, AFCHSM, GAICD

Tassia has extensive experience in the not-for-profit and community sector and commenced her career in community health in 1996. Tassia has experience working across leadership and operational areas and takes a pro-active approach in developing and delivering innovative services and programs, to identified and emerging community needs.

Tassia has strong skills in advocacy, streamlining of systems and processes, effective engagement of stakeholders and developing partnerships. Tassia has a Bachelor of Economics, a Bachelor of Social Work and a Master of Business Administration.

John Orr

General Manager,
Corporate Services
B.Bus (Accounting), CPA

John has been a Certified Practising Accountant (CPA) for over 25 years and has predominately worked in the not for profit sector, in diverse areas including education, welfare, home care and the arts.

He held the position of Company Secretary with The Australian Ballet, the Queen's College Endowment Fund, Queen's College (Melbourne University) and St Margaret's School.

John has a Bachelor of Business in Accounting and Post Graduate qualification in Information Technology.

OUR SERVICES

Merri Community Health Services provide a range of services across seven local government areas in the Northern Metropolitan region.



ABOVE // Clients take part in activities at our Bell Street, Coburg site

PRIMARY CARE AND CARER SERVICES

COMMONWEALTH RESPITE AND CARELINK CENTRE/CARERLINKS NORTH

The service provides support, information, respite and advocacy to carers of all ages and, across different life stages who reside in the Northern Metropolitan Region of Melbourne. Support is provided to carers of the frail elderly, people with disabilities/mental health, carers of people with dementia including younger onset dementia and young carers.

AGED AND DISABILITY

- Activity Programs (Planned Activity Groups) - fun and engaging group activities for older people and people with disabilities to help them stay active and engaged
- Interchange North West – recreation and respite opportunities for children and young people with disabilities, as well as for their family
- Volunteer Host Program – regular individualised respite care through specially trained volunteers for families that have children with disabilities
- Case Management Services – helps frail older people, people with dementia and younger people with disabilities to stay living in their home and community for as long as possible by providing packages of care

PRIMARY HEALTH CARE PROGRAM

This program is grouped into four teams; the Independent Living Team, the Wellness and Preventative Care Team, the Chronic and Coordinated Care Team and the Service Access Team. The Service Access Team provide initial contact and initial needs Identification services for a range of MCHS programs. The clinical teams provide services such as community nursing, care coordination, diabetes education, dietetics, exercise physiology, occupational therapy, allied health assistance, physiotherapy, podiatry, speech pathology, and short-term education and exercise groups.

HOSPITAL ADMISSION RISK PROGRAM

A service for people with chronic and complex medical conditions that are at risk of hospitalisation and require intensive service coordination.

SPECIAL PROJECTS

This area has responsibility for strengthening our preparedness for aged care and primary care reforms with a focus on service redesign, partnership development, workforce innovation and service evaluation.

We provide services for:

- Adults
- Older people
- Children
- People with a disability
- Young people
- Carers of all ages
- Aboriginal and Torres Strait Islander people
- Gay, lesbian, bisexual, transgender, intersex and queer communities

Our services are grouped into two divisions; Primary Care and Carer Services and Family and Community Support Services. Our Corporate Services division provides internal support to our services and overall organisational support.

FAMILY AND COMMUNITY SUPPORT SERVICES

- Food security
- Prevention of violence against women
- Koorie community engagement
- Home Interaction Program for Parents and Youngsters (HIPPY)

CHILDREN AND FAMILY SERVICES

- Foundations Early Childhood Intervention
- Integrated Family Services including School Focused Youth Service
- Child Health Team

COUNSELLING AND SUPPORT SERVICES

- Victims Assistance Program
- Generalist Counselling including Integrated Family Violence Counselling, Access to Allied Psychological Services and Youth Alcohol and Other Drugs
- Supporting Connections, working with Supported Residential Services
- Mental Health Support Services including Personal Helpers and Mentors and Day To Day Living

POPULATION HEALTH UNIT

- Research and evaluation
- YGLAM Performing Arts Program for same-sex attracted and gender diverse young people
- Human Relations & Sexuality Education
- Promoting mental wellbeing and social inclusion

DENTAL SERVICES

- Provision of dental treatment under the guidelines of Dental Health Services Victoria.
- Smiles 4 Miles

MEDICARE BENEFITS SCHEDULE SERVICES

Provision of Medicare Benefits Schedule services provided to clients under a GP Management Plan and team care arrangement.

CORPORATE SERVICES

Corporate services provide support to all MCHS staff. The team is based at Harding Street, Coburg and includes:

- Finance
- Information Management
- Quality
- Facilities Management
- Human Resources
- Communications and Community Engagement

DIAGRAM 1 // ORGANISATIONAL CHART



STRATEGIC AND ACTIVITY PLANNING

The strategic plan sets the overall direction and goals for our organisation and in turn, directs the allocation of resources so that we can action this strategy.



ABOVE // Children from a local kindergarten were involved in our Merri Music project

STRATEGIC PLAN

The plan is developed by the Board of Directors in consultation with our Leadership Team that adopt the plan. Outlining the goals for the organisation the current plan outlines strategies for the 2012–2015 period. The strategic plan includes reference to some key priorities including diversity and communications.

Work on the 2016–2018 strategic plan will commence in late 2015 and will include staff and people from across our organisation and community and stakeholder consultation.

DIVERSITY PLAN

Diversity is a defining characteristic of the North and West region. Our Diversity Plan sets the overall direction and goals for our organisation, in relation to diversity planning and practices for hard-to-reach groups.

The plan focuses on five special-needs groups within our catchment, including:

- People from Aboriginal and Torres Strait Islander backgrounds
- People from culturally and linguistically diverse backgrounds
- People with dementia
- People experiencing financial disadvantage, including people who experience or are at risk of homelessness
- People who identify as gay, lesbian, bisexual, transgender, intersex or queer

In developing the plan, we received input from teams across the organisation and the Community Engagement Internal Reference Group. We also considered results from the Cultural Competency Organisational Review survey from 2012 and the information was fed-back to the Community Engagement Sub-Committee. In late May 2015, we completed an annual review of the plan and continue to develop and update the plan. The current plan details activities and strategies across 2014–15.

During the financial period, key outcomes from this plan have included:

- Finalisation of our Reconciliation Journey which details our commitment to the Indigenous community and highlights our Reconciliation Action Plan. The plan was developed with the local Aboriginal community to ensure outcomes were meaningful and culturally appropriate
- Launch of Wandarra Yarning, an interactive audiology booklet that was created with the help of the local Aboriginal and Torres Strait Islander community. You can read more about it on page 45
- Completion of the health literacy self-assessment process. The findings will help improve how we communicate with our clients
- Launch of the Koolin Balit Generations' Garden at the Aboriginal Community Elders Service site. You can read about the project on page 48
- Commencing the Communication Access for All project which you can read more about on page 31
- Review of the Rapid Response Service
- Development of an overarching volunteer framework that includes a component on cultural diversity
- Achieving the Rainbow Tick accreditation which you can read about on page 78
- Monitoring the use of interpreter data. The information has established the most commonly requested languages at our sites which will help us provide information in the top requested languages

GENDER EQUAL RESPECT AND NON VIOLENCE

We are currently working on implementing a whole-of-organisation approach to preventing violence against women through our Family Violence working group. Addressing the underlying causes of violence against women, such as gender inequality, rigid gender stereotypes and broader cultures of violence, the working group is currently reviewing organisational practice including:

- Policies and Procedures
- Leadership
- Physical environment
- Organisational culture
- Staff capacity and engagement of employees
- Governance and commitment
- Equitable opportunities in recruitment, promotion, remuneration and workplace participation
- Professional development
- Supporting parents and carers and life-friendly work for women and men
- Respectful, non-violent and safe workplaces
- Complaints resolution procedures
- Gender sensitive practice



ABOVE // Community Fete 2014

COMMUNICATIONS PLAN

Our organisation uses community engagement to interact, consult, involve and collaborate with community members, when making decisions and to keep the community informed about our work.

The communications plan sets the overall direction and goals for our organisation, establishing a coordinated approach to community engagement. The plan was developed with input from staff, the Community Engagement Internal Reference Group and the Community Engagement Sub-Committee. The current plan outlines our strategies for the 2013 to 2015 period.

To ensure meaningful outcomes the plan was developed using the International Association for Public Participation's (IAP2), Public Participation Spectrum, which allowed us to measure our level of community engagement.

During the financial period, key outcomes from this plan have included:

- Consistent media coverage of our services, programs and events that inform our community and encourage involvement or collaboration
- Implementation of social media tools including Facebook and Twitter to inform our community of updates and invitations to consult, involve or collaborate with the community
- Updating of marketing materials to easy English, including the introduction of an easy English version of our client Rights and Responsibilities and access via our website that inform our community
- Ongoing consultation with carers from the Carer Consultative Committee, with the group providing advice and input into marketing materials
- Seeking regular feedback from clients in our waiting rooms to inform us about the accessibility of our marketing materials, so that the message is accessible and easily understood

RESEARCH AND PARTNERSHIPS

Merri Community Health Services (MCHS) is an active participant and contributor in ongoing research and evaluation.

By conducting ongoing reviews of our programs and services, we can ensure our services are based on best practice, are evidence-based and aligned to the population health needs of our community.

Most of the research within our organisation is coordinated by the Population Health Unit. We report on research outcomes via our bi-annual *Research and Innovation* newsletter that is released in June and December each year.



ABOVE // Our Research and Innovation newsletter

Throughout the 2014-15 period, key projects included:

- Finalisation of the Teeth Tales project. The project was an eight-year exploratory trial that looked at oral health promotion among Australian families from migrant backgrounds. A total of 521 families and 692 children participated in the study with the majority reporting they had never seen a dentist prior to being involved in the project
- Delivering Little Smiles, a project that provided dental screenings and oral health education to children in preschool settings. Little Smiles targeted Fawkner and Glenroy as the areas were identified as having increased disadvantage
- Re-establishment of a paediatric service at 93 Bell Street Coburg
- Introduction of the back pain project, which has seen hundreds of patients removed from Melbourne Health specialist waiting lists. You can read more about the partnership project with Melbourne Health on page 63
- Review of our aged care and carer services due to aged care reforms that resulted in a branding and communication strategy. You can read about the project on page 37
- Development of Hear Us: Our Stories Matter, a DVD and resource tool for people with a cognitive disability that have been a victim of crime. The DVD aims to help people recognise when they have been hurt and how to look for help. You can read about the project on page 30
- Assessment of the edible garden projects delivered by Merri Community Health Services at pension-level Supported Residential Services, which was completed by University of Melbourne Masters student, Melissa Collins

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Children participated in the Teeth Tales project

CONSULTING WITH OUR COMMUNITY

Community consultation is important for Merri Community Health Services (MCHS) as it helps us to better understand your needs, improve information provided to you and implement strategies where possible, that meet your needs.



ABOVE // Our clients contribute to service planning

CARER CONSULTATIVE COMMITTEE

The Carer Consultative Committee is a consumer group which aims to give voice to the diverse needs and issues of carers living in the Northern Metropolitan region. Find out more about the group and its future direction on page 37.

COMMUNITY ENGAGEMENT SUB-COMMITTEE

This group is made up of community representatives, staff and Board members from our organisation. We consult with community representatives on activities and services to ensure that we're addressing current needs of the community.

ACCESSIBLE INFORMATION FOR OUR COMMUNITY

Our organisation has made a commitment to improving access to health information by providing service information in 'Easy English' or plain English. Our materials include information about our services, programs or events and are provided as brochures, posters or flyers.

In the last year we introduced the Health Literacy project and Communication Access for All as part of our diversity plan and commitment to providing accessible information. Read more about these projects below and on pages 24 and 32.

RECONCILIATION ACTION PLAN WORKING GROUP

This group is made up of community representatives, staff and Board members from our organisation. The group advise on issues related to the Aboriginal and Torres Strait Islander community and helped in the development of our Reconciliation Action Plan.



ABOVE // Clients take part in activities at our Bell Street, Coburg site

COMMUNICATION ACCESS FOR ALL

Communication Access for All is an initiative of SCOPE's Communication Access Network. It supports agencies like Merri Community Health Services through a self-assessment and improvement process, to make our services more accessible to clients with communication difficulties, including those with a disability and from culturally and linguistically diverse backgrounds. You can read more about the project on page 32.

MARKETING MATERIALS

When producing marketing and informational materials, we consult with clients to seek their input and advice in ensuring our materials are relevant and the content and format is easily understood. We consult with clients waiting in reception by asking them a few questions about the information, format and images used.

This feedback is recorded and we take on as much of the feedback as possible to update our documents.

CULTURAL SITE AUDITS

Merri Community Health Services has a long standing commitment to engaging with our Aboriginal and Torres Strait Islander communities in Moreland. We have employed a Koorie Community Engagement Officer since 2007 and have been involved in a number of regional initiatives over the years.

Ensuring our sites are culturally appropriate and inviting is important for our organisation. Our Koorie Community Engagement Officer, Liz Phillips, visits all sites and conducts regular site audits that identify ways to make sure that Aboriginal and Torres Strait Islander people feel comfortable using our buildings. While conducting the audits, Liz discusses ways to make our services culturally inclusive for the community. You can read more about our commitment to the Indigenous community on page 42.

SERVICE PLANNING

We regularly consult with a range of clients to improve our services. This happens through a range of strategies including group feedback and evaluation, consulting with our Community Engagement Committee, our Client Satisfaction Surveys, Carer Satisfaction Survey and our Carer Consultative Committee. Results from client surveys are fed-back to our teams to form part of their action plan for ongoing service improvement to the community.

We also engage with representatives on specific working groups, such as the Reconciliation Action Plan and Gay, Lesbian, Bisexual, Transgender, Intersex and Queer.

NEWSLETTERS

We provide two community publications throughout the year.

1. MerriNews highlights all the work we do across the organisation and is distributed to all stakeholders including community groups, clients, members, funding providers, partners and local schools. MerriNews is released three times per year.
2. Research and Evaluation is a biannual publication that highlights some of our recent and current achievements in the areas of research and evaluation. Community feedback on content is encouraged with details about how to provide feedback included in every edition. The newsletters are distributed via mail to members and are available at our reception sites and website.

In 2015, we also introduced The Talk, a newsletter for teachers and others who work with young people in Moreland, providing information about sexuality education. You can read about this newsletter on page 69.

HEALTH LITERACY WHAT ARE WE DOING?

Merri Community Health Services is currently in the process of completing a health literacy audit. Led by staff from our Primary Health Care program, the audit is currently taking place with the use of an organisation-wide self-assessment, which will help us improve our level of health literacy as a provider of health services.

Health Literacy is a burgeoning field of interest with new research emerging that highlights its importance in relation to population health and reducing the costs of healthcare. The aim is to provide a snapshot of how we are tracking in providing health literate services for our clients.

The process has been championed by Craig, Occupational Therapist and Maria, Physiotherapist from the Primary Health Care Program, who attended a two-day health literacy Master Class at Deakin University subsidised by the Inner North West Primary Care Partnership. The process involves various teams across the organisation completing the audit with the help of the *Enliven Health Literacy Self-Assessment Resource* checklist.

What is the process?

The Enliven resource is a questionnaire that has 10 parts or attributes, relating to aspects such as layout of buildings and information, staff training, policies and procedures, service reviews and consumer engagement.

Staff have the opportunity to answer the self-assessment questions, contribute to ideas for recommendations and actions and begin working on these ideas once the information has been collated and feedback provided.



ABOVE // Our MerriNews newsletter

Why are we doing this?

Low health literacy is a stronger predictor of a person's health than age, income, employment status, education level and race. The demographic profile of our clients includes a large proportion of people with low health literacy. In order to optimise health outcomes for our clients, we need to ensure all aspects of our services are simple and easy for people to understand and navigate.

The health literacy project will generate an initial set of recommendations that will be acted upon by programs and teams across the organisation. Health literacy principles will become embedded in our organisational policies and procedures, physical work environments, work plans, service reviews, consumer surveys, training and clinical practice.

Low health literacy is a stronger predictor of a person's health than age, income, employment status, education level and cultural background.

VICTORIAN CARERS RECOGNITION ACT

The Victorian Carers Recognition Act 2012 came into effect on 1 July 2012 and seeks to recognise, promote and value the role of carers in the community.



ABOVE // Our young carers enjoyed a rock climbing outing in 2014

The Act sets out principles that recognise and support people in care relationships, including the responsibilities of organisations that support people in care relationships. This Act complements the Federal Government's Carer Recognition Act 2010 and is supported by the Victorian Charter supporting people in care relationships. As a major service provider supporting carers across the northern metropolitan region, every year we re-evaluate our strategies under each principle.

The following details how we have progressed over the last financial year.

OUR RESPONSIBILITIES

We have a number of processes in place to ensure our responsibilities are being met under the Act and that we are supporting people in care relationships. The following outlines how we continue to meet these principles via our Carer Support Services and other MCHS services.

1. Ensure that employees and agents have an awareness and understanding of the care relationship principles.

- Principles of the Act are reinforced at staff meetings and supervision
- Staff are aware of privacy and confidentiality requirements and principles of informed consent
- Staff are familiar with organisational policy and procedures regarding advocacy and complaints processes
- Carers are actively involved in developing goal-oriented care plans that are appropriate for their needs and the needs of the person in their care
- A review of the Carer Consultative Committee has been undertaken with a view to establishing a comprehensive and dynamic consultative structure to include a combined carer and consumer advisory group in the future. This aims to provide a more balanced representation of carers across the Northern Metropolitan region and by gender, cultural diversity and carer type.

The Victorian Carers Recognition Act sets out principles that recognise and support people in care relationships.



ABOVE // Our carer team regularly hold events for carers to provide support and information

2. Ensure that persons who are in care relationships and receiving services have an awareness and understanding of the care relationship principles.

- Carers are provided with information in a language that is appropriate and accessible
- Carers are given timely information and support that focuses on individual care situations, such as emergency and short term respite through the Information and Response Service of the carer support team
- Information and advice is provided at key life stages via the Carer Support teams
- Continued commitment to improving access for culturally and linguistically diverse carers including partnerships with key regional stakeholders and strengthening relationships with providers. This has been evidenced through our collaboration with Australian Greek Welfare Society where we delivered flexible respite to carers from the Greek community in the City of Darebin. This initiative received a positive response from carers and contributed to improved outcomes in accessing after hours respite services.
- In partnership with the Aboriginal Liaison Officer at the City of Darebin, we implemented a project to reduce barriers which have prevented Indigenous carers from accessing respite and to provide families the opportunity to have greater control over the design and delivery of services. A dedicated Carer Support Worker has been engaged to work collaboratively with carers to identify respite services that align with their choices and are responsive to their needs. Ten families have been identified to participate in the project to date.

3. Ensure that the organisation and its employees and agents reflect the care relationship principles in developing, providing or evaluating support and assistance for persons in care relationships.

- Carers are provided with information about their rights and responsibilities, privacy as well as our feedback and complaints process
- Carers are encouraged to provide feedback on their level of satisfaction of the services they receive via annual Carer Satisfaction Surveys and evaluations of key activities and forums. Feedback provided from carers is used for future planning and to improve service delivery
- The Information and Response Service has reviewed the intake process and identified opportunities to improve access and response times. A key recommendation of the review was the implementation of a rapid response model for carers requiring support in times of crisis or at risk of care relationship breakdown. Carers seeking urgent attention are prioritised for an immediate response from a Carer Support Worker who coordinates an emergency respite plan and facilitates access to appropriate support services. Once the immediate crisis has resolved the Carer Support Worker engages with the carer and person in their care to develop a sustainable plan that supports the continuation of the care relationship.

WHAT'S
IMPORTANT
TO YOU
IS WHAT'S
IMPORTANT
TO US

**CONSUMER, CARER AND
COMMUNITY PARTICIPATION**



HEAR US OUR STORIES MATTER

Merri Community Health Services in partnership with City of Yarra launched a new resource in Victoria, *Hear Us: Our Stories Matter*, giving a voice to people with a cognitive disability that have been hurt by violence.



ABOVE // Launch of Hear Us: Our Stories Matter

Launched on Tuesday, 2 December 2014, *Hear Us* follows real stories of four individuals that have been a victim of crime. It aims to help people with a cognitive disability identify abuse and seek help if they have been hurt.

The DVD and accompanying booklet have been in development since 2013 and address communication barriers by using various methods, including a booklet in plain English, Auslan insertion, subtitles and audio description. The catch phrase, 'I've been hurt, I need help', was developed with the help of participants, to be recognised by all support services.

Merri Community Health Services Victims Assistance Program's community educator, Jo Seymour, explained that the DVD was designed with the user in mind.

“A person's inability to communicate using conventional methods means that the content and format of current literature, resources and advertising does not have any meaning to those who do not understand the message,” Jo said.

This resource encourages people with a disability to access support and report crime to Victoria Police.

“I'm glad that I've had these services because if I didn't, I either would have been in a state of depression, I would have like, been on drugs or would have just been a broken person,” reflected Fred, who shared his story as part of the process.

The project has been supported by our Victims Assistance Program, Department of Justice and Regulation, Moreland City Council, Neighbourhood Justice Centre, Office of the Public Advocate, Victorian Advocacy League for Individuals with a Disability and Victoria Police. It was funded by the City of Yarra.



ABOVE // Hear Us: Our Stories Matter DVD pack

In Australia, people with a mental health issue or cognitive disability were twice as likely to be a victim of crime⁶.

COMMUNICATION ACCESS FOR ALL

Merri Community Health Services (MCHS) is implementing a new initiative designed to help make our services more accessible to clients with communication difficulties, including those with disabilities and those who are from culturally and linguistically diverse backgrounds.



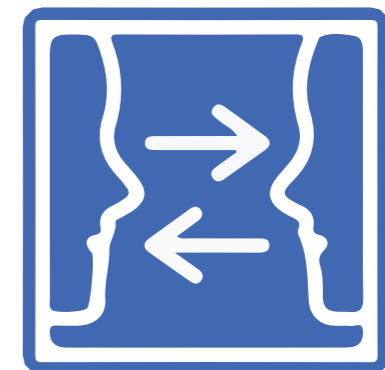
Communication Access for All (CAFA) is an initiative of SCOPE's Communication Access Network, which supports agencies like MCHS through a self-assessment and improvement process to become more communication accessible. CAFA provides a framework that complements MCHS' other diversity planning initiatives, including work being undertaken on organisational health literacy, and will help us to become leaders in providing accessible and client-centred services to our community. The project will improve staff awareness of communication difficulties that may be a barrier to accessing the many services we offer our community.

This project is being piloted at our Bell Street, Coburg site and is focusing on our 'front of house' services, which are initial points of contact for clients, including our clinical sites, website, phone contacts and information brochures.

The outcomes of CAFA will include better training for staff in how to communicate well with clients who have complex communication needs as well as the development of tools and resources to help clients get their message across with greater ease, efficacy and confidence.

Once the accreditation process is completed, MCHS will be able to proudly display the CAFA symbol at that site, to alert clients in our community that we cater for those with communication difficulties. The pilot will help us assess how we may roll out the project at some of our other select sites.

For any further details relating to this project please contact Danica Dalton, Adult Speech Pathologist, on **(03) 9319 9476**, or Danicad@mchs.org.au



ABOVE // Communication Access For All symbol

CULTURAL AWARENESS AND UNDERSTANDING

Merri Community Health Services (MCHS) has an active commitment to ensuring staff have the appropriate and necessary skills to work with Aboriginal and Torres Strait Islander and culturally diverse communities in Moreland and neighbouring areas.



ABOVE // Program graduates from our Home Interaction Program for Parents and Youngsters

WORKING WITH CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

In 2014, MCHS engaged the Victorian Equal Opportunity and Human Rights Commission to deliver two 'Introduction to Diversity' training sessions, in which a total of 35 staff participated. We encourage staff to complete the training to build an understanding of the impact of discrimination on our diverse community and the importance of and benefits of inclusive practice.

Feedback on the training was overwhelmingly positive, with staff reporting that they felt better prepared to deliver services to the diverse community, regardless of their background including culture, sexuality, gender, ability or age. Staff also reported feeling more empathy for clients, being more aware of the impact of stereotypes and the importance of not making assumptions about a person. Staff felt that they could make a difference to prevent discrimination.

This diversity training provides a solid foundation for staff to work at MCHS, as our approach to diversity is to ensure that we deliver effective services to all people in the community, regardless of their background.

ABORIGINAL AND TORRES STRAIT ISLANDER CULTURAL AWARENESS TRAINING

Our Aboriginal and Torres Strait Islander Cultural Awareness Training program is going strength-to-strength since it started in 2013. AJ Williams-Tchen from Girraway Ganyi Consulting has continued to provide a tailored and comprehensive training package for all Merri Community Health Services staff, with an average of four sessions per year.

To date, almost half of our workforce and volunteers have attended the training. In the last 12 months we have had a total of 76 staff participate, in addition to 81 staff in 2013-2014.

The training is specifically designed to ensure staff are aware of the history and experiences of Aboriginal and Torres Strait Islander people, with an aim to develop an understanding among participants of the contemporary issues that affect Aboriginal and Torres Strait Islander clients and communities who engage with our service.

Staff who have undertaken the training report a greater appreciation of the cultural diversity within the Aboriginal and Torres Strait Islander communities they work with, and have identified a significant increase in knowledge and confidence around cultural sensitivity for this particular community group.

PEER SUPPORT GROUP FOR URDU-SPEAKING WOMEN IN FAWKNER

Merri Community Health Services has partnered with Fawkner Community House and other local services to run a peer-facilitated social group for Urdu-speaking women from Muslim backgrounds in Fawkner, to promote social connections and access to services.

Two Urdu-speaking facilitators employed by MCHS run a weekly social group which often includes expert speakers who share information on local services and topics, like parenting, education, maternal and child health, physical activity, reducing energy bills and dealing with stress. The first 12 months of the group (2014- 2015) was funded by an Inner North West Primary Care Partnership member project grant.

Participant evaluations have been very positive with several group members reporting how much they enjoyed the chance to learn more about community services as well as connect with other members of the group. Due to this success, we hope to continue and expand the program in 2015/2016.



Case Study

MY STORY UNDERSTANDING AUTISM

Foundations is an early childhood intervention service that provides individual and group services for children with a developmental delay and/or disability. Based at Thornbury, the team work closely with the child and their family to help the child's development and teach parents and carers strategies that will help them along their journey.

In April 2013, Aziza* arrived at our service. Unsure of what to expect, she hoped the team could help her daughter Femi* who had been diagnosed with Autism. Aziza has shared her story in the hope that it may help another family going through a similar situation.

Aziza wasn't sure what was happening. She knew that her daughter Femi was having problems with talking and everyday tasks but she didn't understand why. As a mother of three children, Aziza knew she needed help but did not know where to turn. Hearing about the Foundations service, Aziza took the first step and arrived at Foundations in April 2013. At the time Femi, her daughter had been having issues – at the age of four, she wasn't talking, could not say mum or dad and only communicated through sounds. Femi was later diagnosed with Autism – at the time Aziza did not know what this meant. Unsure of what to do, Aziza decided to talk to Foundations after a community member told her about the service.

Our worker Pauline first started visiting Aziza, Femi and the family at home. At the time, Aziza had given birth to her third child and remembers being in a difficult position – she was experiencing post-natal depression and was struggling to keep up with Femi's needs.

Aziza talks fondly of Pauline as she recounts how Pauline and the Foundations team have made a big difference to her and her family's life.

"When Pauline first arrived, Femi could not go to the toilet on her own. She couldn't speak and only communicated through sounds. I didn't know what to do – to be honest, I was lost," she said.

"Pauline has been amazing. After working with Femi for many months and seeing huge improvements in her behaviour, Pauline suggested that I enrol Femi in childcare. I was hesitant as I was scared she may be bullied but Pauline explained how great it would be for her socialising skills. She was right, the change has been incredible."

Aziza has been grateful for Pauline's guidance and tells how she goes above and beyond to ensure she is receiving the right support.

"Pauline has taken the time to teach Femi how to go to the toilet on her own. This was difficult for me but Pauline has the right skills to help Femi. Sometimes I can't believe how dedicated she is and she does things that I imagine even some family members may not want to help with. She is incredible."

*Names have been changed to respect the privacy of our clients. Stories have been included with the permission of the client.

DIABETES EDUCATION

Diabetes is a chronic disease with serious complications. Currently affecting an estimated 1.7 million Australians, there are about 280 adults that develop diabetes every day, yet research shows that most Australians think diabetes is not a serious illness⁷.

Merri Community Health Services (MCHS) 'Living Well with Diabetes' course aims to give people the knowledge to self-manage their diabetes through healthy eating, exercise, medication management, prevention of complications, foot care and caring for mental health. Facilitated by our diabetes education team including dietitian, exercise physiologist, podiatrists and counsellors, 'Living Well with Diabetes' is run three times per year.

Feedback from clients has been very positive and we welcome new referrals for the group.

Diabetes is the:

- Leading cause of non-traumatic lower limb amputation and visual impairment in people of working age
- Single most common cause of end-stage kidney disease

Clients can self-refer into this program by calling our Service Access team on (03) 9388 9933 or a referral can be made by a health professional such as a doctor.

Hypertension has been reported in 70% of people with known or undiagnosed diabetes and in 43% to 53% of people with pre-diabetes.

GIRL'S CONNECT

Earlier this year, our Integrated Family Services (IFS) team developed and co-facilitated a group called Girls Connect for young women aged 15 to 17 years of age.

A collaborative initiative between the family services team and Headspace Glenroy, *Girls Connect* was established to address an identified gap in support options for young women struggling with the transition to adulthood. Many of the group participants were experiencing issues such as low self-esteem, difficulties with their family and social relationships, disengagement from school and a reduced capacity to cope with difficult emotions.

Although the group was designed as a way for these young people to come together to learn more about their identity, it also had a strong focus on empowering them to cope with their unique experiences.

The group was well received with positive feedback from participants, workers and family members - some even reported seeing a positive change in the behaviour of the young women!

"Everything in this program was AWESOME!! It would be great if the sessions were an ongoing thing"
-Girl's Connect participant

BREAKING DOWN STIGMA

Merri Community Health Services along with Victorian Transcultural Mental Health and key partners were pleased to launch *Our Voices* in November 2014, highlighting stories from migrant carers about their experiences with mental health.



ABOVE // Mr Ly tells his story of caring for his son

Featured on SBS News, *Our Voices* captures stories of migrant carers that care for someone with a mental illness and the difficulties they face. The stories aim to break down stigma and language barriers, to help other migrant carers speak out.

Speaking from experience, Mr Ly features in the film and encourages others to seek help.

Although it has been a difficult journey for many families, they are grateful for the services and support available and encouraged other migrant carers to seek help.

Although faced with many challenges with his son, Mr Ly explains he has been supported throughout his journey since seeking help.

“Because of his illness, he did many things that upset everyone. Things that made me feel uncomfortable, that are repressed in my mind. It was so difficult for me,” Mr Ly said.

Merri Community Health Services' mental health carer team were instrumental in the development of this DVD and hope this will be the first of many resources available for migrant carers.

If you would like to view a copy of the DVD, get in touch with our team at carerlinksnorth@mchs.org.au or visit <http://mchs.org.au/services/our-services-videos/>

If you are a carer caring for someone with a mental health illness and living in the northern metropolitan area, call our carer support team. Freecall **1800 052 222** for disability, aged care, mental health and young carer enquiries or **(03) 9495 2500** if calling from a mobile phone or out of region. You can also email us at carerlinksnorth@mchs.org.au

"I always think of how to improve his condition. If I hear of any places where they can help people with disabilities, I go there and encourage my son to join"
-Mr Ly

RESPONDING TO CARER NEEDS

Our Commonwealth Respite and Carelink Centre/CarerLinks North service provide much needed support and respite to carers of all ages. As part of this service, our CarerLinks North team organises many events and workshops for carers throughout the year, as well as respite opportunities, to allow carers to take some time out for themselves.



ABOVE // Young carers take part in activities at the Young Carers' Festival

Below is a snapshot of the support provided to carers throughout 2014–15.

YOUNG CARERS' CELEBRATE

As a young carer, the responsibilities are endless. In addition to caring for a family or friend, many are completing school and supporting siblings or other family members. Little Dreamers aimed to address this by providing young carers with a stress-free day, allowing them to be whoever they wished to be – and so the Young Carers' Festival was born.

Held for the first time in September 2014, the Young Carers' Festival was a free event that aimed to recognise the support young carers provide to their family. The event kicked off with an array of activities and workshops including art, cooking and sport workshops, a photo booth, nail art, petting zoo, silent disco, a Capoeira workshop, temporary tattoos, face painting, mini golf and much more!

In addition to learning about services available to support their role, young carers were also able to enjoy the tasty treats on offer and went home with a show bag full of goodies.

The day was a huge success offering young carers a fantastic opportunity to not only have a break but also to be recognised for the amazing role they play.

The first Young Carers' Festival in 2014 was supported by Little Dreamers, Carers Victoria and Merri Community Health Services.

WHO ARE CARERS?

Carers are family members and friends who care for someone who has a disability, chronic or mental illness, has dementia or is frail aged. The person they care for has difficulty managing at home or in the community without assistance.

WHAT IS RESPITE?

Respite is a short period of rest or break. It is important for a carer to take a break from their role as a carer and daily challenges. Respite provides carers some time to focus on their wellbeing.

CARER CONSULTATIVE COMMITTEE

The Carer Consultative Committee is a consumer group which aims to give voice to the diverse needs and issues of carers living in the Northern Metropolitan region.

The Committee provides a forum for carers to be empowered and express their individual views and those of other carers in similar situations. The Committee promotes the value of the caring role, taking part in service planning, advocacy and identification of system gaps.

In 2015, Merri Community Health Services (MCHS) undertook an assessment of the group and future directions in consultation with the group. As the organisation moves forward, the opportunity to increase membership and diversity of group members has been discussed. Opportunities will be developed as part of MCHS' Community Engagement Strategy, with a more comprehensive and dynamic consultative structure that may see the merge of a consumer and carer advisory group.

RESIDENTIAL CARE FORUM

In April this year, our Residential Care forum brought together 42 carers caring for an older person, in an effort to help them understand the process of choosing respite at an aged care facility or the option of permanent care.

To help carers to navigate the system, guest speakers from the Aged Care Assessment Service spoke about the aged care assessment process. Centrelink provided help with financial considerations for respite or permanent care, daily care fees and refundable accommodation deposits. Ensuring there was a range of information available to carers, the forum brought together nine providers from aged care facilities for an exhibit.

Carer feedback was positive with many reflecting that they found the experience valuable, helping to understand residential care services and a great opportunity to take some time out and meet other carers with similar experiences.

GIVE ME 5!

'Give Me 5!' is held on a monthly basis and provides young carers with regular respite and the opportunity to connect with peers who share similar experiences. The group gives young carers the chance to participate in a range of fun and educational experiences which improves their self-esteem and reliance, helping them cope with the impacts of their caring role.

The Young Carers' program in conjunction with Melbourne City Mission has continued to successfully run the 'Give Me 5!' young carers group throughout 2014–15.

Young carers enjoyed many fun activities throughout the year, including:

- Drumming workshops
- Hip hop dance classes
- Gym
- Cooking programs

We look forward to another great year of the group which is in its seventh year of operation!



ABOVE // A young carer enjoys face painting at the Young Carers' festival

AGED CARE PREPARING FOR THE FUTURE

As part of our preparedness for Aged Care Reforms we are committed to improving how we communicate about our aged care and carer support services to ensure that our clients are given the right information to make informed choices.

As part of this process, in 2015 our team engaged TANK, a branding and communication company, to help us through this process. They consulted with key stakeholders, researched our current communication methods including social media, website and client feedback and explored staff views on the services we offer and what it is that makes our services unique.

The outcome resulted in the development of an Aged Care and Carer Communications Framework and a Toolkit to help our teams communicate concise messages that are important to our stakeholders and are of importance to our clients.



Case Study



Case Study

TAKING THE LEAD ROLE MY EXPERIENCE AS A MALE CARER

Sam cares for his wife. Below he shares some insights into caring, in particular his challenges and experience as a male carer.

My wife is partially-sighted and there are many things I have to remember to do for her safety and wellbeing. For example doors have to be fully open, knives have to be on the sink, not in the sink and if there are any obstacles lying around, I have to alert her to prevent her falling.

It is important to put objects back in the correct place otherwise she might have difficulty finding them. She knows if they have been moved - even slightly. When we are out I have to guide her when approaching steps as well as when there are other obstacles in her path. So I have to be alert at all times.

It was my wife who introduced me to the Carers Consultative Committee which has provided great assistance to me. I also attended a men's carer course which covered many aspects of a carer's role. I know that when I need help I can always contact Merri Community Health Services CarerLinks North service.

I don't know whether it is a cultural problem or not but many men are reluctant to ask for help. Never be afraid to ask for assistance, as there is always help available. An outlet for me has been the Men's Shed.

I also volunteer at a soup kitchen twice a week which I find very rewarding and it provides me with balance in my caring role.

Since I've been married and caring for my wife my confidence has improved greatly as she is a very bubbly person and brings out the best in me.

"I know that when I need help I can always contact Merri Community Health Services"

-Sam

CHALLENGES OF A MALE CARER

Frank is a male carer that looks after someone with a mental health condition. As a member of the Carer Consultative Committee, Frank hopes to encourage other male carers to speak out about challenges and join groups that contribute to meaningful changes to carer services.

There are many unspoken challenges that I, as a man, face when communicating with service providers about the support needs of the person I care for. Men face communication challenges when interacting with service supports.

I support a person, a 30 year old male with severe and persistent mental illness (schizophrenia) with complex needs. The person is at the 'Recovery Life Stage' meaning that he is stable on medication and willing to participate in his own 'Wellness Recovery Action Plan'. As a male-carer, I like to meaningfully participate in the development of the Plan, since he lives at home and I know his behaviours and daily routine or lack of it.

Are there any other male-carers out there facing similar challenges? I would sincerely like to hear from other carers facing similar difficulties, to come together and talk about it if they wish.

"I would sincerely like to hear from other carers facing similar difficulties"

-Frank



Case Study

SMALL STEPS BIG IMPACT

Cristina and her son James joined our Child Health team earlier this year at the Cooking, Talking and Playing Group. Learning a range of strategies to help with her son's upbringing, Cristina shares her experience.

Thank you for including my son James in the Cooking, Talking and Playing Group. The activities and ideas you shared during the program have helped James improve his communication and social skills.

James and I attended all of the five sessions from 21 April to 19 May at Merri Community Health Services in Coburg. Each week we came away with strategies to extend language and model positive behaviours, such as waiting, sharing, listening to others and taking turns. James responded well to the repetition and structure of the sessions where he was able to predict what came next.

He looked forward to singing and saying hello at the start of each week. He enjoyed observing and participating in the parent-child cooking activities and has since become more involved with food preparation at home. We now "cook" something special together every week – this week it's jelly! James has developed his fine motor skills and can now cut fruit with his plastic utensils, pour water carefully or stir batter for pancakes. Most of all, James and I are using more language together and he is expressing himself more with words and less with actions, like crying, pushing or biting.

I feel extremely lucky to have participated along with James in such a valuable and worthwhile program and encourage more parents to bring their child along to experience the benefits of Cooking, Talking and Playing at Merri Community Health Services.

"I feel extremely lucky to have participated along with James in such a valuable and worthwhile program"

—Cristina

SUPPORTING INDEPENDENCE

Our Occupational Therapists from our Independent Living Team work with frail aged clients and younger people with disabilities to improve home safety, community access and independence.

An essential part of our work with clients involves suggesting modifications to their homes or providing equipment to help them meet their goals. While there is some funding from government sources, the cost of equipment and home modifications frequently exceeds the amount available and as our clients are often financially disadvantaged, they are unable to afford the full cost.

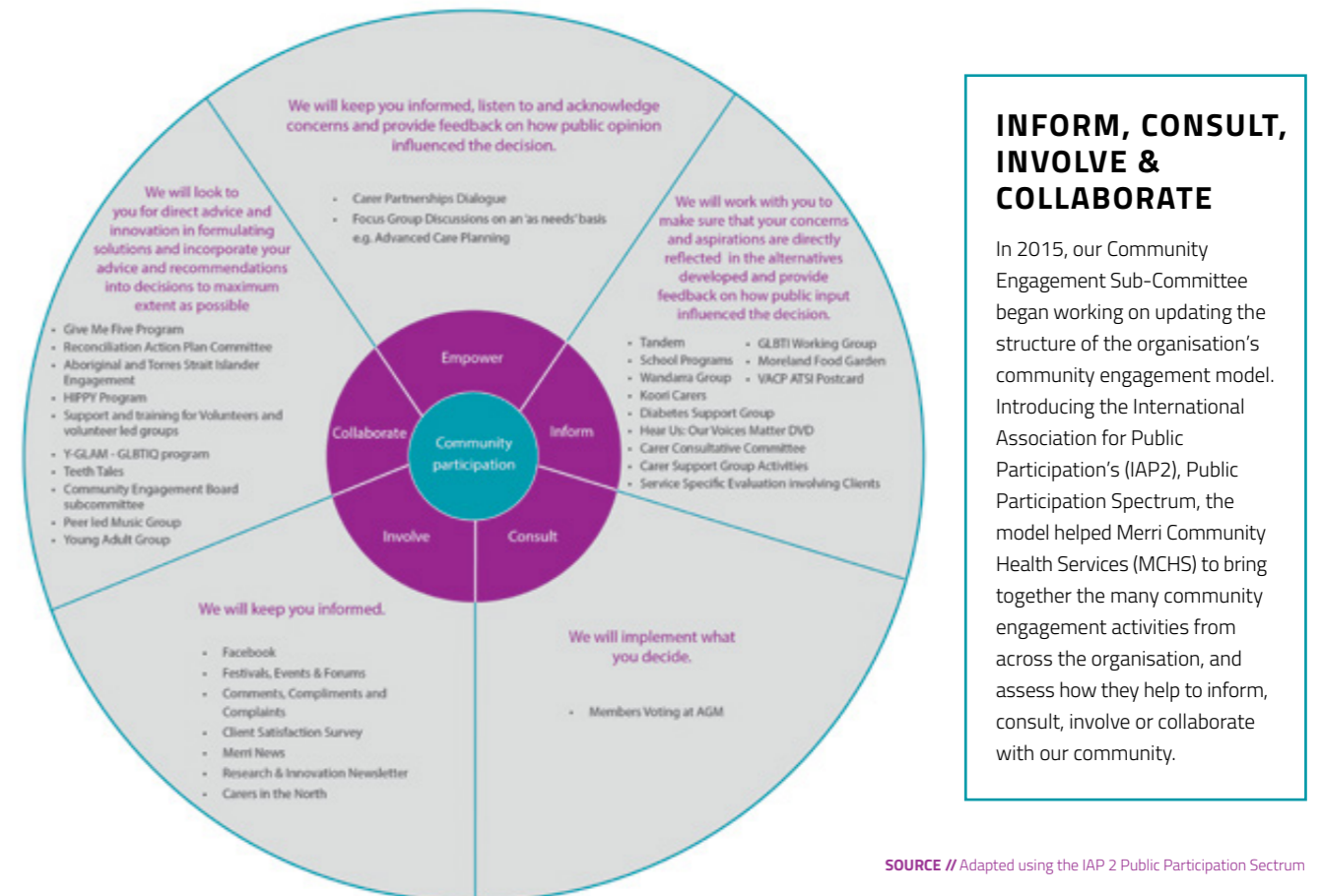
Earlier this year we were very fortunate to receive funding from YoungCare who are committed to helping young Australians with high care needs, live their lives with choice, independence and dignity. The *YoungCare at Home* care grants program was extended to Victoria in 2013, providing funding for equipment, home modifications and emergency respite care to enhance the quality of life for young people and their carers. We were very fortunate to receive funding for three of our clients including:

- * Bathroom modification for a 22 year old man with Muscular Dystrophy to allow independent access: \$6000
- * New powered wheelchair for a 32 year old man with Cerebral Palsy to help give him independence and access to the community: \$4430
- * Major bathroom modifications for a 55 year old woman with Multiple Sclerosis to reduce the burden of care for her family and increase independence: \$8266

We have also been able to source funding from other philanthropic and charitable trusts for various clients during the year and would like to acknowledge the generosity of The Robert Rose Foundation and the Ian and Nell Clark Encouragement Fund.

We would like to thank these wonderful organisations for their kind and generous support in helping our clients achieve their goals.

Figure 1 // Highlights outcomes from the development of the model and the work being completed across the organisation.



SOURCE // Adapted using the IAP 2 Public Participation Spectrum



WORKING WITH INDIGENOUS COMMUNITIES

CLOSING THE **HEALTH GAP**

DEADLY WORK OUR RECONCILIATION JOURNEY

Merri Community Health Services (MCHS) is committed to working together with our Aboriginal and Torres Strait Islander community to identify new opportunities for growth and development.



ABOVE // Robert Bamblett and sons Robert Jnr. and Manarra (Thunder) at the launch

We aim to fulfil our vision of Reconciliation where the wellbeing of the local Aboriginal and Torres Strait Islander people of Moreland and surrounding areas will be restored through respect, equity and recognition in all aspects of our community.

Since 2007, MCHS has employed a Koorie Community Engagement Officer that is particularly focused on improving access to our services for people from Aboriginal and Torres Strait Islander backgrounds.

The Reconciliation Action Plan committee began in April 2014 with the aim of providing input into the design, planning, development and implementation of the first MCHS Reconciliation Action Plan. Led by the Population Health Unit, the Reconciliation Action Plan committee is made up of both local members from the Aboriginal Community and representatives from local Aboriginal organisations, as well as MCHS staff representatives from across the organisation.

Launched on Thursday, 2 July 2015 by the Honourable Jenny Mikakos, Minister for Families, Children and Youth Affairs, Minister Mikakos spoke of the Government's commitment to Indigenous needs. She was joined by Chief Executive Nigel Fidgeon and key representatives from the local Indigenous community.

The launch saw the unveiling of Margaret McNally's *Peaceful Spring* painting, which led the Reconciliation journey for the group and acknowledged the artist's own personal journey of reconciliation. Wellknown Indigenous graphic designer, Dixon Patten, was also commissioned to develop artwork specific to MCHS, telling a story of Reconciliation.

Thank you to all that joined us, those who have joined us throughout this journey and to all who celebrated with us in its success!

"Indigenous children are our priority. We need to connect with our community to make a difference"

—Minister Jenny Mikakos



ABOVE // Minister Mikakos helped launch our Reconciliation Journey

YARNING TOWARDS GOOD EAR HEALTH

A new, innovative audiology screening process for the Aboriginal and Torres Strait Islander community was launched in December 2014, in an effort to use new tools that would contribute to closing the health gap.



ABOVE // MCHS Chief Executive, Nigel Fidgeon, Dianella Chief Executive, Dr Neil Cowen and representatives from the local Aboriginal community

An audiology screening booklet, *Wandarra Yarning*, uses pre-recorded stories from Elders within the local Aboriginal and Torres Strait Islander community, for hearing checks. The booklet includes an audio device that is activated when the booklet is opened and shares messages by Elders and Aboriginal people from the Hume area, to encourage audiology screenings.

Developed in partnership with three key community health providers, Merri Community Health Services, Dianella Community Health and Isis Primary Care, *Wandarra Yarning* addresses a lack of culturally appropriate and accessible resources for the Indigenous community. The process also provided an opportunity for local Indigenous people to connect with their community.

"I liked talking; talking about our favourite sounds and recording, mine was the magpie! I've always been a loner so being a part of this and coming together, talking with everyone and being a part of it was really great. It was a positive thing to be involved in, as your hearing is a most important thing," Robert* said

Wandarra Yarning has been implemented across all three community health providers, providing a local audiology service to the Indigenous community.

Hearing checks for Indigenous adults and children are free and priority of access is given. For more information or to make an appointment, call Marianne Tadic on (03) 9355 9990.

Wandarra Yarning is supported by the Department of Health and Human Services and was developed in consultation with Wandarra Aboriginal Corporation, the Hume Aboriginal Planned Activity group and Hume Elders.



ABOVE // Aboriginal balloons at the launch

"I've always been a loner so coming together, talking with everyone and being a part of it was really great"

*Some names have been changed to respect the privacy of our clients



KOORIE CARERS' CELEBRATE

It was a morning of scones, jam and cream for Koorie carers, as they came together to celebrate their wonderful contribution to their family, friends and community, as part of 2014 Koorie Carers' Week celebration.

Held at the Aborigines Advancement League in Thornbury, carers were welcomed by our Koorie Community Engagement Officer, Liz Phillips who spoke of the significant contribution Koorie carers make to their families and community.

The afternoon continued with some entertainment from talented young Koorie artists. Robert Champion and Maylene Slater-Burns, who performed solo and duets, including a mix of well-known classics

and originals, accompanied by Robert's talented guitar playing. Kiwat Kennell, another up and coming talent made an impromptu appearance, with carers joining in for a dance and sing-a-long.

The event is an opportunity for Koorie carers to take some time for themselves, mingle with others and learn more about services available. This is the fifth year that our carer service has hosted the event and we were very happy to hear that carers, Elders and guests enjoyed the afternoon and were able to connect with others.

SUPPORTING OUR TEAM

In 2014, Koorie Community Engagement Officer, Liz Phillips joined our HIPPY team to yarn about Indigenous history and current issues. Liz shares her experience in supporting the team through their first cultural exchange in Alice Springs.

At Merri Community Health Services, my job brings me into contact with many teams who provide support and assistance to very culturally diverse communities and I am always keen to introduce Aboriginal culture to them. This is the case with the Fawkner HIPPY team. Most of the families in this peer-based tutoring program are of Pakistani, Indian and Muslim background and many had little or no knowledge of Aboriginal culture.

I discovered this when yarning with the tutors at the invitation of their team leader who saw an opportunity for these ladies to meet an Aboriginal person and gain an insight into Aboriginal culture. The visit was timely, as shortly afterwards they went on to spend five days with HIPPY Alice Springs. On their return they revealed one of their wishes was to learn some dot painting!

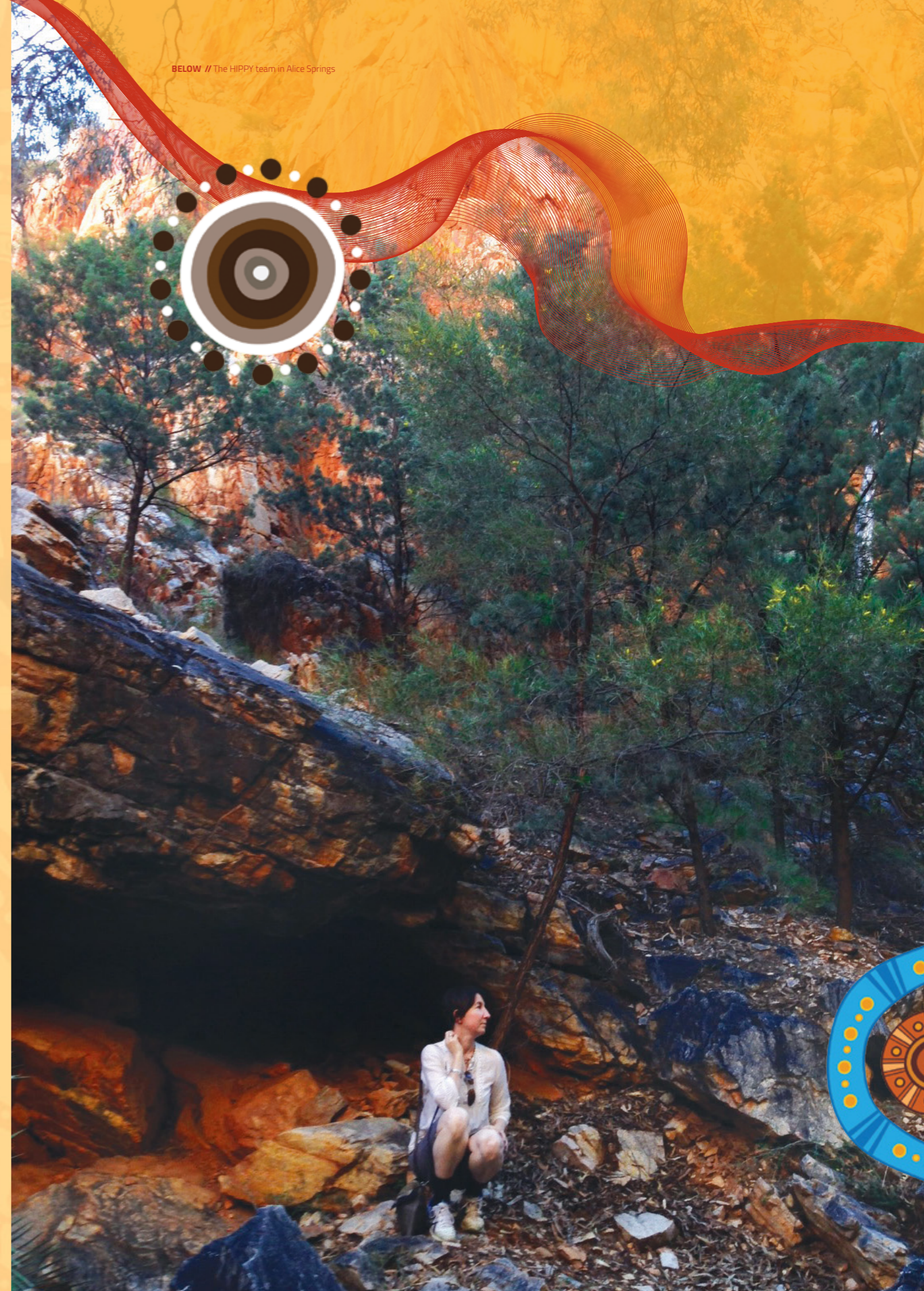
To share this cross cultural experience, we decided to combine an art activity and yarning circle during National Reconciliation Week. I invited a local Aboriginal artist who came along and gave a lesson in painting small rocks. The artist spoke of her life growing up as a member of the Stolen Generations which gave the audience a deeper understanding of some of the many challenges Aboriginal people have endured.

The event was one of the most well attended, with feedback indicating how appreciative and honoured the families were.

“Storytelling and personal accounts are a very effective way of interacting with people and we will continue to use this model to share our stories”

—Liz Phillips

BELOW // The HIPPY team in Alice Springs



BAD BOYS PARTNER UP THE KOOLIN BALIT PROJECT

In 2014, Merri Community Health Services commenced working in partnership with the Aboriginal Community Elders Service (ACES) as part of the Koolin Balit grant to build a garden for Elders at the ACES site in Brunswick East.



ABOVE // Men from MCHS and ACES join in activities to develop the garden

Aiming to connect the community groups to work together and bring their skills and experiences to the project, the garden has had input from many teams including the Bad Boys gardening group who developed and maintain the garden located at our Brunswick West site.

Commencing in December 2014, the project was led by participants from the ACES Men's Shed and our Planned Activity Group and staff. The two groups have been working together, with the aim of connecting community groups to work together and bring their skills and experiences to the project.

There have been many meaningful outcomes from the project. There has been an increased knowledge among our team of Indigenous culture, history and practices, the linking of two diverse community groups, a mutual sharing of life experiences and stories and of course, the development of friendships and an opportunity to explore further collaboration.

We would like to thank all involved in the project including ACES Men's Shed participants and volunteers, management, staff and volunteers at ACES, our Planned Activity group participants, staff and Bunnings Coburg for their kind donation.

The project was supported by a Koolin Balit grant from the Department of Health and Human Services.



ABOVE // The garden at ACES

FUNDING FOR ABORIGINAL & TORRES STRAIT ISLANDER VAP CASE MANAGER

New initiatives aimed at meeting the needs of Aboriginal and Torres Strait Islander people are being rolled out in Melbourne's north, in an effort to close the health gap.

Merri Community Health Services (MCHS) was awarded funding earlier in the year to introduce a new worker who will support Indigenous people that have been a victim of a violent crime against the person. In consultation with an Aboriginal controlled organisation. To be implemented as part of our Victims Assistance Program (VAP), the announcement follows the team's out-posting of a victim support worker at Koorie hearing days and Koori Court.

The Victims Assistance Program is funded by the Department of Justice and Regulation (DJR) across Victoria, providing services to victims of violent crime against the person. VAP funded agencies across the state work collaboratively and effectively with DJR, the Victims Support Agency and Victoria Police, to provide flexible case management services that are tailored to individual needs.

Our team:

- Provide quality services that meet the practical, emotional and psychological needs of victims
- Help and advocate on behalf of victims navigating the criminal justice system
- Establish and maintain appropriate working relationships with key stakeholders to help with delivering seamless and accessible services to victims of crime

Over the past year, VAP has undertaken some exciting new service developments. The team have:

- Received increased funding from DJR over the past three years to provide an expanded service to support victims of violent crime
- Co-located VAP Support Workers at two Victorian Police Stations in Mill Park and Sunbury
- Continued the successful co-location of a VAP Support Worker at the Neighbourhood Justice Centre in Collingwood
- Been actively involved in the Youth Justice Group Conferencing as a victim advocate/support
- Produced Hear Us: Our Stories Matter, a DVD resource to help people with a cognitive disability to seek help if they have been a victim of violent crime. You can read more about this on page 30

The Victims Assistance Program helps victims of a violent crime against the person, to manage the impact of crime against them. It promotes recovery and minimizes secondary victimisation which may be result from being part of a criminal justice system and processes or being a victim of another crime.



LEADERS IN
**HEALTH AND
WELLBEING,**
LOCALLY

QUALITY AND SAFETY



DENTAL SERVICES

Our dental service provides dental treatment under the guidelines of Dental Health Services Victoria (DHSV) and is based at our Brunswick site at 11 Glenlyon Road. The dental team includes dentists, oral health therapists, a dental prosthetist, dental assistants and reception staff.



NUMBER OF PEOPLE WE SEE

We receive funding from Dental Health Services Victoria each year to see a minimum number of clients which is detailed in our funding agreement. For the last financial year we were required to provide treatment for of a minimum of 2377 individuals.

We exceeded our target by 59.8% treating a total of 3973 people. We were able to do this due to extra funding through DHSV and the Child Dental Benefits Schedule. In April 2015 we received extra funding to provide dental care to an additional 420 clients over May and June 2015. Dental Health Services Victoria offered this funding to help decrease waiting times for clients waiting to receive a service. We introduced after hours and weekend service hours to meet our community's needs.

Throughout the year we also provide services funded through Medicare initiatives such as the Child Dental Benefits Schedule which allows us to provide additional services to our community.

These figures do not include repeat visits from a client. A repeat visit is when we see the same client more than once during the financial year as part of their course of care. We record this so that we know how many appointments we've provided in total including repeat consults. As of the 30 June 2015, we had 8301 appointments.

Clients who live in Supported Residential Services (SRS) have been identified as one key marginalised group who have poor access to dental care and limited skills in dental hygiene and care. The MCHS Supporting Connections (SAVVI) team is working with the dental team to facilitate access for this client group. A fast track dental clinic will be established which will enable dedicated appointment times for this group, with the support of our SAVVI team. We will also employ a range of capacity building interventions with specific SRS to facilitate long-term sustainable change towards positive dental outcomes.

3,973

Clients were treated

Every year we use dental indicators to measure how our dental service is performing and responding to community needs and where we can improve. Examples of a dental indicator may include:

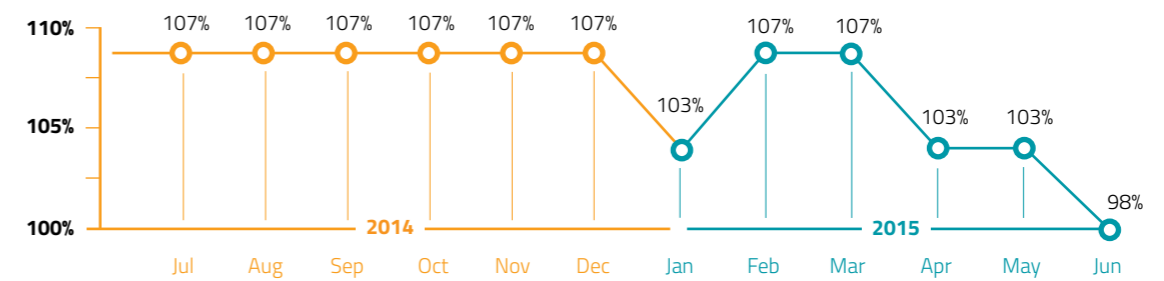
- How well we are using our funding by measuring how many individuals we see against the minimum number required as part of our funding agreement
- How often our dental chairs are in use
- How long clients are being kept on waitlists

CHAIR UTILISATION

Chair utilisation shows how often our dental surgeries are being used every month. We are able to use this data to compare our chair utilisation to previous years, to assess where there may be service gaps or where we have increased capacity to deliver more services. We report on the use of four chairs each month from Monday to Friday 9am–5pm.

From 1 July 2014 to 30 June 2015 our chair utilisation was above 100% for every month except June 2015. We exceeded our targets as throughout the year, we began to offer dental services outside standard hours of 9am to 5pm, to include Monday evening and Saturday morning. June 2015 had a slight decrease in chair use at 98%. This decrease was due to a change-over of staff, resulting in a decreased number of appointments being offered until a replacement dentist could be employed.

CHART 1 // CHAIR UTILISATION



ACCREDITATION

The dental service is accredited under the National Safety and Quality Health Services Standards. The standards were introduced in 2013 to ensure public hospitals and dental clinics are delivering safe and high quality care. The standards that are applied to dental clinics are:

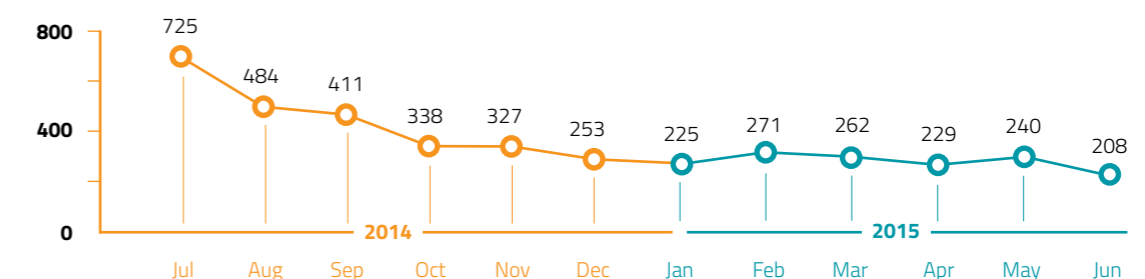
1. Governance for safety and quality in health service organisations
2. Partnering with consumers
3. Preventing and controlling healthcare associated infections
4. Medication safety
5. Patient identification and procedure matching
6. Clinical handover

We had an independent review in January 2013 against all applicable six standards and in November 2014, we had a mid-cycle review against the first three standards. The dental service met all of the core and developmental standards and in some areas exceeded the standards.

8,301

Appointments as of the 30 June 2015

CHART 2 // NUMBER OF PEOPLE WE SEE



INFECTION CONTROL AND CLEANING

Over the past year, our organisation has implemented a range of initiatives to further improve safety and quality around infection control and use of medication.



54

The podiatry team have had an external infection control audit for compliance with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* and the podiatry specific infection control guidelines. The reviewer identified some recommendations which could further improve infection controls. The recommendations included increasing consistency in work practices, further staff training and some changes in how sharps disposal and clinical waste are handled. Following the review we are looking at some site upgrades across two sites to improve the work practices for sterilisation of podiatry equipment. These recommendations have been documented in an action plan and are in the process of being implemented.

Annual equipment and steriliser checks continue to be routinely performed across the four sites which provide podiatry services; Brunswick, Glenroy, Coburg and Fawkner. The annual steriliser checks include a validation process where biological indicators are used to determine if the sterilisers are functioning correctly. Overall the results showed that all sterilisers were functioning 100% of the time and had killed all micro-organisms in the biological indicator. In addition, safety and performance testing of all electro-medical equipment was carried out. This includes equipment such as electronic podiatry chairs, drills, ultrasounds, and physiotherapy equipment. The equipment testing was carried out to the Australian standard AS/ NZS3551- 2005 and the sterilizer to AS/ NZS4815/4187.

We have reviewed our infection control practices across our sites for all toys that are available in waiting rooms and are used in our clinical programs. We are ensuring that we only have toys that are able to be cleaned appropriately to prevent sharing of illnesses between children. We have implemented routine cleaning processes for toys across our sites.

We have implemented a staff immunisation policy and procedure which expands further on our annual staff influenza immunisation program. The policy recommends additional immunisations for staff based on their role or exposure to specific client groups. Examples of this include hepatitis B vaccination is recommended for staff who perform personal care functions and whooping cough vaccination is recommended for staff working with children.

We have a Poisons Control Plan in place which describes how we purchase, store and use medication. We purchase a limited number of Schedule 4 medications, such as local anaesthetic, for use by our dental and podiatry teams. We conduct an annual review of our Poisons Control Plan and update it as required along with the associated Standard Operating Procedure for Medication.

FALLS PREVENTION

Falls can occur at all ages, but the frequency and severity of falls-related injury increases with age. Each year, one in three people aged 65 and over will experience a fall – for some this will mean an injury, others a loss of confidence, with most falls causing people to be admitted to hospital or moved to permanent residential aged care.

Merri Community Health Services (MCHS) began targeting Falls Prevention in the over 65 population in Moreland about 12 years ago with specific falls prevention programs. Based on the successful Stepping On and Otago Falls Prevention Programs, the eight-week exercise group and education program employed a dedicated occupational therapy position at the time.

Currently, the group program is offered four times a year and the individual assessments by the occupational therapy are offered to anyone who has had one or more falls in the last six months. The therapist provides individual falls risk assessments completed in the client's home and follow-up assistance to implement risk reduction strategies. MCHS is now moving to a practice where all occupational therapy carry out Falls Risk Assessments when they see a client who has had one or more falls in the last six months.

Evaluations of the group program over the years have led to improvements in line with consumer feedback and current evidence-based practice for Falls Prevention.



Current research tells us that many falls can be prevented by addressing risk factors. This can lead to a decrease in hospital emergency visits and inpatient admissions and improved quality of life.

55

HAND HYGIENE

Each year hundreds of millions of people around the world are affected by health care-associated infections, which are infections caused by bacteria and viruses resulting from being treated in a healthcare facility.

Merri Community Health Service (MCHS) understands the importance of correct hand hygiene to minimise the risk of these infections occurring.

Each year we participate in World Hand Hygiene Day as an opportunity to review our internal processes and to promote correct hand hygiene and infection control.

As part of this we ensure all MCHS sites have correct hand hygiene posters on display in bathrooms and clinical areas and that relevant staff are aware of and following the infection control policy, particularly in relation to hand hygiene and the cleaning of non-clinical shared equipment, such as benches and toys.

All staff are encouraged to complete an online training course and also a survey to identify areas we are doing well and areas we can improve on. The results are compiled and reported back to our Clinical Governance Committee and improvements are communicated back to the staff across the whole organisation. The biggest area for improvement was that 60% of the staff that completed the survey did not know how to re-order alcohol based hand rub and its compatible moisturiser. This process has now been clarified and communicated to staff and we expect to see an increased result next year.

FAMILY VIOLENCE, EDUCATION AND SUPPORT

PROMOTING RESPECTFUL RELATIONSHIPS

In partnership with Kildonan Uniting Care, Coburg and Moreland City Council, Merri Community Health Services launched The Active Fathers' Project in October 2014.



ABOVE // Previous Moreland Chief Executive, Peter Brown

Launched at Pepper Tree Place, Coburg, the project is a new approach to family violence prevention that will work with new parents, focusing on fathers, to educate parents about respectful and equitable parental relationships.

Recent data shows an increase in family violence rates indicating the need for programs like this. There were 1464 incidents of family violence in Moreland in the 2013-14 financial year that were reported to police, with children present at 26% of incidents.

1,464

Incidents of family violence in Moreland in 2013-14.

The launch was attended by members of Council, Victoria Police representatives, previous Chief Executive of Moreland City Council, Peter Brown, Chief Executive of Kildonan Uniting Care, Stella Avramopoulos, Chief Executive of Merri Community Health Services, Nigel Fidgeon and project partners.

The project has been funded by Moreland City Council.



ABOVE // Local service providers gather to launch The Active Fathers' Project

THE CLOTHESLINE PROJECT

Nearly one in three Australian women experience physical violence and almost one in five women experience sexual violence over their lifetime⁸. The Clothesline Project aims to change this by raising awareness of violence within the community with the goal to prevent and reduce the number of incidents.



ABOVE // Local women gather to support The Clothesline Project

In the process, led by our counselling team, the women provide support to one another and help to heal.

“ Passing the message to everyone in the community that violence is not acceptable and should be reported.”

If you are in need of help and need to speak to someone, call our Vic Place site on **(03) 9355 9900**.

“I liked being with other women in a similar situation and having the opportunity to have a voice in a safe way”

Every year in October we acknowledge *Week without Violence*, supporting women who have experienced violence by taking part in the Clothesline Project. Providing an outlet for women to express their experiences creatively, women are encouraged to share their stories through t-shirt paintings. These are then hung in public areas, to raise awareness and educate the public of violence among our community.

MORELAND SAYS NO

Merri Community Health Services, Moreland City Council and Victoria Police joined forces with a number of local organisations to show support for people who have experienced violence.

Lending our voices to the 2014 White Ribbon campaign, staff, community members and passers-by joined in a local march on Tuesday 25 November from Moreland City Council to the Coburg Mall.

It was great to see representatives from across our community supporting this important cause, including previous Chief Executive of Moreland City Council, Peter Brown, Councillor Oscar Yildiz, Chief Executive of Women's Health in the North, Helen Riseborough and Chief Executive of Merri Community Health Services, Nigel Fidgeon.

A video highlighting the importance of this campaign and Moreland men's commitment to never remain silent, is available under 'Latest News' on our website. Thank you to everyone that made their voice heard and completed their oath to never to commit, excuse or remain silent about violence against women.

CLINICAL GOVERNANCE

We have a Clinical Governance Policy and Framework that is consistent with the Victorian Clinical Governance Policy Framework.



This addresses the four domains of quality and safety:

1. Consumer Participation
2. Clinical Effectiveness
3. Effective Workforce
4. Risk Management

We have reviewed our organisational readiness to implement this Clinical Governance Framework. An internal Clinical Governance Committee meets every second month and is made up of the General Managers and Managers responsible for the service delivery areas, the Human Resources Manager and the Quality Manager.

The Committee oversees the Clinical Governance workplan which includes strategies to improve quality and safety in each of the four domains. We have continued to focus on improving the following areas further - infection control, monitoring referrals and wait lists, client record documentation, incident reporting and open disclosure, scope of practice, evidence based guidelines, outcome indicators and clinical risk.

We also have a Clinical Governance Board Sub-Committee that meets four times per year to oversee key strategies and higher level reports on clinical governance functions. The Board Sub-Committee is made up of three Board members and two community representatives with clinical expertise. Our Chief Executive Officer, two General Managers responsible for service delivery program areas and Quality Manager also attend the meetings.

The Clinical Governance Committees review a range of reports across the organisation including:

- Referral and wait lists
- Accreditation and quality improvement
- Infection control
- Food safety
- Clinical risk
- Client feedback
- Scope of practice
- Poisons control
- Clinical incidents
- Credentialing and professional registration
- Needle Syringe Program

Each Committee has an annual reporting schedule to ensure all relevant data is reported and monitored. Any feedback or concerns regarding these reports are fed back to the relevant area for follow up as required.

CLIENT SATISFACTION SURVEY

We love to get feedback from our clients. One way that we do this is by surveying our clients and asking them about the care we give them, our reception services, how their life has changed and how they think we can improve.

We last surveyed our clients in November and December 2014 and over 550 clients completed a survey. Some were completed in languages such as Greek, Italian, Turkish and Cantonese.

Overall 98% of people were 'at least satisfied' and 62% of those people were 'very satisfied' The areas where we scored best were the areas about being caring/supportive, being open/honest and reception understanding what the client says.

The results showed that we have got better at letting clients know how long things will take and telling them things and referring them to other services.

MAIN ISSUES

- Keeping the client informed as to how long things will take (6% poor)
- Telling the client about other services (6% poor)
- The worker referring clients to other services as appropriate (6% poor)

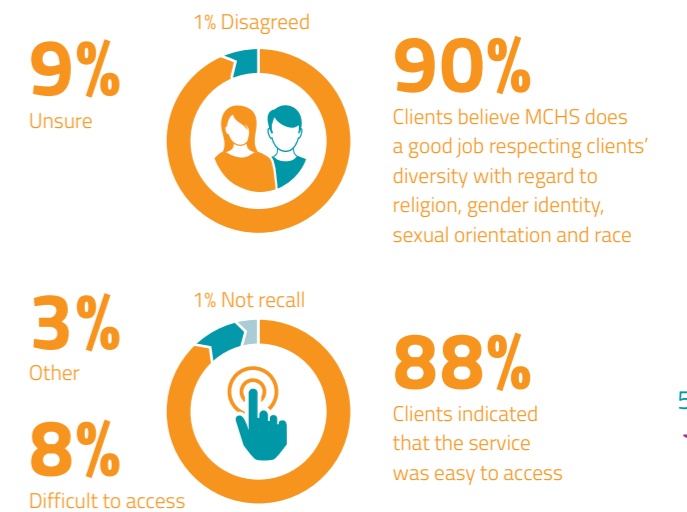
KEY STRENGTHS



After getting these results we made the following plans:

- Installing a TV in one of our main waiting areas that will display information about some of our other services
- Improve the way that our staff can refer clients to other MCHS services
- Investigating technology that will allow us to automatically confirm client appointments.

SUMMARY OF THE RESULTS



COMMENTS, COMPLIMENTS AND COMPLAINTS

Merri Community Health Services appreciates clients and community members taking the time to provide feedback on our services. Feedback of all types gives us an opportunity to see where we are doing well and areas we can improve.

As the feedback comes directly from people using our services it is an invaluable insight into our client's needs and therefore every feedback item is highly valued. From July 2014 to June 2015 we received 36 complaints and 79 compliments. These complaints and compliments allowed us to put changes in place to benefit all clients. Some examples of these changes are:

EXAMPLE 1

A client raised concerns over the condition of some chairs at our Glenroy site which were showing signs of wear and tear. Our Facilities Manager reviewed the chairs and agreed. 20 new chairs have now been delivered to our Glenroy site and 26 new chairs were delivered to our Moreland Road Site.

EXAMPLE 2

An invitation was sent to clients asking them to RSVP to an event via a phone number. A client that cannot use the telephone wanted to attend the event but could not RSVP. The client sent an e-mail to the department who ensured that their RSVP was recorded and also that all future information sent to clients have multiple ways for clients to communicate their feedback.

We regularly review the comments, compliments and complaints received and look for quality improvement opportunities. We also report to the Board of Directors on the number/types of feedback received for each department. We thank everyone who has provided feedback and given us the opportunity to make positive changes.

TABLE 4 // COMPLIMENTS AND COMPLAINTS BY DEPARTMENT

DEPARTMENT	COMPLAINTS	COMPLIMENT
Aged and Disability Services	4	17
Carer Links North	5	7
Children and Family Services	0	13
Counselling and Support Services	5	13
Dental	2	0
HARP	1	0
MCHS Facility	2	0
Reception Services	6	2
Population Health Unit	0	4
Primary Health Care	6	23
Promotional Items	3	0
Technical Issues	2	0
TOTAL	36	79



69%

Compliments from clients and community members



31%

Complaints from clients and community members

From July 2014 to June 2015 we received 36 complaints and 79 compliments. A total of 115 feedbacks.

79

Number of compliments from July 2014 to June 2015

ACCREDITATION STATUS

It is important to us that our services are of a high quality. One way that we can make sure of this is by taking part in a quality accreditation assessment. We are assessed by Quality Innovation Performance (QIP) and our last full assessment was in early 2013.

Although we met all the accreditation standards, we made a list of all the work that should be done to further improve our services and we compiled this information in a work plan.

In November 2014, the QIP assessors came out again for a mid-cycle review and they found that we had done a lot of work on the improvements in our work plan. They also checked some of our staff, volunteer and client files relating to our programs that are run with funding from the Department of Health and Human Services, and they found that these files have been properly maintained. They also re-assessed us using the National Safety and Quality in Health Service Standards, with a focus on our dental clinic where we met all 109 indicators. We also received a 'met with merit' rating for three indicators relating to our policies and procedures, safety and quality reporting and client feedback data.

While the assessors were here for the mid-cycle review, they also assessed against the Rainbow Tick Standards which demonstrate gay, lesbian, bisexual, transgender, intersex and queer inclusive practice and service delivery. There are six standards, all of which we met and therefore were awarded accreditation.

We are very proud of this result, which recognises the large amount of commitment and effort that was made to make our services more inclusive.

Our next full assessment is due in early 2017.

COMMUNITY HEALTH INDICATORS PROJECT

The *Victorian Community Health Indicators Project* is a collaboration between the Department of Health and Human Services and the community health sector. It aims to strengthen the culture and practices of continuous quality improvement for agencies engaged in delivering programs and services to their local communities.

Merri Community Health Services (MCHS) has been actively engaged in this initiative from the start with involvement on the state-wide working group.

Indicators were piloted in early 2015 by the majority of Victorian community health services with a view to providing each agency with the ability to review their results and benchmark against their Primary Care Partnership, their region and across Victoria.

Overall, MCHS did well in all areas. Identified areas for ongoing improvement were indicators within the diabetes care, care planning and end of episode domains.

There were 22 indicators piloted that could be categorised into seven key domains:

- Intake
- Access to assessment and service
- Diabetes care
- Care planning
- Goal achievement
- Client experience and responsiveness
- Exit from services

LEADING INNOVATION

MODELS OF CARE

COLLABORATION AND INNOVATION

Merri Community Health Services (MCHS), Melbourne Health (MH), cohealth, and Melbourne Primary Care Network have actively been working together to deliver collaborative projects and programs to improve client care, outcomes and pathways for our shared community. This approach has enabled us to develop solutions in collaboration and has resulted in some ground breaking and exciting projects.

BACK PAIN CLINIC

Many Australians experience back pain and they are often referred to hospitals waiting up to 18 months to see a specialist. This delay can lead to deterioration, ongoing pain, unnecessary tests and poorer health.

Our spinal pain clinic in Moreland is helping to address this, cutting hundreds of patients from long hospital waitlists.

Located in a community health setting, the clinic provides timely access to assessment and management of back and neck pain.

A partnership between Merri Community Health Services (MCHS) and Melbourne Health, the clinic has seen 400 patients removed from specialist waitlists in the first six months.

Local man Stuart had been experiencing back and leg pain for almost 10 years. Within a few weeks of attending the community-based clinic in Moreland, Stuart started to see improvements in not just his health and fitness but emotional wellbeing.

“I now understand what was causing my pain and more importantly, what I can do to prevent it from occurring in future,” Stuart said.

Preliminary outcomes have shown that only 3% of clients who attended the clinic needed to be referred on for a surgical opinion.

Christine Ferlazzo, project manager of service development at MCHS, said that outcomes show that many clients can be appropriately managed in the clinic.

“Melbourne Health detected that a lot of people were sitting on the neurosurgery and orthopaedic waitlists for months. Once they were assessed in the community clinic, many didn't need a surgical opinion,” Ms Ferlazzo said.

The clinics operate from our Bell Street, Coburg site and Melbourne Health's Parkville location.

CHRONIC KIDNEY DISEASE TOOLKIT

Merri Community Health Services has been working with its collaborative partners to explore ways to raise the awareness of chronic kidney disease across hospitals, general medical practices and community settings. We have shared knowledge, ideas and material, with the development of a chronic kidney disease resource toolkit. The toolkit is a collection of quality information to aid education and training for health providers and specific resources aimed at helping clients to self-manage their health.

We are striving to support a more coordinated approach to kidney health for the benefit of all of our clients.

ADVANCE CARE PLANNING

Advance Care Planning is a relatively new initiative for our organisation in conjunction with our collaborative partners. Advance care planning is about communication and expressing personal values and preferences to plan for future health and personal care and to guide future decision making.

As a part of our involvement in the project, Merri Community Health Services will start providing information sessions on Advance Care Planning to our staff and determine how we can help our clients to have a conversation about Advance Care Planning with their relevant family, friends and doctors.

We are also participating in workshops with other local services such as doctors, aged care facilities, palliative care nurses, district nurses and others to establish good systems and approaches to support a person with their advance care planning.

400

Patients removed from specialist waitlists in the first six months of the project.



**WE RESPECT
THE PAST
AND PLAN
FOR THE
FUTURE**

CONTINUITY OF **CARE**

DAY 2 DAY LIVING

Merri Community Health Services (MCHS) continues to meet current needs, as its mental health support groups thrive in a changing environment. Peer-to-peer support has long been a valued core element of MCHS' mental health group program.



ABOVE // Our 2014 Community Fete

MENTAL HEALTH SUPPORT THRIVES IN CHANGING ENVIRONMENT

Operating from a philosophy of mutual support and shared learning, the health service has successfully delivered a range of community-based mental health programs in Moreland since 1980.

In 2014, Victorian Government funded mental health programs were recommissioned and MCHS was not successful in receiving ongoing funding to deliver community mental health support services. This resulted in a reduction in the number of mental health group programs offered across the State, and therefore an increase in demand for the program.

In an attempt to continue to respond to the needs of the local community, MCHS introduced a number of peer-led groups to its 'Day to Day Living' program calendar of activities. The peer groups provided consumers with an opportunity to lead and take ownership of groups that they valued but could no longer be staffed, utilising the concepts of co-design. Providing men's, women's, singing and music groups and a range of art workshops, the activities are planned and run entirely by consumers, with support from staff where necessary.

The workshops have been highly successful with positive feedback and improved health and wellbeing for consumers who facilitate workshops, and peers who have learnt from sharing of skills and knowledge.

Adopting a co-design approach with consumers has allowed MCHS to effectively attend to a service gap that emerged due to funding changes. Innovative practice will allow for MCHS to continue responding to mental health support needs within the community.

COMMUNITY MENTAL HEALTH FETE

In its second year, the Community Mental Health fete continues to grow from strength-to-strength in an effort to raise money for our mental health support services.

Held in October 2014, the fete saw staff and the community come together to donate items and bake goods. Stalls included the sale of artwork developed by our consumers and our cookbook, *mad mums can cook*; a collection of recipes from our Girls Experience Life group, supporting parents with a mental health issues.

The fete raised a total of \$1035 which went towards an end of year celebration for the consumers that attend our Vic Place, Coburg site.

\$1,035

Raised at the fete which went towards an end of year celebration.



ABOVE // Staff at the 2015 Westfield Golf Charity event which raised money for the community, including our Interchange North West program

LOOKING THROUGH THE KEYHOLE MY STORY

Jacque shares her story of how respite provides her family with the opportunity to take some time to themselves while helping her autistic son Ted, to develop new skills through our Interchange North West program.

We really appreciate and value the services provided by Merri Community Health Services. The respite we get from caring for our autistic son allows us to revalidate our relationship and personal lives. Just one day per month is not a lot but it is sufficient to feel some relief from the continual worry and responsibility of caring for Ted, an autistic boy. We plan our respite day carefully and pack a lot in; movies, restaurants, shopping and visiting friends. It's exhausting but it revitalises us too – it keeps us happy and carries us through.

Our son has really benefitted from the regular outings with continuity in the carers and other children in the group. He has become more relaxed and out-going and they really understand him as he develops and moves in to his teenage years, (with all that it brings). Ted has begun to vocalise now and he has been encouraged and supported in this by the carers. He returns to us happy and exhausted, having really given his all to socialise and participate in the activities they have organised. They are able to give him things we cannot and that is invaluable and so pleasing for us.

Occasionally there are longer outings like camps that he has been lucky enough to go along. He really benefits greatly from these. The overnight stays mean that he has to handle meals, toilets, showers, unfamiliar sleeping arrangements and inescapable social contact. He also has to fend for himself much more and he does. The latest studies suggest these are the things that make the biggest difference to their quality of life and self-reliance as adults. For us, the camps allow us to plan some relaxation breaks. Recently we spent a night in a country cottage near Lorne – a taste of another life. Don't worry, we love our life and Ted and we wouldn't swap it for anything – although it's nice to look through the keyhole.

“Our respite day keeps us happy and carries us through”

MAKING MERRI MUSIC

In January 2015, MCHS set out to streamline their Child Health Team service delivery practices, in an effort to reduce wait times for child speech pathology and enhance multidisciplinary service options.



LEFT // MCHS staff, Monique Kennedy at the launch of Merri Music

The Team established the Northern Outreach Project (NOP), a six-month project introducing innovative practices, with funding from the Victorian Government Department of Health and Human Services (DHHS).

Seeking to diversify child health services through additional speech pathology and audiology hours and the introduction of social work and music therapy services. NOP is building partnerships between MCHS staff, families and childcare centers to facilitate a collaborative process in addressing children's complex needs.

Providing a comprehensive and localised model of care, NOP sought out to achieve the following objectives:

1. A reduction in wait times to their Child Health Team speech pathology therapy services by four months.
2. A multidisciplinary service option for complex and vulnerable families in the region.
3. The development and execution of a pilot music and play program, Merri Music, for educators and parents at Belle Vue Kindergarten, Glenroy and Joybelle Childcare Centre, Fawkner.

Objective 1 and 2 sought to deliver a holistic service within a multidisciplinary model of care through the provision of:

- Locally based multidisciplinary assessments and timely referral onto other appropriate support services
- Streamlined screening and therapy processes
- Outreach-based therapeutic services (home and community settings)
- Short-term play based therapy groups jointly facilitated by a social worker and speech pathologist in the two childcare settings
- Prioritisation of audiology consultations and screenings for those children in the target areas

Objective 3 focused on facilitating four music and play groups at each center with a professional development session with educators. The place-based music and play program would provide educators with the resources to support enriched learning environments for children with developmental concerns. By designing a 'train the trainer' model, Merri Music worked with educators from both childcare centres, to increase their understanding of the elements of music and play and how these can be used to enhance the participation of children at their centres.

Educators and children were key in the development of the resource, providing feedback such as song lyrics suggestions and songs, and how the resource may be relevant in different situations. Upon finalisation, the CD was distributed to participating educators and parents at both centres.

Merri Music is unique in that the CD teaches modelling of behaviour through music therapy. Musical lyrics are particularly useful for children with early developmental concerns and those with English as a second language, as it creates rhythm and melody for a child to follow⁸. Promoting children's social and communication skills, singing, playing instruments, improvising, song writing and listening to music help children and educators communicate with one another. It provides a tool for educators to utilise musical cues to teach children new skills by pairing a music cue with a new skill or specific behaviour.

OUTCOMES

A significant decline in speech pathology therapy waiting times by five and a half months has been achieved since the commencement of this project.

MCHS staff reported that the outreach and multidisciplinary model of this project provided holistic and easy access for parents and families, particularly physical access. It was easy for staff to streamline referrals and for the social worker to be present when setting a child's weekly goals, which resulted in productive parallel assessments. Parents also provided positive feedback regarding service access and the enhanced multidisciplinary approach.

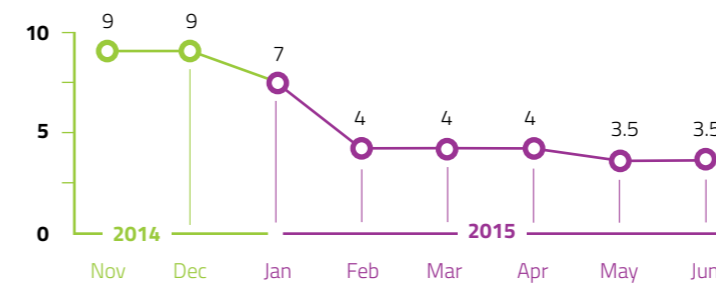
Merri Music has great potential to address complex family needs by building the capacity of educators in childcare settings through a 'train the trainer' framework, providing enriched mainstream learning environments for children.

NOP has received further funding from DHHS to continue to strengthen the outcomes of the pilot project in 2015 and 2016.



ABOVE // The team and children perform songs from Merri Music

CHART 3 // Reduction of speech pathology therapy waiting times (in months) from Nov 2014 – June 2015



“Connecting community health network with a music therapist creates new networks and possibilities”
–Child Health staff

THE TALK

Merri Community Health Services released *The Talk* in February this year, an e-newsletter dedicated to puberty, sexuality and relationship education in Moreland.

TALKING BIRDS AND THE BEES

Developed by our Puberty, Sexuality and Relationships Education Program, the resource for teachers, school staff and youth workers, provides evidence-based, reliable and useful resources for sexuality education, as well as opportunities for networking and training.

Acknowledging that the team were unable to get out to all local school and youth services due to limitations in funding, *The Talk* provides an outlet where information can be shared across our community.

The online newsletter is helpful as the team is able to track its success, assessing its reach and articles of interest. In less than six months of circulation, 55 people have subscribed to receive *The Talk*, with each edition having been opened more than 300 unique times. In addition

to subscribers receiving it in their inboxes, *The Talk* is widely circulated within schools, youth services, networks and across social media.

The team will continue to publish *The Talk* regularly, with each edition focusing on different topics such as puberty, sexuality, relationships, disabilities and young people, the internet and sex. To subscribe to e-newsletter, see <http://goo.gl/s0za40>

The Talk's "Ask the Educator" column allows readers to ask specific questions about puberty, sexuality and relationship education to experienced and knowledgeable educators.

HOPE FOR SUFFERERS

Merri Community Health Services (MCHS) is trialling a new model of care that aims to assess the impacts of a community-based support group for sufferers.

APHASIA GROUP IN MORELAND

Approximately 8,600 Australians develop aphasia each year. Aphasia is a communication disorder that results from damage to the parts of the brain responsible for language and speech. It may cause significant speaking, listening, reading and writing difficulties.

The six month project was developed and assessed in collaboration with La Trobe University Associate Professor and Research Lead, Dr Miranda Rose and is expected to commence in July 2015. Although not affecting intelligence, the communication disability caused by aphasia can have very severe consequences. Empirical research has demonstrated that these clients face a significant risk of a loss of friendships, social isolation, depression, negative self-identity, and ill-health. Acknowledging that many aphasia sufferers return home post hospital and outpatient rehabilitation with substantial communication-related disability, the community health service model will assess the benefits for sufferers. Based at MCHS, participants attending the group will undertake interventions based on a social participation

model. Outcomes for people with aphasia will be measured in relation to each domain of the World Health Organisation (WHO) International Classification of Functioning, Disability, and Health (WHO, 2001); impairment, activity and participation, personal factors and environmental factors. Quality of life and participant experience of the program will be additional outcome areas of interest.

Outcomes from the project will be shared in the December issue of our *Research and Innovation* newsletter.

8,600

Australians develop aphasia each year

MAXIMISING HELP FOR THE COMMUNITY

The Medicare Benefits Schedule (MBS) is a “fee for service” model funded by Medicare Australia.

INTRODUCTION OF MBS

Under the MBS, clients who have a GP Management Plan and Team Care Arrangement can access allied health services. This allows GPs and allied health providers to come together and provide services to clients with chronic disease.

Merri Community Health Services (MCHS) has been providing podiatry and paediatrics services to clients funded through the MBS since January 2014 with the intention to expand with further client services. This model is aimed at meeting the burden of chronic disease within the community, maximising service and minimising the waiting lists of community-based health care.

Allied health professionals are engaged as contractors who receive a proportion of the MBS payment, allowing for an incentivised approach to service delivery. MBS offers opportunities for increased capacity, throughput and income to both the clinician and MCHS, without being reliant on community health program funding.

MBS provides the ability to divert traditional services to a fee for service arm, thereby providing opportunity to introduce additional services to the community. Projected plans include expanding current offerings to provide a diverse range of services that are externally funded with the introduction of Work Cover, Transport Accident Commission, Department of Veteran’s Affairs and private billing.

Currently MBS has increased podiatry services by one extra day per week at Glenroy and the addition of physiotherapy MBS services in the upcoming months.

SERVICES CONNECT

In July 2014 the Department of Health and Human Services (DHHS) tendered out eight Services Connect Partnerships across Victoria.

The aim of the Partnerships is to bring together groups of community service providers to provide support for children and families, mental health, alcohol and drug addiction, homelessness and housing issues and Aboriginal specific services.

Merri Community Health Services (MCHS) participated in two successful partnership submissions:

- Hume Moreland Services Connect Partnership, led by Kildonan UnitingCare
- North East Melbourne Services Connect Partnership, led by the Children’s Protection Society and Berry Street

Services Connect is piloting a new model of service delivery with two main objectives:

- To change the way individuals and families are supported so that they can achieve lasting positive outcomes based on their personal goals and aspirations; and
- To improve productivity by reducing duplication and inefficiency across the human services system.

MCHS has realigned two DHHS funded position into the Services Connect Partnerships. It has been exciting to be part of both partnerships, strengthening local collaborations and developing new ways of working. Feedback from the realigned staff indicates the following positive outcomes of the model:

For clients:

- Services Connect can support a wide range of people in the community at different stages of their lives and provide assistance across multiple areas such as housing, disability and family supports.
- The goals are client driven and strength based, empowering clients to set their own accountabilities.
- The clients have the choice of including significant others and/or family members in achieving quality of life goals. The goals can be both group and individual.
- Clients have reported that the key worker keeps them “on track” with achieving their goals.
- Clients don’t have to retell their whole story to numerous professionals.
- The clients are able to tap into the partner agencies network of resources.



ABOVE // MCHS at Bell Street, Coburg

For staff:

- Services Connect has provided the opportunity to build the experience, confidence and knowledge of staff across the community service sector by working as part of a multi-disciplinary team.
- Staff can utilise the diversity and experiences within the team to achieve better outcomes for clients.
- Staff have access to expanded training and professional development opportunities, including: Single Session and Family Sensitive Practice, Motivational Interviewing and using the Outcome Star.

We provide support for children and families, mental health, alcohol and drug addiction, homelessness and Aboriginals.

SUPPORTING CONNECTIONS

Merri Community Health Services works with Supported Residential Services (SRS) across the north to support residents to achieve health and wellbeing goals and build the capacity of proprietors to manage residents' needs.



ABOVE // Health days at Brunswick Lodge

AUTUMN DANCE 'STAYING ALIVE'

Dance has a range of benefits for our physical and mental wellbeing as well as being a great way to bring people together. For the fourth year in a row, the SRS program, funded by the Department of Health and Human Services, held an evening dance for residents of SRSs in the northern region.

About 90 guests made it to the night from nine SRSs, from five different municipalities.

The event was preceded by a series of dance workshops facilitated by Beat Dance School, where participants rehearsed a dance routine to the rhythm of 'Staying Alive' and prepared for what would be a tight dance competition. This year Queens Lodge, Arnica Lodge, Edwards Lodge and Stewart Lodge took all the prizes but many more stars shone on the dance floor that night!

HEALTH DAYS AT BRUNSWICK LODGE

Since 2014 the SRS Team has been running six-monthly health days at Brunswick Lodge. These events aim to encourage residents to become actively involved in their wellbeing as well as raising awareness of the value of preventative oral health. Health days have a strong festive flavour, where everyone has a part to play: preparing the salads using produce from the edible gardens, joining a fitness session, enjoying a hand or a neck massage with the Melbourne Polytechnic Massage Therapist students, and having an oral health check-up in between these fun activities. One of the multiple outcomes of these events has been a noticeable increase in the number of residents accessing oral health screening and treatment, and better coordination between the SRS carers and our dental clinic at Glenlyon Rd.

THE VALUE OF SOCIAL COMPANIONSHIP

Community access is not only about having a place to go to; it is about feeling confident and safe to enjoy the experience and make the best of it. For some SRS residents, a lack of confidence and anxiety often lead to community isolation and erode their motivation to venture out and experience life in a more meaningful way. To assist in overcoming these obstacles, the SRS Support Program has a passionate and caring group of volunteers who offer one-on-one support for community access. They are instrumental in helping residents face their fears and inhibitions, taking small steps towards being able to stand strong on their own feet. Such is the case of a resident from Brunswick lodge who progressed from having a very sedentary lifestyle and spending most of the day alone in his room, to engaging in weekly visits to the local leisure centre where he is now learning how to swim.

COMPUTERS AND SOCIAL INCLUSION

Computers have become so important in modern society that digital literacy goes hand-in-hand with social inclusion. For people living in Supported Residential Services the barriers to access computer skills are multiple, deepening even further the likelihood of being left behind. With this in mind, the SRS Support Program designed a program in partnership with a local adult education centre (PRACE) to break down those barriers and support people to learn computer skills. The program consisted of slow paced, semi-personalised, in-house computer training. The sessions were short to cater for people who find it difficult to hold their attention for long periods of time; there was also the additional assistance of an interpreter for non-English speaking participants. The feedback from participants was excellent. Some of them are now taking advantage of free computer access in the local library or using social media to stay in touch with their family.



ABOVE // MCHS Staff, Gail O'Connor with Falls Prevention Group client

NO BARRIERS APPROACH TO DENTAL CARE

Merri Community Health Services is leading the way in providing dental support services for the homeless in Melbourne's North.



LEFT TO RIGHT // MCHS dentist Melinda Tam, Nicholas and RDNS nurse, Cath. Image courtesy of Leader/Herald Sun online

“Often, these young people aren't given any options in their treatment or they feel that they're being denied care. Nicholas has had a few of his teeth replaced and has been able to secure a job. Not having teeth is a social marker. Without this help, Nicholas would have been just another bloke vying for a job,” said RDNS nurse Cath.

There are currently 22,773 homeless people in Victoria. Young people under 35 years old make up the largest of this group at 35%, according to Homelessness Australia.

If you know someone that may need this help, get in touch with our team on (03) 9387 6711 or visit them at 11 Glenlyon Road, Brunswick from 9am to 5pm Monday to Friday. You can also access a wallet size card by Dental Health Services Victoria which can be found in waiting rooms of participating dental clinics in Victoria. The priority access card gives homeless people immediate dental care without the barrier of a waiting list or fee.

The no barriers approach provides free dental care to homeless people. Our organisation is helping homeless people access and navigate the health system as priority of access clients, with the help of partnering agency, the Royal District Nursing Service (RDNS).

Nicholas has been one of the clients benefiting from this new model and has been changing his life around, with the help of services.

Homeless people experience many barriers in accessing support, including the lack of a home address impacting on access to the health system and low self-esteem, as many feel they are being judged or will be denied care.

22,773

There are 22,773 homeless people in Victoria

“I was in a high amount of pain. I couldn't do anything because my teeth were constantly aching. When I went in for the first time, I wasn't sure about it all but they didn't look down on me”

—Nicholas

TEETH TALES

Merri Community Health Services (MCHS) has a solid collaboration with the University of Melbourne, partnering on joint research projects since 2004, including different phases of the Teeth Tales study since 2006.



ABOVE // MCHS staff and researchers present the findings of Teeth Tales

The Teeth Tales child oral health promotion trial (2012-2014) involved families with 1-4 year old children, self-identified as having an Iraqi, Lebanese or Pakistani background and residing in metropolitan Melbourne. Dental screenings were provided to 667 children as part of recruitment and follow-up. The intervention was delivered by MCHS and consisted of peer educator-led community oral health education sessions, attended by 151 (52.4%) intervention families.



ABOVE // Dentist Melinda Tam checks children's teeth as part of Little Smiles

Partner organisations also participated in a Cultural Competency Organisational Review (CORe) to reorient dental health and family services to be more culturally competent.

Results showed improved child oral hygiene and parent knowledge of tooth brushing technique. Partner organisations*, including MCHS, introduced changes in policy and procedures to improve cultural competence. The involvement of cultural organisations as study partners was critical to the cultural relevance of the study. The study resulted in changed oral health policies, service delivery, and client resources. This included the re-orientation of MCHS dental services delivering more culturally sensitive models of dental care, combined with a new oral health program 'Little Smiles'. Little Smiles provides dental screenings and oral health education to children in preschool settings, with referrals to MCHS as required.

151

Number of intervention families engaged

Teeth Tales was funded by the Australian Research Council and Merri Community Health Services with additional cash and in-kind contributions from partners - University of Melbourne, Dental Health Services Victoria, Moreland City Council, Arabic Welfare, Victorian Arabic Social Services, Pakistani Association Australia Melbourne, Centre for Culture, Ethnicity and Health, North Richmond Community Health Limited, Deakin University and City of Yarra.

LITTLE SMILES

A new oral health resource developed for families by families.



ABOVE // Children are taught how to brush their teeth

Oral health, particularly the oral health of young children and vulnerable families, has long been a priority area for Merri Community Health Services. This is evidenced by our involvement in *Teeth Tales, Smiles 4 Miles* and of course our public dental health service in Brunswick.

Little Smiles-Moreland was developed in 2013 with the support of funding made available by Moreland City Council (MCC) who prioritise children's oral health in the Moreland Early Years Strategy.

Research indicates that children from families who are newly arrived to Australia, have low income and are from culturally and linguistically diverse backgrounds, are most at risk of health and developmental concerns, including oral health issues. The *Little Smiles- Moreland* project provides dental screening and oral health education for children and carers attending playgroups in Moreland, targeting these children.

In 2014-2015, the Little Smiles program screened 84 children from 22 different language groups and a third of families held concession cards.

A key outcome from this year's project was the development of a brochure addressing the main questions parents in Moreland are asking about their children's oral health. Families responses to the question "Do you have any concerns about your child's teeth?" were taken and the five main areas of concern were developed in to a brochure by the dentist and coordinator of the program. Feedback from parents, playgroup facilitators, service providers and Maternal and Child Health Nurses was gathered.

The feedback and recommendations from this collaboration will be used to fine tune the content of the brochure, before it is translated into a number of local community languages including Arabic, Urdu and Mandarin.

The *Little-Smiles Moreland* program has once again been funded in 2015-2016 by MCC and we look forward to another year of making a difference to the oral health of young children in Moreland.

What parents want to know:

- When do I start cleaning my child's teeth?
- My child does not like to brush his/her teeth. What do I do?
- My child sucks his/her thumb or has a dummy. Is this OK?
- My child fell over and bumped his/her teeth. What do I do?
- When should my child visit the dentist for the first time?



ABOVE // Little Smiles session

GREEN THUMBS UP

Over the last five years, Merri Community Health Services has delivered a range of edible garden projects in pension-level Supported Residential Services. As part of a student placement in 2014, University of Melbourne masters student, Melissa Collins, undertook an interactive evaluation research project investigating four of these garden projects.

To better understand the lessons learnt from these programs, and to use these lessons to develop a sustainable model for therapeutic and/ or edible gardens in these settings, 11 interviews were conducted with key informants. These included SRS proprietors, garden workers, health promotion workers, and other service providers with substantial experience in the social housing sector. Supported Residential Services (SRS) are privately operated facilities that offer accommodation and low level of care for people who need support in everyday life.

The key themes from these interviews found that garden programs have been shown to improve:

- Mental health and wellbeing
- Opportunities for social interaction, collaboration and skills development
- Access to fresh produce
- Levels of physical activity and time spent outdoors
- The range of resident food experiences

Keys to success and sustainability included:

1. Employing a dedicated staff member
2. Planning for sustainability from the very beginning
3. Establishing prior commitment from the proprietor
4. Project staff that are locally connected, collaborative and have values that align with project outcomes
5. Workforce development and capacity building
6. Clear understanding of residents' interests
7. Develop partnerships in the beginning
8. Not relying on one person or organisation for success and sustainability of the program



Evidence suggests there is no 'one size fits all' model for gardens in SRSs. However, the above interview findings, project documentation and existing literature, can inform a basic model for establishing, implementing and sustaining garden projects within pension-level SRS settings. Further research and evaluation of existing and future therapeutic and edible gardens and health promotion interventions within SRSs, will also help inform and improve program outcomes for some of our most vulnerable populations.

“ There was one resident who would come and help us a bit and she used to get very angry, and after we'd been there for a couple of years she said 'whenever I'm angry I come out into the garden' and I don't know how much was us being like 'ok let's just focus on the garden...' she had basically taught herself to self-calm”

– Interviewee

11

Interviews were conducted with key informants.

Evidence suggests there is no 'one size fits all' model for gardens in SRSs.

RESPONDING TO YOUR NEEDS RAINBOW CELEBRATION

TICK OF APPROVAL

In November 2014 Merri Community Health Services (MCHS) was accredited under the Rainbow Tick standards.



ABOVE // MCHS staff, family and friends show their support at the Pride March

RAINBOW TICK ACCREDITATION

The Rainbow Tick demonstrates to our clients and community that we provide safe and inclusive services for gay, lesbian, bisexual, intersex, transgender and queer (GLBTIQ) clients. The standards cover a range of elements that organisations need to have in place including:

- Appropriate mission, agreements, policies and procedures
- Consulting with the community
- Ensuring staff receive ongoing training
- Having inclusive forms, assessments and services
- Welcoming sites and waiting rooms
- Processes to ensure safety for clients
- Asking the community about how we could improve our services for GLBTIQ clients and responding to their feedback
- Added to our 'Your Rights, Privacy and Feedback' brochure that all clients have the right to be respected and that they need to respect others, regardless of their gender identity or sexual orientation
- Developed a policy and procedure around providing inclusive services
- Reviewed our waiting rooms and sites to see how welcoming they are for GLBTIQ clients
- Looked at our intake forms to make sure we use inclusive language in relation to gender identity, parents and partners
- Looking at what other services or groups we could be providing for GLBTIQ clients
- Had a stall at Midsumma Festival and participated in the Pride March

We were the first community health service in Victoria to be accredited under these standards since the completion of the pilot phase.

This accreditation was achieved after a long period of work and commitment in this area. This is what we have done and are still doing:

- Providing training for our staff, volunteers and students to help them better understand the experiences and needs of GLBTIQ clients

We have a working group that meets every two months to continue our work in this area. We have a representative from the GLBTIQ community on this group. If you are interested in being involved, or would like more information, please call Lara Watson on **(03) 9389 2234** or laraw@mchs.org.au

MELBOURNE'S NORTH IS COMING OUT

This year we came together with Moreland City Council to raise the rainbow flag in Moreland as part of International Day against Homophobia, Transphobia and Biphobia (IDAHOT) Day.



ABOVE // Staff highlight messages in support of IDAHOT Day

Created in 2004, IDAHOT aims to draw the attention of policymakers, opinion leaders, public and media to the violence and discrimination experienced by gay, lesbian, bisexual, transsexual, intersex and queer people internationally.

Homophobia in schools is still a leading issue. Recent data released by *beyondblue* found that 38% of teenage boys would be unhappy to have a gay person in their social group and 23% felt it was acceptable to use "gay" as a derogatory term.

The day was part of a weeklong awareness campaign that saw our YGLAM team perform at Council and the rolling out of a social media campaign that aimed to raise awareness of some statistics about homophobia, in an effort to raise discussions among our community. Melbourne's north has a diverse community and everyone should be welcome.



ABOVE // One in seven GLBTIQ people live in fear of heterosexual violence



ABOVE // 85% of GLBTIQ people have been subject to heterosexual violence or harassment

We made our collective voice heard through our social media campaign **#85notOK** and **#oneinseven** highlighting that:

- Nearly one in seven gay, lesbian, bisexual, transsexual and/or transgender people reported living in fear of heterosexual violence in Victoria
- Nearly **85% gay**, lesbian, bisexual, transsexual and/or transgender people have been subject to heterosexual violence or harassment in their lifetimes

The message was received far and wide and the response across our social media channels was incredible. The message was heard; Melbourne's north is coming out!

SCHOOL SAFETY YOU'RE NOT ALONE

Homophobia in schools is still a leading issue. Recent data reported by beyondblue found that 40% of teenage boys in Australia felt "anxious or uncomfortable" around gay people. A travelling performance was developed which aimed to change these attitudes within Moreland.

Earlier this year, Merri Community Health Services partnered with Safe Schools Coalition Victoria, to bring *Ya Nada Lone*, a travelling performance to Moreland schools. Addressing challenges faced by same-sex attracted and gender diverse young people, the performance aimed to encourage discussions to make schools safer and more inclusive.

Developed with the help of Moreland's internationally recognised youth performing arts program, YGLAM, the performance made its way to four inner city schools throughout June, with performers often using their own personal experiences of discrimination as inspiration.

Developed and executed over four months, the performance was interactive, as the 14 performers engaged audience members to take part in the problem and solution generation. YGLAM has helped many young people over the years, with support, friendships and professional development, which has led to new opportunities.

“YGLAM has really helped my mental health... before I joined, I was in a pretty bad way suffering from depression and a bunch of things. I felt lost, like what am I even doing? Its (YGLAM) made me feel like I am doing stuff that matters – that is significant and that’s a wonderful feeling,” reflected a YGLAM member.

The performance reached over 500 students and hundreds of teachers throughout Moreland and engaged 14 performers from various backgrounds.

“YGLAM has really helped my mental health... it has made me feel like I am doing stuff that matters”

–YGLAM member



ABOVE // Our YGLAM team featured in the paper

Outcomes were rich and varied. The play was successful and Safe Schools Coalition Victoria is eager to explore the possibility of future school performances. Early evaluation indicates that students' attitudes have shifted and YGLAMMERS' mental wellbeing improved. "We're kicking goals!" said Russ Pirie, YGLAM project officer at Merri Community Health Services.

The show first made its debut as part of Moreland City Council's celebrations for International Day Against Homophobia and Transphobia.

YGLAM is currently developing a new piece for a season at La Mama Theatre in November, followed by a season at Midsumma Festival. This project was supported by Hey Grants, Youth Affairs Council of Australia and the Victorian State Government.

500

Students reached by the performance.

Moreland theatre group tackles homophobia in schools



ABOVE // Balancing Acts team featured in the paper

FINDINGS

PARTICIPANTS

YGLAM participants were asked a range of question pre and post show, to understand whether the group provides support and how this affects their health and mental wellbeing. Below are snapshots from the findings.

1. How satisfied are you with feeling part of your community?

The average score out of 10 increased from 5.62 in the pre-evaluation to 7.00 in the post evaluation. This demonstrates that participation in YGLAM has helped participants feel like they are part of a community.

“I found it good that I have felt more comfortable exploring my own sexuality and talking to others who have had similar experiences. Hearing their stories and feeling more comfortable with myself and getting to know myself. I didn't know a lot about different gender identities before this and this has been really good.”

2. To what extent do you feel your life to be meaningful?

YGLAM participants noted an increase from 2.69 out of 5 pre-show, to 3.4 out of 5 after participating in the show.

“YGLAM has really helped my mental health...before I joined...I was in a pretty bad way suffering from depression and a bunch of things and wasn't having a good time. Because it's a weekly thing that I really enjoy, I get to meet so many awesome people, chill out and have fun and perform. I can do things that I am passionate about and help educate young people.”

3. How often do you have negative feelings such as blue mood, despair, anxiety and depression?

YGLAM participants noted a decrease in the frequency of those feelings from 3.38 out of 5 per show to 3.00 post show.

“It has helped me feel comfortable in myself. Before coming here I was having counseling sessions because I hated everything that I was. Since coming here I have finished with my psych sessions and haven't needed to go back.”

SCHOOLS

1. When asked how common same-sex attraction, gender diversity and intersex were in everyday life, the results show the percentage of students who chose “not at all” as common, decreased following the performance. This indicates that the performance helped to increase awareness.

2. When asked if openly same-sex attracted and gender diverse students would feel safe at your school, the results show there was a decrease in perceived safety after viewing the performance. This could indicate that students' awareness of the dangers faced by same-sex attracted and gender diverse young people increased as a result of the performance.

3. Over 75% of responded indicated that homophobic language occurred at schools either “always”, “often” or “sometimes”. Post-performance 85% of students acknowledged that the use of this language is dangerous or harmful to same-sex attracted or gender diverse young people.

“The performance helped immensely to clarify things.”

“I really have a lot of respect for this presentation because I am not so sure about who I am yet and it made me feel supported.”

“That was an amazing performance – finally someone standing up to those who think it's wrong”

BALANCING ACTS

It was a wonderful night of acrobatic moves, theatre and balancing acts as the YGLAM team launched the Balancing Acts circus performance in Melbourne.



ABOVE // Balancing Acts theatre production

Held on Thursday 12 March 2015 at The Drill Hall, seven performers took to the stage to perform a circus act, exploring themes of diversity and inclusion for same-sex attracted and gender diverse young people.

The team had a few hiccups along the way that included their main performer, Ethan, unable to take part in the routine due to an injury. However the team still rallied together, with Ethan acting as a guide, to ensure Balancing Acts went ahead as scheduled.



ABOVE // Balancing Acts theatre production

A video of the performance and interviews with the performers is available via www.mchs.org.au

The performance was funded by Melbourne City Council.

“YGLAM is fun and good times, new and challenging experiences, it is personal growth and it is a support group when I really need it”

–YGLAM participant



ABOVE // Balancing Acts performance

A big congratulations and thank you to the performers and our enthusiastic and supportive YGLAM team that together, helped make this event a success! Thank you to the City of Melbourne and Circus Oz for their funding support and training in the lead up to the event. It was a fantastic evening!

“ YGLAM holds a very special place in my heart. The kind of place I never even expected it to occupy. YGLAM has been and is many things to me. It is fun and good times, new and challenging experiences, it is personal growth and it is a support group when I really need it. It’s a place where I can smile, laugh, cry, just be.. YGLAM is a place where I feel like I belong. It’s a family. I’m not sure if I even knew what a sense of belonging felt like before. It’s not as though I don’t have friends but to have people who I feel I have a shared experience with, who I can really be myself with, who not only accept but celebrate me.”

- YGLAM participant

“YGLAM holds a very special place in my heart... is a place where I feel like I belong”

–YGLAM participant

2 Performances

16 YGLAMMERS

80 Audience members

BOARD OF DIRECTORS PROCEEDINGS

Board attendance at meetings - July 2014 to June 2015



ABOVE // MCHS Board

BOARD ATTENDANCE AT MEETINGS JULY 2014 TO JUNE 2015

TOTAL // 11 meetings excluding Annual General Meeting

BOARD MEETINGS	ATTENDED	NO. ELIGIBLE TO ATTEND	AGM
Darryl Annett	11	11	1
Marleine Raffoul	11	11	1
Michael Beahan	10	11	1
Carlo Carli - Chair	9	11	1
Michael Malakonas	10	11	1
Sanjay Gund (ceased as Director October 2014)	4	4	0
Katerina Angelopoulos	11	11	1
Giuseppe Ardica	11	11	1
Julie McCormack	10	11	1
Hasan Erdogan (elected 1st meeting AGM)	6	7	1

SUB-COMMITTEES

FINANCIAL, AUDIT AND RISK MANAGEMENT

This Sub-Committee oversees financial performance, compliance, risk management and internal and external audits for Merri Community Health Services. The Committee meets quarterly (or more frequently if required) and is made up of at least two Board Members and at least one community member with financial experience.

CLINICAL GOVERNANCE

This Sub-Committee meets quarterly (or more frequently if required) to oversee key strategies and higher level reports on clinical governance functions. The group is made up of at least two Board members and up to three community representatives with clinical expertise.

COMMUNITY ENGAGEMENT

This Sub-Committee meets quarterly (or more frequently if required), with the purpose to consult with community representatives on activities and services of MCHS. They also make recommendations to the Board on potential improvements on how to engage with the community and obtain meaningful feedback. The group is made up of at least two Board Members and a minimum of four community representatives.

We are grateful for the support we receive in-kind from community representatives on our Board Sub-Committees.

BOARD ENGAGEMENT AT COMMITTEES 2014/2015

TOTAL // 6 meetings

FARM	ATTENDED	NO. ELIGIBLE TO ATTEND
Darryl Annett	6	6
Michael Malakonas - Chair	6	6
Carlo Carli	6	6
Hasan Erdogan	2 (March/May)	

TOTAL // 4 meetings

COMMUNITY ENGAGEMENT	ATTENDED	NO. ELIGIBLE TO ATTEND
Michael Beahan Chair	4	4
Giuseppe Ardica	4	4
Sanjay Gund (ceased as Director October 2014)	1	4

TOTAL // 5 meetings

CLINICAL GOVERNANCE	ATTENDED	NO. ELIGIBLE TO ATTEND
Julie McCormack - Chair	5	5
Katerina Angelopoulos	5	5
Marleine Raffoul	4	5

COMMUNITY MEMBER REPRESENTATION ON BOARD COMMITTEES

TOTAL // 6 meetings

FARM COMMUNITY MEMBER	ATTENDED	NO. ELIGIBLE TO ATTEND
Geraldine Allen	6	6

TOTAL // 4 meetings

COMMUNITY ENGAGEMENT	ATTENDED	NO. ELIGIBLE TO ATTEND
Mairi Rowan	3	4
Suzy Pinchen	3	4
George Jiang	2	4
Mustafa Kouklan	4	4
Sanjay Gund	3	3
Carlos Ibarra	1	4

TOTAL // 5 meetings

CLINICAL GOVERNANCE	ATTENDED	NO. ELIGIBLE TO ATTEND
Rohini Ratnakar	3	3
Cara Jane Millar	5	5

9

Community members on board committees

15

Sub-committee meetings

FINANCIAL STATEMENTS

The following pages form the Concise Financial Report for Merri Community Health Services Limited and are extracted from the Audited Financial Report.

The Concise Financial Report cannot be expected to display a full understanding of the financial performance, financial position and financing and investing activities of Merri Community Health Services Limited.

A full copy of the Financial Report is available at www.mchs.org.au

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
State recurrent grants	22,034,392	21,468,669
Commonwealth recurrent grants	5,439,418	5,262,506
Other revenue from operations	1,380,573	1,635,860
Interest revenue	371,302	328,492
Profit/(Loss) on disposal of property, plant & equipment	(345)	38,338
Other revenues	168,868	188,449
Capital grants received for the acquisition of fixed assets	–	342,275
TOTAL REVENUES	29,394,208	29,264,589
Employee benefits expense	18,495,868	18,679,055
Depreciation, amortisation & impairment expense	936,607	1,078,647
Finance costs	3,958	3,893
Supplies	232,055	191,325
Computer expenses	466,717	501,853
Consulting and legal costs	415,678	276,687
Client costs	3,567,950	3,526,276
Communication	279,514	264,137
Motor vehicle expenses	202,353	244,159
Occupancy costs	1,090,991	1,112,055
Payments to other agencies	1,463,928	1,577,418
Repairs and maintenance	209,040	185,578
Employment expenses	333,952	349,687
Other expenses	684,665	712,200
TOTAL EXPENSES	28,383,276	28,702,970
TOTAL OPERATING SURPLUS FOR THE YEAR	1,010,932	561,619

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2015

	2015	2014
CURRENT ASSETS		
Cash and cash equivalents	10,796,311	10,544,097
Trade and other receivables	244,673	382,071
Other current assets	487,011	383,562
TOTAL CURRENT ASSETS	11,527,995	11,309,730
NON-CURRENT ASSETS		
Property, plant and equipment	8,435,841	8,938,606
TOTAL NON-CURRENT ASSETS	8,435,841	8,938,606
TOTAL ASSETS	19,963,836	20,248,336
CURRENT LIABILITIES		
Trade and other payables	3,418,555	4,754,703
Provisions	2,160,673	2,548,619
TOTAL CURRENT LIABILITIES	5,579,228	7,303,322
NON-CURRENT LIABILITIES		
Provisions	1,042,064	613,402
TOTAL NON-CURRENT LIABILITIES	1,042,064	613,402
TOTAL LIABILITIES	6,621,292	7,916,724
NET ASSETS	13,342,544	12,331,612
EQUITY		
Reserves	2,162,989	2,412,997
Retained earnings	11,179,555	9,918,615
TOTAL EQUITY	13,342,544	12,331,612

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
CASH FLOW FROM OPERATING ACTIVITIES		
Government grants received	29,181,697	29,714,700
Receipts from clients	521,127	458,140
Payments to suppliers and employees	(30,504,967)	(29,934,425)
Interest received	264,269	330,277
Other income received	1,224,275	1,607,561
CASH PROVIDED BY OPERATING ACTIVITIES	686,401	2,176,253
Proceeds from sale of property, plant & equipment	343	259,273
Purchase of property, plant and equipment	(434,530)	(1,266,988)
NET CASH USED IN INVESTING ACTIVITIES	(434,187)	(1,007,715)
NET INCREASE IN CASH HELD	252,214	1,168,538
CASH AT THE BEGINNING OF THE FINANCIAL YEAR	10,544,097	9,375,559
CASH AT END OF THE FINANCIAL YEAR	10,796,311	10,544,097

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2015

	RETAINED EARNINGS	SPECIFIC PURPOSE RESERVE	ASSET REVALUATION RESERVE
Balance 1 July 2015	9,918,615	250,008	2,162,989
Surplus for the year	1,010,932	–	–
Transfer from Reserves	250,008	(250,008)	–
BALANCE 30 JUNE 2015	11,179,555	–	2,162,989

OUR SITES

We have 10 sites across the Northern Metropolitan Area.



ABOVE // MCHS reception at Bell Street, Coburg

BRUNSWICK

P. (03) 9387 6711
11 Glenlyon Road, Brunswick VIC 3056

BRUNSWICK WEST

P. (03) 9386 3575
382-386 Moreland Road, Brunswick West VIC 3055

CHIFLEY DRIVE OFFICE PRESTON

Commonwealth Respite and Carelink Centre/CarerLinks North
Phone (03) 9495 2500

Victims Assistance and Counselling Program
P. (03) 9480 6166
Level 2/110 Chifley Drive, Preston VIC 3072

COBURG

P. (03) 9350 4000
93 Bell Street, Coburg VIC 3058

FAWKNER

P. (03) 9357 2444
79 Jukes Road, Fawkner VIC 3060

GLENROY

P. (03) 9304 9200
5D Cromwell Street, Glenroy VIC 3046

HARDING STREET

P. (03) 8319 7400
1st Floor, 368 Sydney Road, Coburg VIC 3058

INTERCHANGE NORTH WEST PASCOE VALE

P. (03) 9350 4600
9E Anderson Street, Pascoe Vale VIC 3044

THORNBURY

P. (03) 9484 5314
298 Victoria Road, Thornbury VIC 3071

VIC PLACE

P. (03) 9355 9900
21 Victoria Street, Coburg VIC 3058

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- 2 Department of Health, North & West Metro Region Profile 2014, Department of Health Australia, viewed 16 September 2015, <https://www2.health.vic.gov.au/getfile/?sc_itemid={1E39B3EE-4BF6-41CD-9377-61CFB8C00D4A}&title=North%20%26%20West%20Metro%20Region>.
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- 7 Diabetes Victoria, Guide to diabetes, viewed 25 July 2015, <<http://www.diabetesvic.org.au/guide-to-diabetes>>.
- 8 YWCA Canberra, Male violence against women in Australia, viewed 25 July 2015, <<https://ywca-canberra.org.au/advocacy/position-statements/male-violence-against-women-in-australia/>>.


YOUR FEEDBACK IS IMPORTANT TO US


You can complete the feedback form to let us know what you think about this report and how we can make it better.


You can send the completed feedback form to the Quality Officer by mail to:

Level 1, 368 Sydney Road, Coburg VIC 3058

You can also provide feedback by:

 Calling us on **(03) 9389 2234**

 Emailing us at **quality@mchs.org.au**

 Visiting **www.mchs.org.au**





Merri Community Health Services

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