

Our purpose

To enrich diverse communities through quality health care and support services.

Our promise

To provide you with an outstanding customer experience through genuine relationships, positive outcomes and community presence.

Our values

We are **MERRI**: we Motivate, Engage, Respect, Respond and Innovate.



Connect with us

f Merri-Health



goo.gl/gWrGqi

in Merri Health

Acknowledgement

We acknowledge Aboriginal and Torres Strait Islander people as traditional custodians of the land and waters and acknowledge and pay respect to their Elders 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 though our other activities to support service delivery.





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Merri Health creates healthy, connected communities through local health services for people at every age and stage of life.

We're a not-for-profit community health organisation that has been part of your community for over 40 years.

2019 report

In late 2018, Merri Health was announced Premier's Primary Health Service of the Year! Recognising Victoria's leading healthcare providers, the award celebrates high quality care, innovation and the contribution the workforce makes in supporting the health of Victorians.

As a non-for-profit health provider, support for all Victorians with tailored solutions is at the forefront of our work. This year's report is dedicated to this achievement and the work we provide in the community.



Premier's Primary Health Service of the Year

Accreditation

Merri Health is an accredited health service provider. This means we complete regular accreditation reviews by independent bodies to ensure that our policy, procedures and systems meet safety and quality requirements, and our services are safe and responsive.

Our services are accredited under Early Childhood Intervention Standards. Mental Health Service Accreditation, Quality Improvement Council, Human Services Standards, Community Care Common Standards. National Safety and Quality in Healthcare Standards — dental services, and Rainbow Tick Inclusive Practice Standards.

To learn more about accreditation, quality and safety, see page 63.

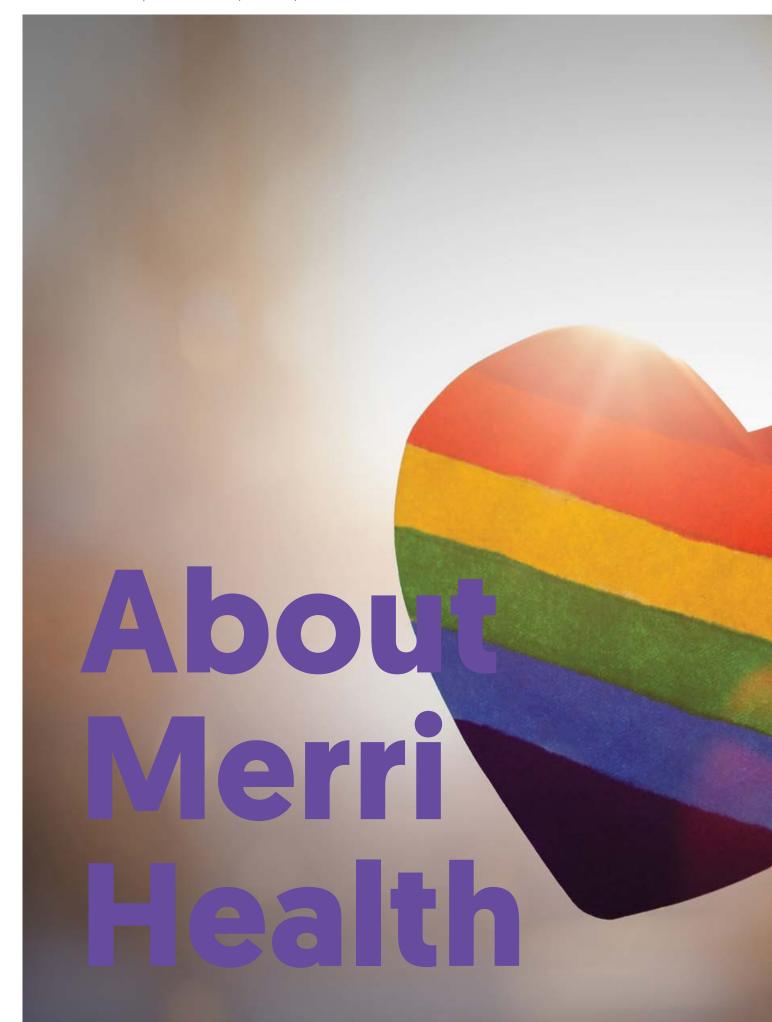














About the report

Learn about our organisation, how it is structured, Board of Directors and governance, our services and financial reporting.

About the Annual Report and **Quality Account**

The first section of this report 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 Account. This report is broken up into four sections that highlights how we:

- 1. Provide inclusive and responsive services
- 2. Partner with consumers
- 3. Ensure safe and quality services
- 4. Provide continuity and better care

This report is an opportunity to provide insights about our services and organisation: our performance, actions and achievements. We also share client stories that are told with their permission, to show how our support is helping community.

How do we put this information together?

Many teams across the organisation were involved in the preparation of this report. When deciding what should be included, we are wguided by statutory requirements and Safer Care Victoria for open and transparent reporting.

We review this report with lots of people: our Board, leadership team, staff, clients and Community Engagement board sub-committee. We do this to ensure the information is correct easy to understand, and informative.

Where to find this report

This report can be found at each of our sites. See page 90 to find an office location near you.

The report is also available on our website, merrihealth.org.au.

Chair's report

Merri Health (Merri) continues its advocacy for the community health platform as a pivotal component in the broader healthcare system for Victorians.



As an active participant on the Community Health Taskforce we have completed our review and the finalised report was delivered to Government in July 2019. This sees us taking a stand for our vulnerable communities, ensuring equitable access of healthcare and addressing those falling through the gaps by our current system.

The Board has made an investment into enhancing the standard of our governance, reporting and transparency to the community we serve. We received a bronze award for our 2018 Annual Report from the Australasian Reporting Awards, and as part of our commitment to continuous improvement, have made several changes throughout this year's report. We hope the changes provide a clear, concise and informative report on what has been achieved over the year and our areas of focus going forward.

Reflection and growth

Nearly 60% of the Board membership is a member of the Australian Institute of Company Directors (AICD). We undertook a self-assessment against the new 2nd Edition AICD Not-For-Profit Governance Principles, alongside our two-yearly governance evaluation. 100% participation in the governance evaluation reported a valuable 87.5% maturity rating against all the core competencies. Our annual strategic review saw us undertaking an in-depth analysis on the changing external environment, identifying our key challenges and making firm decisions as to how Merri will respond. The review keeps us on track as an organisation positioned for growth, and we are pleased to be able to report after prudent financial management of an annual budget of \$39 million, an increase of over \$2 million over the last year, continuing the year-on-year growth trend in the past six years.

Quality improvement

The Board of Directors alongside the Merri team made significant investment this year to improve quality, safety, clinical governance and risk management across the organisation. The newly developed Better Care and Services Framework was launched in early 2019 contributing to increased transparency, accountability and reporting and driving a culture of good governance. The framework has responded to and drawn on the Safer Care Victoria (Department of Health and Human Services) legislation and policy, and is designed to ensure all people and consumers understand how we achieve high quality and safe healthcare, and everyone has a part in making this happen.

Looking forward, we look to continuing to provide an outstanding customer experience to every person, every time they engage with us.

Carlo Carli Chairperson

CEO's report

Merri Health (Merri) celebrates another successful year with our continued growth delivering 229,156 service instances in 2018/19¹, to meet the demand for place-based health services for the many communities we serve.



Over the past 12 months we have continued to grow our services with two new sites in Craigieburn and Preston South, to improve access to our services particularly for clients transitioning to the National Disability Insurance Scheme. These strategically placed facilities have helped reduce employee travel time and improve service access for clients.

We undertook our sixth staff climate survey achieving the highest participation rate in eight years with an 88% response rate. We also achieved our best result from a culture perspective, with the overall organisation highly engaged in a 'culture of success'. Our culture is defined by our staff's positivity, strong sense of achievement, tackling problems proactively and having a 'can do' mentality. The culture of our workforce is paramount, having the resilience and agility as we work our way through the significant ongoing policy reform environment that is impacting the entire service sector.

Staff safety

Over the course of the year we saw an unacceptable increase in exposure to occupational aggression and violence at several of our sites. We rapidly responded with new signage, building modifications, increasing personal security awareness and rolling out additional training for our staff. We further prioritised our proactive health and safety management with the implementation of our comprehensive Mental Health and Wellness Framework. Addressing safety issues across the organisation saw us achieve a 76% positive employee rating which we are hoping to improve over the course of the next year.

Responsive care

The Merri Health team is proud to have significantly improved upon and met our promise in providing an outstanding customer experience every time with 97% of our clients rating their care received as positive, and 91% of clients stating their care plan was useful².

Continuing our commitment in providing responsive care, we introduced electronic feedback kiosks at three of our key sites to collect and respond to real-time feedback and complaints, providing clients with another option to share their thoughts in multiple languages. Since launching in May 2019, we have received 1,188 feedback entries with 93% giving a score of 100% satisfaction.

Achievements

At the beginning of 2019 we achieved our gender equality strategy goal, with Merri awarded Employer of Choice for Gender Equality citation from the Workplace Gender Equality Agency. We are one of only seven organisations in the health/ social assistance industry to achieve this citation. Our continuous work has seen significant cultural shift and changing attitudes with 100% of employees stating Merri does not tolerate gender-based harassment, 97% stating their manager

genuinely supports equality between genders, and 88% reporting they have the flexibility to manage their work and other commitments.

In late 2018 we were also delighted to receive the Premier's Award for Primary Health Service of the Year. The award showcased Merri delivering alternative community-based models of care, taking our services beyond traditional settings and extending ourselves beyond our catchment to where care is needed the most.

Many of the innovative approaches we have adopted wouldn't have been possible without fostering collaborative practices with hospitals. The ability to deliver the wide range of innovative services we provide relies on trusted partnerships and I'd like to thank our 65+ partners for the collective impact we are able to deliver working together. Of note is our partnership with the National Disability Insurance Agency, as we continue to support the NDIS transition as an early childhood partner in regional Victoria. Our role as auspice for the northern and western metropolitan elder abuse prevention pilots sees us connecting with more than 85 organisations to work together on this important initiative. I would also like to acknowledge the support of the Victorian and Commonwealth Governments in funding the delivery of programs and services that build healthy and connected communities.

After 8+ years at Merri, this is my final year. During my time, in partnership with the team at Merri, we've been able to achieve some great outcomes for the communities we support and I'm incredibly grateful for the journey.

Chief Executive

¹ Data from our two main data systems — there are many other client systems that are not included in this total. Nigel Fidgeon

² Merri Health results from the Victorian Healthcare Experience Survey 2018/19.

Our reach

North and West metropolitan region

The North and West metropolitan region covers 2,981 square kilometres and 14 local government areas. The region has experienced strong population growth and is continually growing. In the last four years, the resident population has grown by over 150,000 people, and is expected to reach more than 2 million by 2020. It has the most diverse population in the state.

Diversity

With an estimated population of 1.67 million, at least 33% were born overseas. Common countries of birth outside of Australia include Italy, India, Pakistan, Lebanon and Nepal.

Darebin, Wyndham and Hume have the highest populations of Aboriginal and/or Torres Strait Islander peoples.

Health

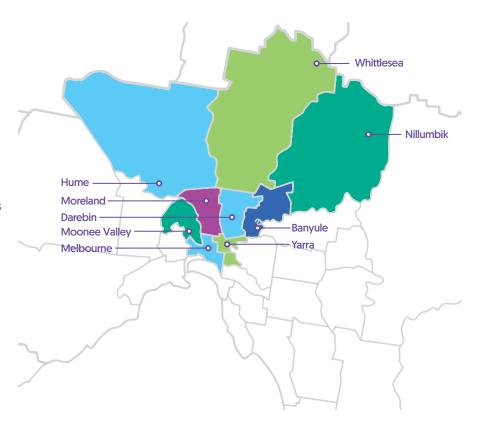
Obesity is a growing risk in the Northern Metropolitan Melbourne area. The areas with the highest obesity rates include Hume and Wyndham, with Moonee Valley currently on the brink.

Young females between 16-34 years old have a higher rate of mental health disorders than males within the same age range.

Darebin have reported a higher rate of hospital admissions due to mental health illnesses, including schizophrenia in Aboriginal persons.

In terms of chronic illness, cancer is affecting a large amount of the population in the Darebin, Hume and Moonee Valley areas. Rates of asthma are also higher across this region than the rest of Victoria.

Smoking is more common in Darebin and Hume, with young people taking up smoking at high rates in Yarra, Moonee Valley and Moreland. Lung cancer is at its highest in Darebin.



Languages spoken

17% of older people speak a language other than English at home with the most being in Darebin and Moreland.

Nearly 30% of residents were born in non-English speaking countries and 48% of the population only speak English at home. Besides English, Italian is the most spoken language at 8.6% followed by Arabic, Urdu, Greek and Turkish.

Age groups

The Northern and Western Metropolitan region has experienced strong population growth since 2002 and growth is projected to continue at a similar rate through to 2022.

According to the Australian Bureau of Statistics, the median age in the region is currently 35. The majority of people identify female which is just 1% higher than males. Less than 64% of the population is under the age of 45; most of these people are aged 30-34.

Children up to the age of 10 make up 14% of the population.

The North Western region of Victoria's population is younger than the Victorian average. Hume and Brimbank are home to a growing number of young families.

The population of older people over the age of 65 is estimated to increase by 55% by 2026. Of those aged 65 and over, 17% speak another language at home.



1.67m

people call this region home



were born overseas





85%

Percentage of people aged 65 and over that have a chronic illness



64%

Percentage of the population that is under 45 years

Disadvantage

Aboriginal and/or Torres Strait Islander peoples have a lower individual and household weekly income than non-Aboriginal people. Brimbank has the lowest median income in non-Aboriginal communities and the second lowest income with Aboriginal communities.

Brimbank and Hume in particular have scored a high socio-economic disadvantage rate. Children in the outerwest part of Melbourne experience higher rates of vulnerability due to being raised in high socio-economic disadvantage.

According to the North Western Metropolitan Primary Health Network's Needs and Assessment report, Hume is amongst the regions with the highest disadvantage rate, scoring 947 below the 1000 relatively disadvantaged marking point.

Hume region

The Hume region covers north eastern Victoria and the Goulburn Valley and includes 12 Local Government Areas. Hume has one of Victoria's fastest growing populations. Currently, there are 224,394 people living in this region.

Diversity

Aboriginal and/or Torres Strait Islander peoples make up a small percentage of this population at 0.7%. The most common ancestry is English at 15.3%, followed by Italian at 6.7%, Turkish at 6.7% and Irish at 4.8%.

Health

Residents of Hume have a wellbeing average score of 75.9 out of 100. While it's not close to the Victorian average of 77.3, 6.3% of the Hume population need support with everyday activities.

Age groups

Hume's population is largely made up of younger people under 35, with the largest group between 25-35 years old. There is also a high number of children aged 0-10.

On the SEIFA Index of Disadvantage, Attwood has the lowest level of disadvantage in the Hume region.

Resources

multicultural.vic.gov.au/index.php/regional-advisory-councils/regions/north-west-metropolitan

nwmphn.org.au/wp-content/uploads/2018/04/ NWMPHN-Aboriginal-Torres-Strait-Islander-Area-Profile-2018.pdf

nwmphn.org.au/wp-content/uploads/2018/04/ NWMPHN-Chronic-Disease-Area-Profile-2018.pdf

nwmphn.org.au/wp-content/uploads/2019/04/ NWMPHN-Health-Needs-Assessment-2018.pdf

nwmphn.org.au/wp-content/uploads/2019/01/ NWMPHN-Mental-Health-Area-Profile-2019.pdf

abs.gov.au/

docs2.health.vic.gov.au/docs/doc/F467C-58FA0024D52CA25785200074C72/\$FILE/NorthWestRegion_external.pdf

vichealth.vic.gov.au/-/media/VHIndicators/ Interface/Vic161_Hume_indicator_v5.pdf?la=en&hash=E23BBA41E740E3D95FD6FD5C8A-3002F034203ABE

Our profile

Merri Health is one of Victoria's largest non-for-profit community health providers, with a range of health and wellbeing services to support people at every age and stage of life.

We support our clients by working together: we find out what is important to them, and link them with services and programs that support their health, wellbeing and social goals.

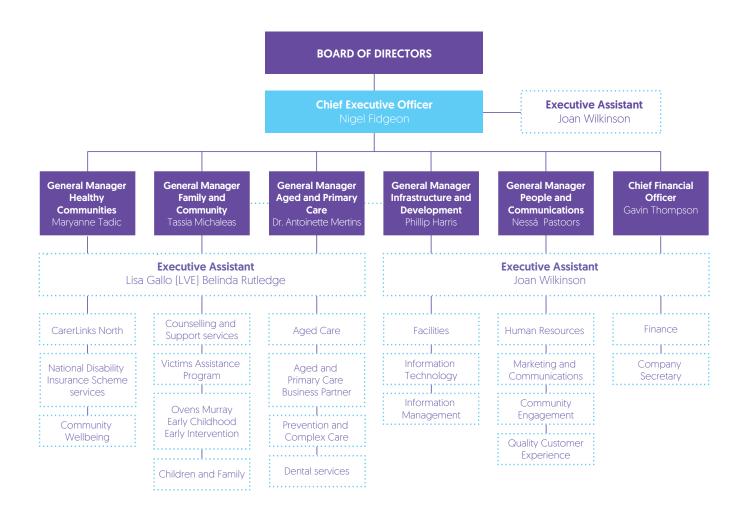
Our 386 staff and 99 volunteers focus on improving health outcomes particularly for disadvantaged and vulnerable groups, young and older people, people with disabilities, from culturally diverse

backgrounds, with complex health needs, and with various gender identities and sexual orientations.

Over the past year, data from our two main systems shows we've provided 229.156* service instances at our 11 locations and beyond. We currently provide 60+ diverse services to support better health across our community.

Service divisions

We have three divisions; Aged and Primary Care, Healthy Communities and Family and Community, in addition to three service support divisions; People and Communications, Infrastructure and Development, and Finance.



^{*}There are many other client systems that are not included in this total.



Above: Staff member Christine from our stop smoking program.



Equality!

We are one of seven organisations in the health/social assistance industry granted the citation by the Workplace Gender Equality Agency for 2018/19.

Our services

We provide many short-term activities, programs and groups to meet the changing needs of our communities, and educational opportunities for a healthy body and mind.

Aged services

For anyone over 65 years, or 50 years for Aboriginal and/or Torres Strait Islander peoples, our aged care services support choice, connection and independence. We provide carer support, short-term education and exercise groups, health services like occupational therapy and physiotherapy, respite for carers or frail older people who live at home, social groups and support at home via Home Care Packages.

Carer support

Flexible and individualised support, education and training for carers of all ages.

Child and family services

Promoting happy, healthy children and strong families with services like counselling, support for children with a disability, education, family services, family violence and support for victims of crime.

Chronic conditions

Treatment, education and support to help you live well with your chronic condition.

Dental services

Promoting good, oral health through education, community screenings and general dental support.

Disability services

Supporting people with a disability with flexible health services and greater choices. We can help with National Disability Insurance Scheme plans, carer support, help for children with a disability and their family, education, health services like speech pathology, social groups and support at home.

Health and wellness services

Supporting you to stay healthy and well with short-term education and exercise groups such as knee and hip osteoarthritis management and living well with diabetes, health services like physiotherapy, occupational therapy and podiatry, support to stop smoking and asthma education.

Mental health services

Supporting recovery, better health and wellbeing through local group activities, drop-in support, counselling, alcohol and drug support for LGBTIQA+ people, and support for victims of crime and people living in Supported Residential Services.

Young adult services

Helping put young adults on track for a healthy and fulfilling life with carer support, counselling, education, one-on-one help, support for young people that identify LGBTIQA+, group activities and support for victims of crime.

National Disability Insurance Scheme

The National Disability Insurance Scheme known as the NDIS is a national government initiative for people living with a permanent and significant disability. Merri provides NDIS support for children with a disability and their family through MerriKids, and we also offer support coordination, health services, activity groups and mental health support.

Community wellbeing

We respond to the changing health needs of our community. We help shape healthy schools, support sport participation for refugee and newly arrived people, address poor school readiness, support newly arrived women through an Urdu-speaking women's group, support for LGBTIQA+ people and much more.

Board of Directors

Our Board of Directors manage the business of Merri Health, providing a governing approach and expert advice.



Carlo Carli Chair

Carlo is a Moreland resident 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 and was a Member of Parliament for Brunswick for 16 years. He is fluent in English, Italian and Spanish and has a good command of the French language.



Julie McCormack Deputy chair

Julie is the manager of the clinical training unit at Dental Health Services Victoria, where she has been since May 2012.

Julie has a background in education and public health and 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.



Darryl Annett Board member

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 who 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.



Joseph Caputo Board member

Joe lives and is active in Melbourne's northern suburbs and has been involved in advocacy for the rights of minorities throughout his adult life. During 1970-80, he was involved in promoting the rights of migrant workers, and was a member of the Victorian Multicultural Commission from 2001–2011.

Joe has served as Councillor and Mayor in the former City of Brunswick and as Councillor and Mayor in the City of Moreland. Joe is a founding member of the Moreland/ Hume/Aileu (Timor Leste) Friendship Committee, is an expert in industrial relations and holds a Master of Business from RMIT.



Michael Malakonas **Board** member

Michael is a strategic Executive with more than 28 years' experience in finance, accounting, operations, enterprise risk strategy, governance and general management.

Michael has worked for large multi-national corporations, and is currently the Chief Executive Officer of Zeal Solutions Pty Ltd and a non-executive Director, chairing the Finance and Audit Risk Management Committee at Merri Health.



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 councillor with Moreland City Council.



Marleine Raffoul Board member

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



Benjamin Maxfield Board member

Beniamin Maxfield is the Government Relations adviser for Victoria's \$11 billion Metro Tunnel project. Prior to joining the metro tunnel project Benjamin worked as a senior adviser in both the Gillard Government and then the Shorten Opposition.

Benjamin has a keen interest in defence and foreign policy. In recent times Benjamin has worked with Social Democratic Parties and organisations around the world to improve their electoral standing and human rights record.



See page 84 for governance proceedings.

Ann Taylor Board member

Ann is an active member of the community and has been a resident of Moreland for more than 40 years.

With an extensive background in public education, Ann has worked as a teacher, policy officer for the Education Department, and assistant principal and deputy president of the Australian Education Union.

Now retired, Ann hopes to continue to improve the lives of community members through her work at Merri Health.

Executive **Leadership Team**

The Executive Leadership Team lead the staff of Merri Health to achieve common goals that are in line with our vision and purpose.



Nigel Fidgeon Chief Executive Officer MHA. BN. GAICD. FCNA. FCHSM

Nigel has extensive executive management and CEO experience in leading and managing complex organisations across the public and private health sector, at both strategic and operational levels in acute and non acute settings.

Nigel holds a Master of Health Administration, and a Bachelor of Science (Nursing). He is a graduate and member of the Australian Institute of Company Directors, a Fellow of the Australasian College of Health Service Management, a Fellow of the College of Nursing Australia, and a Wharton Fellow.



Dr. Antoinette Mertins General Manager, Aged and Primary Care DrPH, PDipHRM, BBSc, GAICD, AFCHSE

Antoinette has extensive experience working in the public and not-for-profit sector across a diverse range of organisations. Antoinette has strong skills in driving workforce reform, development of innovative community-based models of care and developing partnerships across sectors.

Antoinette holds a Doctor of Public Health degree, a Post Graduate Diploma in Health Research Methodology and a Bachelor of Behavioural Sciences (Psychology). She is an Associate Fellow of the Australian College of Health Service Management, and graduate and member of the Australian Institute of Company Directors.



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 leaderships and operational areas and takes a pro-active approach in developing and delivering innovative services and programs. Tassia has strong skills in advocacy, streamlining of systems and processes, effective engagement of stakeholders and developing partnerships. Tassia holds Bachelor of Economics, a Bachelor of Social Work and a Master of Business Administration. She is an Associate Fellow of the Australian College of Health Service Management and a Graduate of the Australian Institute of Company Directors.



Gavin Thompson Chief Financial Officer

B.Bus (Acc), GAICD, CPA

Gavin has held a range of senior finance positions across not-for-profit, corporate and international sectors. He has worked in financial management in the homelessness and community service sector as well as roles in a variety of industries such as aerospace, investment banking, software development, retail banking, hotels and trustee services. Gavin has skills in providing strong financial stewardship to organisations while maintaining a co-operative and helpful approach to aid service delivery programs. Gavin holds a Bachelor of Business, is a Graduate of the Australian Institute of Company Directors and is a Certified Practising Accountant (CPA).



Nessá Pastoors General Manager, People and Communications BCCJ. MER. EMBA

Nessá Pastoors has worked in the non-for-profit sector for 14 years and brings a wealth of knowledge with 12 years of leadership and management experience in employment relations, project management and governance. With a proven track record of building workforce capacity and contributing to organisational growth, Nessá has been instrumental in driving organisational capacity and cultural change across various roles in the non-for-profit sector. Nessá holds a Bachelor of Criminology and Criminal Justice, Masters of Employment Relations, Certificate in Business and Human Resources Management, and an Executive Masters of Business Administration.



Phillip Harris General Manager, Infrastructure and Development MBA, GAICD

Phill has held senior executive roles within the information technology and infrastructure management portfolios spanning a number of industries including education, government, telecommunications and media, most recently within the health sector. Phill's experience includes strategic planning, business process improvement, project management, procurement and facilities management. Phill has a Master of Business Administration, is a Graduate of the Australian Institute of Company Directors and has a Graduate Certificate in Leadership in Education and Training, as well as ITIL Service Management and Prince2 Project Management qualifications.



Maryanne Tadic General Manager, Healthy Communities

MPH, BHSc, AFCHSM, MAICD

Maryanne has over 15 years of experience working in the community health sector within both leadership and operational contexts. Maryanne has a background in population health and has experience in leading a number of community-based research projects. Maryanne holds a Master of Public Health degree (Health Services Management) and a Bachelor of Health Sciences (Health Promotion). She is an Associate Fellow of the Australian College of Health Service Management and a member of the Australian Institute of Company Directors.

Our workforce

As one of Victoria's largest community health providers, Merri Health continues on the journey to establishing our footprint as an inclusive employer of choice.

In 2019, we were one of seven organisations in the health/social assistance industry granted Employer of Choice for Gender Equality citation by the Workplace Gender Equality Agency for 2018/19.

Situated in one of Victoria's most diverse catchments, we recruit, develop and retain a competent, committed and diverse workforce that provide high quality services to our clients, their families and the wider community.

We value the diversity of skills and professional experience that each team member brings to our 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.

Workforce profile

Gender	No. of employees	% of total workforce
Gender diverse	3	1%
Female	324	84%
Male	59	15%
Total	386	100%

Employment type

Gender	Full- time	Part- time	Casual
Gender diverse	0	3	0
Female	117	166	41
Male	26	27	6
Total	143	196	47



40

Number of online and face-to-face training offered to staff for continuous development



Above: (From left) Merri staff supports client.

Education and training

Merri Health is committed to a culture where ongoing learning is valued and supported for continuous improvement in service delivery. The development of our people is a vital investment with benefits to many; the organisation, employees, clients and broader community.

Achievements in the continuous development and support of our workforce include:

- individual learning plans that detail personal and professional development. Learn more under 'performance review' to the right.
- workplace gender equality strategy — a phased, whole-of-organisation approach to the primary prevention of violence against women
- investing in personal safety and security of our team, by training 120 staff to help them appropriately manage clients with challenging behaviours and implement de-escalating measures
- access to 40 online and face-to-face education and training sessions for staff. Both learning options are offered as we recognise that everyone has different learning preferences
- consistently high results in staff satisfaction surveys with an 88% response rate: 72% of staff agree we are able to meet client expectations on delivering exceptional service — 19% above the health and community services benchmark.

Performance review

Merri Health's success is underpinned by a highly competent workforce that can respond and adapt to an evolving and complex operating environment.

Our Individual Performance Review framework outlines our commitment to continuous development for our staff. The framework is designed to maximise individual accountability, enable open and transparent communication and clarification on performance, and realign direction. The tool supports managers to identify career aspirations, future leaders and succession planning opportunities.

Every year, staff complete their Individual Performance Review using values-based reflective practices, with a 92% completion rate in 2018/19.



92%

Completion rate of Individual Performance Reviews for continuous development of staff



Number of roles introduced in 2018/19 targeting people from communities often experiencing higher rates of unemployment

Inclusive workplace

Safe, respectful and an inclusive environment and practices for clients, visitors, partners and staff are key priorities at Merri Health. The diversity of our staff, clients and community is the driving force behind this.

Education and training offered by Merri that addresses systemic discrimination which affects people's health and wellbeing include:

- inclusive practice training focusing on cultural and linguistic diverse communities
- LGBTIQA+ inclusive practice training
- cultural appreciation training focusing on Aboriginal and Torres Strait Islander peoples.

In addition, in 2019 we developed our own face-to-face training led by LGBTIQA+ staff, to address the unique needs of our organisation and community.

Supporting inclusive employment, in 2018/19 our Healthy Communities team created four new roles that targeted people from communities often experiencing higher rates of unemployment, such as young people, Aboriginal and Torres Strait Islander people, people from cultural and linguistic diverse backgrounds, and the LGBTIQA+ community.



Above: Our Social Support Programs offer support for people 65 and over via fun and engaging groups.

Workforce highlights

- 1. We co-designed a new appreciation, reward and recognition framework with our staff. Co-design is a collaborative process where you work in partnership with the end user to find better solutions
- 2. We undertook an external remuneration benchmarking process with Mercer to review our leadership market rates and support retention and attraction
- 3. We introduced a new communications module called 'Merri Talks' that offers different learning options for staff when there are changes to human resources practices or new items are introduced
- **4.** Our human resources and volunteers officer Adam Roden was awarded a Rising Star Award by the Australian HR Institute, recognising his efforts towards establishing a supportive working environment via our Mental Health and Wellness framework
- 5. We launched our Better Care and Services framework to improve transparency, accountability and reporting, and drive a culture of good governance
- 6. We successfully negotiated a sector first Merri Health industrial agreement, offering improved and unique employment options for staff
- 7. We were the only community health provider in 2018/19 in Australia to receive an Employer of Choice for Gender Equality citation by the Workplace Gender Equality Agency
- 8. We developed our first in-house LGBTIQA+ training led by LGBTIQA+ identifying staff.

Occupational health and safety

- 1. A full review of our first aid management practices to ensure best practice and compliance
- 2. Introduction of VHIMS Central: a new reporting system replacing the previous VHIMS2 that captures occupational health and safety, hazards, and clinical incident data as well as compliment and complaint feedback
- 3. Introduction of a Mental Health and Wellness framework: a whole of organisation approach to the health and wellbeing of staff and volunteers through programs, initiatives, resources and support
- 4. Redesign of our Incident Management framework, separating clinical and occupational health and safety.

Merri Health climate survey

What do our staff think about working at Merri Health?

Every 18 months, Merri Health staff are offered the opportunity to share their experience of working at Merri via a climate survey. We offer this survey so we can respond to the needs of our staff and continually work towards Merri being a great place to work.

To ensure the survey is anonymous and confidential, we engage Best Practice Australia, an independent organisation that conducts the survey on our behalf. The survey is open for a period of two weeks and once completed, results are shared with teams who use this to develop action plans to improve our workplace and practices.

In 2019, we completed our sixth climate survey.



Overall results

- For the first time. Merri Health is in 'culture of success' that is defined as having a large number of staff that are optimistic about the organisation's future, and a sense that things are getting better all the time. This means we have had a 10.9% increase in engagement over the last five years
- We achieved our highest participation rate (ever!) of 88%
- We are benchmarking above the sector norm across 90 areas
- We are meeting industry benchmarks on 12 areas.

Where we rated well

Our results for the following areas were positive:

- Reward and recognition: 10% increase in satisfaction from staff reporting they are rewarded and recognised for outstanding performance
- Appreciation: 13% increase in satisfaction from staff (76%) stating that our leaders provide them with appreciation for good performance
- Leadership: more than 80% of staff reported our leadership to be responsive, accessible, visible, competent, professional, trustworthy and supportive
- Good place to work: our Net Promoter Score for recommending Merri as a good place to work was +29.8. See next page
- Merri is the best choice for services for a friend/family: our Net Promoter Score was +48.3.

Need for improvement

Our results for the following areas were low and will be addressed:

- Remuneration: 36% said that they did not feel that Merri offers 'a fair dav's pay for a fair day's work'
- Career: only 39% agree that Merri offers good development and career opportunities. This result is lower than the previous year.

We are addressing these concerns by:

- introducing a new industrial relations strategy — we have already started this work by investigating remuneration benchmarks with the help of Mercer. See 'Workforce highlights' for more information
- supporting management and staff to help with strategies on having open and transparent conversation about career and training opportunities
- highlighting career development opportunities in staff newsletters.



Above: Podiatry student in training at a Merri Health facility.

Results



Reward and recognition



Remuneration



Above: Staff member Christine.

How to read Net Promoter Scores



For example:

I would recommend Merri Health to a family or friend



Our Net Promoter Score for this example is +28.0 which is positive as it means there are more 'promoters' that agree with this statement.

Our volunteers

Volunteers provide support in many ways and are an extension of our workforce.

We currently have 99 active volunteers with most offering support across mental health, disability, CarerLinks North (carer support program), and social support. We are also seeing a growing number of volunteers offer support with administration, supporting our team to improve and enhance clients' experience.

Most of our volunteers are motivated to give back to community. Some also want to gain experience in their studied field to help with employment opportunities. This year, we turned two volunteers into paid staff.

Trends

Currently, we are experiencing a trend of long-term volunteers that stay with us for 18 months or longer. This is higher than the national trend where volunteers are staying on board for 12 months or less.

In the 2018/19 period, episodic volunteering started to become a focus and is becoming a preferred method.

Growth

To support growth, we implemented Merri Volunteering Open Days in early 2019, which encourages potential volunteers to learn about Merri and speak to existing volunteers about their experiences. The first session resulted in an additional eight volunteers joining our organisation.

Above: Merri volunteers with Adam (far right), human resources and volunteer officer.

Changes

Since completing our engagement period with The Community Grocer Fawkner; a project that saw us support the social enterprise to establish a low cost grocer in Fawkner, we have seen a decrease in the number of volunteers. The number of active volunteers also continues to change and is impacted by many factors such as lifestyle changes and family commitments.

Education and training

Supporting our volunteers with education and training opportunities is important to ensure safe and responsive support. It also allows us to give back to those that volunteer their time.

All volunteers are offered the same education and training opportunities as Merri staff, in addition to extra courses run by local councils and community houses.

Supporting volunteers to maximise their time, we also improved our online Learning Management System, which volunteers are able to access from their personal computer: they no longer need to come in to a Merri site to access the portal.

Awards and celebrations

- 1. Fawkner Friendship Group which is run by Merri volunteers was a finalist in the Victorian Health Minister Awards 2019 for supporting diversity
- 2. Sharon Gunn was a finalist in the Victorian Health Minister Awards 2019 for improving public healthcare
- 3. Deb Velente who volunteers with our carer support program and started the Carer Chorus, was named Volunteer Champion by Whittlesea Council in 2019
- 4. All volunteers were acknowledged and received a certificate of appreciation as part of our annual volunteer appreciation function.

Organisational planning

Strategic Directions 2018-2020

Our strategic directions provides a framework for our direction over the next two years, detailing our commitment to community, service streams, priorities including core service offerings and growth, the results we're looking to achieve and our financial principles. You can find out more about our directions on our website, under About us.

Diversity plan

Diversity is a defining characteristic of the area we serve. Our diversity plan sets the overall direction and goals for our organisation, in relation to diversity planning and practices for groups that are more likely to experience disadvantage.

The plan focuses on five key groups:

- 1. Aboriginal and Torres Strait Islander peoples
- 2. culturally and linguistically diverse communities
- 3. people with dementia
- 4. people experiencing financial disadvantage
- 5. LGBTIQA+ communities.

The plan is reviewed quarterly with updates on our progress provided to our funders.



Above: Students take part in our Speak Up, Speak Out program.



Above: Speak Up, Speak Up participants at a Smoking Ceremony.

Gender equity plan

Gender equality at Merri Health is a phased, whole-of-organisation approach to the primary prevention of violence against women. The project looks to prevent violence against women before it happens. We do this by building organisational capacity to embed gender equality across all of our policies and practices.

Our family violence and gender equality committee is made up of representatives from across different teams at Merri Health that monitor implementation and outcomes from our gender equality strategy. The committee also provide recommendations and direction for our application to become an employer of choice for gender equality.

Reconciliation Action Plan

Merri Health has a vision for reconciliation, where the wellbeing of local Aboriginal and Torres Strait Islander people will be restored through respect, equity and recognition. We support this vision through our Reconciliation Action Plan (RAP).

Learn more about the plan, achievements and future direction on pages 27-31.

Marketing and communications plan

Marketing and communications is important as it sets out how we will provide information to our communities and what marketing is needed to ensure that people are kept informed about how we can support them.

Our plan details how we will communicate with our clients, what methods we will use and campaigns that we will run. It sits alongside and complements our digital plan, which details strategies for communicating with our community in digital format.

Community Relationships Framework

Merri Health has a long-standing commitment to consumer, carer and community participation and engagement. Our Community Relationships Framework details our commitment to support consumers, carers and community members to improve health outcomes.



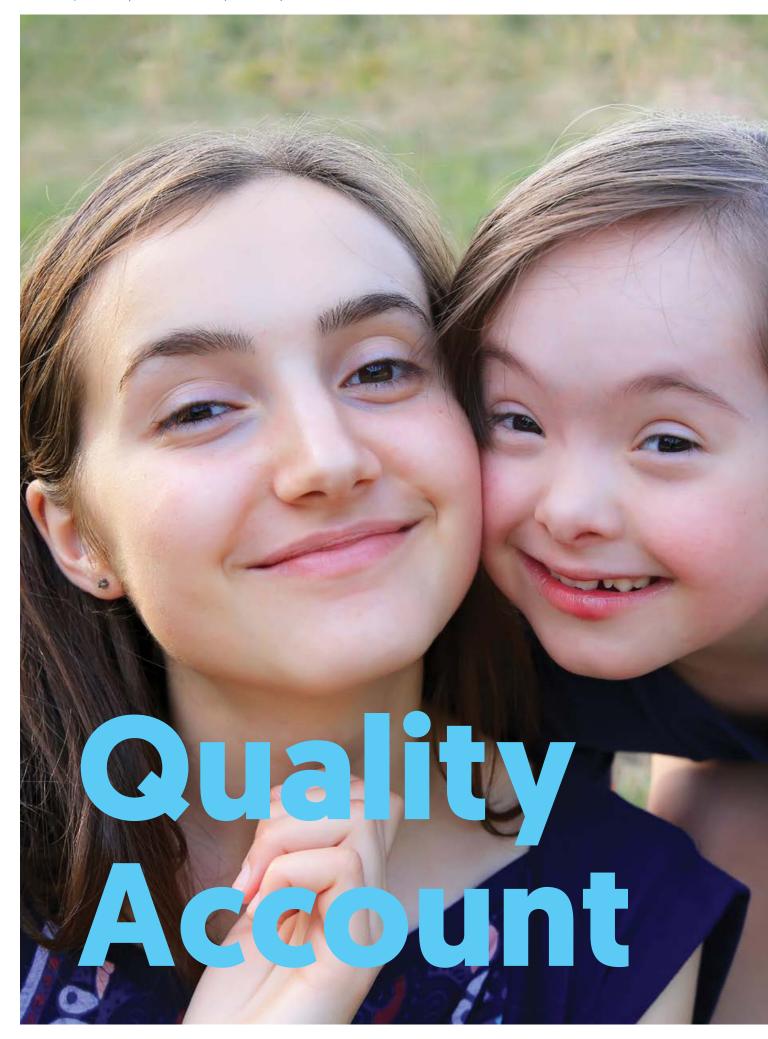
Above: Merri Health team accept Premier's Primary Health Service of the Year 2018 award.

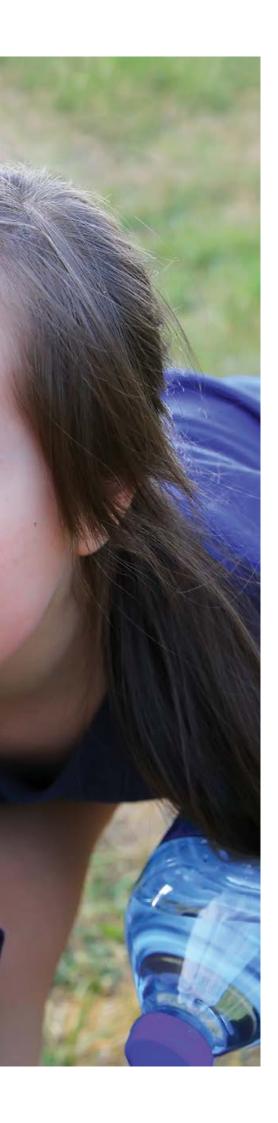
Awards and achievements

Key achievements over 2018-19 include:

- Premier's Primary Health Service of the Year 2018
- one of only seven health services nationally awarded Employer of Choice for Gender Equality citation from the Workplace Gender Equality Agency
- Employer of Choice finalists for the Australia HR Awards 2018, recognising our inclusive and progressive practices
- Leading Age Services Australia Innovation Award 2018, for alternative support models for carers

- first provider selected to trial Family Foundations in Australia, an innovative approach to addressing family breakdown
- introducing Family Violence Support Service for young people and their families attending Melbourne Children's Court
- Dental Health Services Victoria finalists 2018 for Public Dental Clinic of the Year, and Project of the Year for our Little Smiles program — supporting vulnerable children in Moreland to develop good oral health habits for life
- Third Sector Awards finalists 2018 for Chief Executive Officer of the Year (Nigel Fidgeon), and Marketing/ Campaign Manager of the Year (Viviana Rosas)
- Australasian Reporting Awards 2019 bronze award recipient, acknowledging good, honest and transparent communication in our annual report.







1. Inclusive and responsive services

How we're supporting statewide commitments to diversity and inclusive care



Closing the health gap



Aboriginal and Torres Strait Islander communities



Above: Students at Speak Up, Speak Out camp

Speak Up, Speak Out

A new approach to promoting safe, equal and respectful relationships in Aboriginal and **Torres Strait Islander communities.**

Launched in May 2019, Speak Up, Speak Out provided education and skills development to Aboriginal and Torres Strait Islander students to understand healthy, supportive and safe relationships.

A pilot project, the program supported 15 young people aged 10-12 from Moreland and Hume, through education, upstander action training and connection to culture and community.

Led by former AFL Essendon player Courtenay Dempsey, participants from across six schools gathered fortnightly across seven yarning circles. Training and leadership workshops were based at the Essendon football club and

included an overnight camp, where participants learnt about safe social media use, and consent in relationships.

Connection to culture saw the participants make their own possum skin artwork, learn ancient traditions with stories from Uncle Phil, enjoy a traditional kup murri dinner, and Wayapa workshops: a traditional movement that can be used daily to connect to the environment and quiet the mind.

The success of the pilot has seen an increase in enquiries from surrounding schools to support other young Aboriginal and Torres Strait Islander students. In response, we have been successful in receiving additional funding to support another 15 students.

The current group is set to complete the program in July/August 2019.

Speak Up, Speak Out is a partnership project between The Long Walk Trust and Merri Health.

Programs like Speak Up, **Speak Out are** important for young Indigenous kids because it empowers them with the skills and confidence to become respectful future leaders within their communities."





Reconciliation **Action Plan**

An organisation-wide approach to closing the health gap

In early 2014, Merri Health formalised its existing work with Aboriginal and Torres Strait Islander communities by creating a Reconciliation Action Plan (RAP). The plan details our commitment to closing the health gap and reconciliation.

Working together and focusing on local Aboriginal and Torres Strait Islander people, our plan looks to:

- make a positive difference in their lives
- ensure our sites and services are culturally safe
- improve service access and cultural appropriateness
- improve their health and wellbeing

• celebrate the contribution of locals, past and present, as well as those from the northern metropolitan catchment and across the country.

Our current plan from June 2017–July 2019 is now complete and we are now in the stages of planning our 2019-2022 RAP, which is due in October 2019. To see how we're tracking, we have included key results under 'Looking back' and have included our results from this financial period under 'Looking forward'.

Looking back

Status	Area	What we did	Room for improvement
Met	Cultural learning	We continue to offer cultural appreciation training for staff, volunteers and students annually, with four completed this year. Read more about this on page 29	Expand cultural immersion sessions across the organisation
		Select teams took part in cultural immersion sessions such as a walking trail in Darebin	
Met	Celebration of key events	 We celebrated key events such as NAIDOC Week and National Reconciliation Week by sharing the importance of these events with staff and community via our newsletters, social media, website and intranet 	 Investigate the option of holding an event during NAIDOC Week to celebrate local Aboriginal and Torres Strait Islander people
		We attended the NAIDOC Ball and The Long Lunch to support Aboriginal and Torres Strait Islander communities	
Met	Partnerships	We continued to strengthen partnerships with Aboriginal-controlled organisations such as:	Continue to strengthen partnerships and explore new opportunities
		 Aboriginal Community Elders Services and The Long Walk Trust, both of which have representatives on our Reconciliation Action Plan committee. The Long Walk Trust is also a key partner in our Speak Up, Speak Out project. Read more about it on page 27 	
		 CarerLinks North, our carer support program partnered with the Victorian Aboriginal Health Service and Wandarra Aboriginal Corporation to improve support and access for Aboriginal carers 	
		We partnered with local Aboriginal and Torres Strait Islander people to:	
		• present Koorie Conversations. Read more about it on page 29	
		continue our support of local providers by renewing our license with Aboriginal artist Dixon Patten — this will allow us to use artwork created specifically for Merri for another three years.	
Met	Community engagement	 We improved engagement and access to our services for Aboriginal and Torres Strait Islander people through a Koorie carers lunch, health and wellbeing education, Walk the Talk session for carers, family excursions and the Speak Up, Speak Out project 	
Partially met	Employment	We created a manager's toolkit to support managers with culturally inclusive practices when advertising and interviewing	Develop an employment strategy to increase opportunities for Aboriginal and Torres Strait Islander people

Looking forward

Reconciliation Action Plan committee

Committee members oversee Merri's Reconciliation Action Plan, including planning, execution and evaluation of activities and initiatives. From 1 July 2018 -30 June 2019, the committee had 16 members which included:

- eight Aboriginal and/or Torres Strait Islander people — which is 50%
- one community member, Sue Lopez-Atkinson
- four representatives of Aboriginal controlled organisations: Leanne Brooke from The Long Walk Trust, Rhonda Watson from the Aboriginal Community Elders Services, Cathy Austin from Aborigines Advancement League, and Maria Dugan from WanPlace

Merri representation included staff from various areas including community wellbeing, marketing and communications, community engagement, CarerLinks North (carer support), Victims Assistance Program and human resources.

Celebrations

The Long Lunch

The Long Lunch was held on the 23 May 2019 and celebrated the 15th anniversary of Michael Long's walk from Melbourne to Canberra. Michael walked 650km to visit then-prime minister John Howard, to put Indigenous issues back on the national agenda.

An initiative of the Long Walk Trust, this event is a key fundraising activity that supports their community programs.

Six members of our Reconciliation Action Plan committee attended the lunch along with two Board members. We attend this event to support our partners, show our public commitment to reconciliation, celebrate events of significance and also recognise the contributions of our RAP committee members.

NAIDOC Ball

A 'jewel in the crown of Victoria's NAIDOC week', the NAIDOC Ball is an opportunity for Indigenous and non-Indigenous people to come together and celebrate the history, culture and achievements of Aboriginal and Torres Strait Islander peoples.

Enjoying a night of dinner, dancing and cultural celebration, we had 10 Reconciliation Action Plan committee and community members attend the event as part of our commitment to supporting Aboriginal and Torres Strait Islander communities and events and acknowledging celebrations of significance.

Site audits

Safe, accessible and welcoming sites are important. To assess how our sites are performing, Liz Phillips, our Koorie Community Engagement Officer completes site audits every year.

Sites are given a score out of 9, and assessed on items such as:

- visible Aboriginal and Torres Strait Islander flags and artwork in reception
- acknowledgement plaques at the entry of the building
- inclusive communication, newsletters and newspapers.

Throughout 2018, Liz audited 10 Merri sites. Overall, the sites scored an average 5.95 out of 9, which means 'Your intentions are good. Your service/ site has made a start and shows potential to becoming a welcoming environment.' Six of the sites surveyed scored 6 or above — five of these sites had dedicated reception areas.

Select Merri sites do not have dedicated reception areas as they are not drop-in sites. Of these, Liz audited three sites and they scored 5 out of 9.

As we continue to expand support in regional Victoria, we acknowledge that our current audit may not be inclusive of the many Aboriginal communities in that area. As such, Liz will work with Lisa Cambareri, our Koorie Engagement Worker in regional Hume, to review our audit for inclusiveness.



Doing well

Acknowledgement plagues and Aboriginal and Torres Strait Islander flags at most sites



Room for improvement

Better promotion of Aboriginal-specific services at our sites

Education and cultural appreciation

Providing education for our staff, volunteers and students is an important part of helping to close the health gap.

Every year we run a cultural awareness training program to build their knowledge on working with Aboriginal and Torres Strait Islander people. The training is delivered by AJ Williams-Tchen of Girraway Ganyi Consultancy and supported by Liz Phillips, our Koorie Community Engagement Officer.

In the 2018/19 financial period we held four education sessions and had 32 staff, volunteers and students attend.

Since commencing this training in 2012, 350 participants have completed it including those past and present, with 50% of our current staff and volunteers having attended the training.

Koorie conversations

Learning the history and experience of first nations peoples

An initiative of the Reconciliation Action Plan committee, Koorie Conversations are an opportunity for staff to learn firsthand about the lives, history, and personal experiences of Aboriginal and Torres Strait Islander people living in Moreland, in a relaxed and informal environment. Each Koorie Conversations is open to 15 staff to ensure an intimate environment.

In the 2018/19 financial period we held four Koorie Conversations, and heard from Bev Murray, Colin Mitchell, Annette Sax and Maria Dugan.



Use the tool

February 2019 and is available for all organisations at bit.ly/2nHaZ6I

From Symbols to **Systems: a culturally** inclusive framework

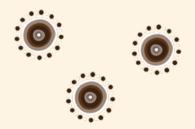
In late 2018, Merri Health began piloting From Symbols to Systems: a framework designed to support mainstream service providers to deliver culturally informed services to Aboriginal communities. A project of Inner North West Primary Care Partnership and led by Garralak Consulting, Merri was one of two organisations chosen to pilot the framework. As part of the pilot we:

- assessed our organisational practice and policies against a best-practice framework
- consulted with our RAP committee and key staff across the organisation.

Across various face-to-face workshops and online surveys, we completed a self-assessment of current practices, which helped us benchmark Merri and evaluate the framework.

From our involvement we identified key priorities that will be form part of our Reconciliation Action Plan priorities. They are:

- the need for a whole-of-organisation approach to cultural security and accountability
- improving data collection of staff and clients that identify as Aboriginal and/ or Torres Strait Islander — this will help us evaluate how we're tracking through their experiences.



Aboriginal community support workers

Supporting carers

Each community supports carers differently. Acknowledging the unique needs of Aboriginal and/or Torres Strait Islander carers, we introduced a Community Peer Support role in May 2019.

Supporting carers via our CarerLinks North program, Samantha Jetta has brought a wealth of knowledge and connections with community.

As the role is still new and just started during the 2018/19 financial period, we'll have more to share on the progress in next year's report.

To learn about how we supported Koorie carers in 2018/19, see page 31.



Recruitment

Regional support

Providing services in both metropolitan and regional Victoria, it is important that we acknowledge the many Aboriginal communities across this catchment.

In response, in September 2018 we employed Lisa Cambareri, our Koorie Community Engagement Officer based in regional Hume.

While the role is not new, we had a period where it was vacant due to unexpected leave from March-September 2018. It took a few months before we were able to fill the role again, while we went through a recruitment process.

Working within our Victims Assistance Program, Lisa provides case management support at a local level for victims of crime. In addition, Lisa has focused on building the profile of the Victims Assistance Program across the region by engaging, connecting and educating Aboriginal and Torres Strait Islander people, agencies and stakeholders in regional Hume. In addition, Lisa provides advice and mentoring to other staff to ensure services are delivered in a culturally inclusive and safe manner.

To offer immediate support, Lisa is also collocated at local police stations: Shepparton one day per week, Wallan one day every three weeks, and Benalla collocation areas are needed.

Victims Assistance Program

People supported that identify as Aboriginal and/or Torres Strait Islander:

Period	Percentage
1 Jul-30 Sep 2018	6%
1 Oct-31 Dec 2018	7.4%
1 Jan-31 Mar 2019	6.8%
1 Apr-31 Jun 2019	4.4%

Caring for carers

Our carer support program CarerLinks North continues its commitment to supporting Aboriginal and/or Torres Strait Islander carers and families in 2019.

Offering a range of activities throughout the year for Aboriginal and/or Torres Strait Islander carers, everyone comes together annually during Carers' Week for a big Koorie carer celebration.

Provided in addition to our main carer event, the event is an opportunity for Koorie carers to celebrate, connect with others and have some time to focus on their wellbeing.

Held at the Aborigines Advancement League in Thornbury on 15 November 2018, the lunch was attended by 56 community members that included carers, care recipients and service providers. Highlights included a performance by the Stray Blacks and comedian Denise McGuinness, who used humor to highlight the importance of having a bowel screening test.



Above: Carers attend Merri Health's Aboriginal and/or Torres Strait Islander carers and family day.



Rainbow pride **LGBTIQA+ communities**

We are committed to providing safe and high quality services that are inclusive of all people, and through our work, address health inequities and discrimination faced by many.

LGBTIQA+ working group

This working group ensures Merri Health (Merri) is responsive to issues related to sexual and gender diversity, and provides LGBTIQA+ inclusive services demonstrated by maintaining Rainbow Tick Accreditation.

The group meets every six weeks and has 11 members from teams across Merri including staff that are LGBTIQA+ identifying, and a community representative.

In the 2018/19 financial year, the group was proud to:

- receive outstanding recognition by the Quality Innovation Performance assessment team as an organisation that promotes and upholds a culture of safety, providing care and support that is respectful of a person's culture, identity and beliefs, and is free from discrimination
- be recognised by peers as an organisation that leads by example
- have led the work to develop Merri's first LGBTIQA+ face-to-face staff training, specific to the needs of Merri and its staff, and facilitated by a working group member.

Community representation

In December 2018, Alison joined our LGBTIQA+ working group as a community representative. Alison has used Merri services for many years, and is LGBTIQA+ identifying.

Representation from people that use our services is important as they offer a different perspective. Their input ensures our work is able to improve to be more inclusive and responsive.

Alison has provided invaluable insight into the challenges experienced by someone that identifies LGBTIQA+. As part of this, Alison has lent her experience to many projects including snippets of her story shared on Joy FM for a month, to highlight options for inclusive, safe and responsive services to those seeking support, and for a Yarra Trams submission. Every year, as part of their Community Partnerships Program, Yarra Trams puts a callout for submissions to promote key issues across their tram network. Advocating for safer public transport services and inclusive spaces, Alison's story was shared along with our vision for a rainbow celebratory tram. Our submission is a 2019 finalist! We thank Alison for supporting us and are looking forward to learning the outcome of our submission — either way, we will continue to advocate for safe public services for all.

LGBTIQA+

Lesbian, Gay, Bisexual, Transgender, Intersex, **Queer and Asexual**

Note: client's name and story have been included with their permission.



Training and education

Upskilling staff

Since 2014, Merri Health has been providing LGBTIQA+ training to ensure that services are safe, inclusive and responsive to the needs of LGBTIQA+ people.

Always looking to improve, in late 2018 we reviewed LGBTIQA+ training options following staff feedback. Previously we offered two options: mandatory online training via our Learning Management System, and various face-to-face options run by different external providers. Learning that offering many face-to-face options was confusing as staff were unsure which to attend, we consolidated them.

In 2019, our human resources team partnered with the LGBTIQA+ working group to develop a two-hour, face-toface training option. Acknowledging the extensive in-house experience, the session is run by an LGBTIQA+ identifying staff member. Our first session was held in June of this year, and we had 13 people attend. While this number is low, many of our staff have already completed LGBTIQA+ inclusive practice training — instead this is offered to new staff or anyone that would like to undertake a refresher session.



Empowering young people

As part of our commitment to fostering safe and inclusive school environments, our community wellbeing team has been working with Moreland school students on building skills, strategies and confidence to be an upstander when witnessing discrimination.

The training covered leadership skills and four key upstander actions that anyone can use to act safely in difficult situations.

What have we achieved?

In the 2018/19, 51 students participated in the training. This accounts for two schools and five staff.

Initial data collection reveals that peer support was highly valued, as was the creation of a safe place. The skills and techniques learnt about non-verbal responses to homophobia, biphobia and transphobia were also seen as most useful by participants.

Looking forward

In 2019/20, our team will be working with the Respectful Relationships and Safe Schools teams from the Department of Education and Training to co-facilitate upstander training. This will be delivered to:

- lead and partner school staff participating in the respectful relationships initiative
- staff from Hume and Moreland councils
- staff from Safe Schools.



Above: Face painting at our 2019 Midsumma stall.



Above: Our Rainbow Tick journey poster

Sharing our learnings

In 2014, Merri Health was the first metropolitan community health provider to receive Rainbow Tick accreditation. This means our services have been reviewed under the Rainbow Tick Standards for LGBTIQA+ inclusive practice and service delivery.

As part of our journey, sharing our knowledge is key. We are passionate about safe and inclusive spaces and services and do all that we can in sharing this with others. In late 2018, we did just this at the Dental Health Services Public Oral Health Innovations Conference. We were invited to share our journey; inform, educate, celebrate and strengthen, and answered questions to help other public services follow suit. Above is a snapshot of the poster that was on display as part of this process, which summarises our Rainbow Tick journey.

Celebrating pride

Every January we kick off the year with pride! As the start of the Midsumma Festival and Pride March, it's an opportunity for Merri Health to connect with others, and let community know about safe and inclusive services available to them

Every year, we have a stall at Midsumma. In 2019 our stall focused on families, so in addition to information about services and an opportunity to talk to staff, we had fun and engaging activities: face painting, giant games and temporary tattoos. We offer this as it's an opportunity to engage with people in a more relaxing environment.

Nine staff from our LGBTIQA+ working group volunteered their time over the weekend to connect people with local services, and we had more than 100 visitors stop by our stall.

Always improving: inclusive language practice

Merri Health's intake team is the first point of contact for clients. Ensuring our processes continue to evolve and team members are up-to-date with inclusive language practices; in 2018 we liaised with Launch Housing who shared their resources on best practice.

What have we done?

In 2018/19, our community engagement coordinator in partnership with a member of our LGBTIQA+ working group, started working with our Client Intake Management System project team to embed this practice within the system itself. We have also started developing and refining scripts for intake, and are looking to offer conversational training for intake staff, so they are up-to-date with best practice. These initiatives will help us offer a more inclusive and respectful experience for clients.





Above: Merri Health team at the Midsumma festival 2019.

A safe space for young **LGBTIQA+** people

For many years, our queer youth theatre program known as YGLAM has been providing a safe space for young LGBTIQA+ identifying people to come together and explore sexuality and gender identity through artistic means. A group for anyone aged 14-25, no experience is necessary to join just enthusiasm and commitment.

How have we supported young people?

YGLAM has completed some incredible shows over the years. This year, the team have been preparing for their performance Self Care: an anti-musical, which explores mental health and self-care. It will be delivered as part of the 2019 Melbourne International Fringe Festival.

In 2018/19, we had an average of 11 participants and completed 44 rehearsals at the Oxygen Youth Space. Through the creation of a 'haunted house', Self Care allows audiences to navigate unsafe and dangerous environments, which can be experienced by young LGBTIQA+ people. The performance was created by young LGBTIQA+ identifying people in consultation with 100 Moreland secondary school students that participate in Stand Out groups (LGBTIQA+ advocacy groups).

LGBTIQA+ health

Findings from Private Lives 2, a national survey of the health and wellbeing of gay, lesbian, bisexual and transgender Australians shows the rate of alcohol and drug use is higher among LGBTIQA+ identifying people.

Acknowledging the need for tailored services, our QHealth program offers counselling and support for people who would like to talk about the concerns or impacts of their alcohol and drug use. It is offered in a confidential, non-judgmental and queer-affirmative space, and all QHealth counsellors are LGBTIQA+ identifying.

People can self-refer and we also work closely with other organisations such as alcohol and drug specialist services, NDIS providers, and medical clinics that refer clients to QHealth.

What have we achieved?

In the last year, QHealth:

- employed three part-time counsellors that are LGBTIQA+ identifying
- supported 60 people which is an increase from last year.

QHealth is delivered based on the client's needs rather than offering a set of sessions. This is because everyone's journey is different. We help clients to identify their issues and support needs, and develop a plan through episodes of care.

As a short-term support program, once clients have completed their care plan with us, our counsellors link them with other services and organisations to help them on their recovery journey. Clients are also encouraged to link back with QHealth as needed.

Addressing family violence and gender equity

The 'Gender Equality at Merri Health' project is a phased, whole-of-organisation approach to the primary prevention of violence against women.



Above: Our CEO Nigel Fidgeon at the leadership breakfast.

Gender inequality is the key driver of violence against women and impacts on health and determinants of health — this is why we are committed to addressing this; promoting gender equality to staff as well as clients, partners and the broader community. Below is a snapshot of how we've supported this in 2018/19.

A partnership approach

Building a respectful community

Building a Respectful Community (BRC) is an initiative led by Women's Health in the North that works towards preventing family violence and violence against women, and promoting gender equity in the community. It does this by partnering and upskilling community health services, councils, Primary Care Partnership organisations and universities across the northern metropolitan region. Merri Health is one of these partners.

As part of our commitment and involvement in BRC, in 2018/19 our staff and leadership completed the following training:

- Introduction to Preventing Violence Against Women
- Identifying and Responding to Family Violence
- Gender Equity in the Early Years
- Community-based PVAW training.

In addition, our chief executive Nigel Fidgeon presented at the leadership breakfast on how to champion upstander actions in a leadership position, and we regularly contribute to the BRC program via the steering group and Prevention of Violence Against Women Network.

A sector-wide response to the prevention of violence

INCEPT is a project led by the Inner North West Primary Care Partnership (INWPCP). It was initially created to develop evaluation indicators but in phase two, it involved the development of an online evaluation resource for partners in our region working on projects to address the prevention of violence against women. Partners include Women's Health in the North, Women's Health West, Moreland City

Council, cohealth, Access Health and Community, and Merri Health.

As part of the project, we are supporting the INWPCP to develop an online evaluation resource for use by partners to improve the evaluation on the prevention of violence against women across the region. This resource will include information about how to conduct an evaluation, indicators, data collection tools and infographic tools for displaying data. The result we're aiming for is that we all use similar or shared indicators for better evaluation and comparison of our collective work across the region.

In the 2018/19 financial period, we contributed to the working group to design the online evaluation resource and have initiated a pilot test. The INWPCP will conduct a larger test before finalising and sharing in 2019/20.



Above: (From left) Women's Health in the North chief executive Helen Riseborough, Victorian Human Rights and Equal Opportunity Commissioner Kristen Hilton. and Merri Health chief executive Nigel Fidgeon.

Training and education

Leadership support

The Human Rights Commission estimates that violence from an intimate partner affects one in six Australian female workers. Male employees also experience family violence; however, the statistics are less known. Therefore, at some point in their careers, many managers will, knowingly or unknowingly, encounter a staff member who has experienced family violence.

Merri Health supports both staff and clients impacted by family violence. For staff, receiving the right support can make a huge difference: it can impact their perception of their workplace, and can be the difference between staying in an abusive relationships or taking action to address it.

In response, we offer our leadership team online training on Responding to Family Violence in the Workplace. It provides managers with the knowledge and skills needed to support a staff member going through family violence.

Initially, all managers were expected to attend face-to-face training or participate in a workshop that was held during a leadership meeting. Now, we offer an online module that managers are encouraged to undertake at a time where family violence is suspected. We do this so information is always current and sensitivity can be applied.



Responsive services

Victims Assistance Program

Merri Health's Victims Assistance Program offers support for people who have experienced a violent crime against them. We help them cope with the effects of the crime, help to explain 'legal talk', and find services that are right for them.

What have we achieved?

In the 2018/19 period we supported 1802 new clients in the northern metropolitan region, and 617 in regional Hume.

Since late 2018, our Koorie Engagement worker for regional Hume has also helped with responding to cultural needs, that has seen referrals for Aboriginal and/or Torres Strait Islander people increase to 6%.

Support in the Children's Court

While Merri Health has a range of services that support people impacted by family violence, in 2018 we introduced a new service that offers support at the Melbourne Children's Court.

Driven by recommendation 126 of the Royal Commission into Family Violence, the program offers specialist, family-focused support for young people and their families attending the Melbourne Children's Court as a result of the young person allegedly using violence in the home.



2419

Number of people we supported across Victoria through our Victims Assistance Program





Above: Keeping pets safe from family violence.

Keeping Our Pets Safe project

A project of Merri Health's Victims Assistance Program, Keeping Our Pets Safe focuses on the safety of pets when family violence is occurring. It also raises awareness of a pet's position as both a victim and a barrier to fleeing family violence.

Acknowledging we cannot make change on our own, we have partnered with seven northern metropolitan councils and the nation-wide Lucy's Project to identify animal-friendly and respite services, address legislation and pet registration, and upskill councils to respond to the need to keep our pets safe.

Keeping Our Pets Safe is working with members of:

- animal welfare officers
- Melbourne University
- Council Community Safe Teams
- Cherished Pets
- EDVOS specialist family violence service
- RSPCA
- Lort Smith Animal Hospital
- · Department of Health and **Human Services**
- · Victoria Police.

The project has encountered some obstacles as we wait for the local councils to formulate policies, protocols and procedures around their animal welfare programs and shelters. However, Epping Animal Welfare Shelter in conjunction with the RSPCA has just finalised theirs to accommodate pets whose owners are experiencing violence in the home.

In the 2018/19 financial period, we were a part of Lucy's Project's conference held at Melbourne University as a sponsor and panellist. We addressed:

- · accommodation issues
- the role of pets in families as therapy
- the concerns around legislation and registration
- programs in Australia that are already established in supporting pets.

The next stage of the Keeping Our Pets Safe project will see us continue working with councils until a pet-safe accommodation network is developed, and continue to attend the Lucy's Project Victorian chapter meetings on a monthly basis. We will also be focusing on creating a training calendar for Vet students, staff and volunteers to learn how to identify and respond to family violence where a pet is concerned.

White Ribbon

White Ribbon is part of a global movement working to end male violence against women. It focuses on stopping violence before it occurs, by challenging stereotypes, attitudes and raising awareness.

As part of our ongoing commitment, our team were actively involved in Moreland Council's White Ribbon Day working group meetings throughout 2018, and on the 23 November 2018, we joined their annual White Ribbon Dav march.

While the initial plan was to march down Sydney Rd Coburg to raise community awareness, due to bad weather the march turned into a community gathering at Moreland Council's civic centre.

About 200 people attended, including seven Merri employees that represented our various teams. There we heard from key speakers from council, Victoria Police and State Government, who shared what their organisations were doing, and how together we can work towards ending gendered-based violence.



We acknowledge



Above: Merri Health team at Moreland's White Ribbon gathering 2018.

Child Safe Standards



Above: At Merri Health we keep children safe through statewide Standards.

Keeping children safe

The Victorian Government has introduced Child Safe Standards to improve the way organisations that provide services for children prevent and respond to child abuse.

The standards are compulsory for all organisations providing services to children, and aim to drive cultural change so that protecting children from abuse is embedded in the everyday thinking and practice of leaders, staff and volunteers.

The Standards:

- prevent child abuse
- encourage reporting of child abuse
- improve responses to any allegations of child abuse.

Merri Health is committed to child safety and has a zero tolerance to child abuse. All allegations and safety concerns will

be treated very seriously. We have a legal and moral obligation to contact authorities when worried about a child's safety, which is followed carefully. We also focus on preventing child abuse by identifying risks early and removing or reducing these risks.

In addition, we are also committed to the cultural safety of all children, including children from a culturally and/ or linguistically diverse background, Aboriginal and/or Torres Strait Islander, and with a disability.

How are we meeting the Standards?

- all Merri staff are responsible for the care and protection of children within their care, and will report suspected child abuse
- our human resources and recruitment practices are thorough and include training and education on child abuse risks

- we have an automated system that reviews the status of police checks and professional registrations to ensure they are up-to-date
- we have systems and processes in place to ensure we are complying with regulations and are up-to-date with information from government departments, funding bodies, peak bodies and the law
- our responsibilities and progress are shared across our leadership team
- staff have access to support from our Quality team as needed
- our policy and procedures are kept in line with legislative, regulatory and program requirements — we have a monitoring and auditing system in place to review these.

Responding to cultural and linguistic diversity

Diversity and disadvantage are defining characteristics of the area we serve. Below is a snapshot of how we respond and are kept accountable to providing inclusive and responsive services.



Above: Supporting our diverse community.

Diversity plan

Our diversity plan sets the overall direction and goals for our organisation, in relation to diversity planning and practices for groups that are more likely to experience disadvantage.

The plan focuses on five key groups:

- 1. Aboriginal and Torres Strait Islander peoples
- 2. culturally and linguistically diverse communities
- 3. people with dementia
- 4. people experiencing financial disadvantage
- 5. LGBTIQA+ communities.

The plan is reviewed quarterly with updates on our progress provided to our funders.

How are we tracking?

In the 2018/19 financial period, key outcomes from the plan included:

- a community participation register: Merri clients are invited to join the register to offer their input and advice into key projects and initiatives, based on their experience. There are currently 24 people registered
- feedback kiosks available at key Merri sites to collect client feedback in real-time, and available to complete in Merri's top five languages
- occupational therapy services for older people available from our Glenroy site to respond to local demand.

In response to our community participation register initiative, our community engagement coordinator Jess Dorney was invited to present at North and West Metro Sector Diversity Forum. Jess shared our journey of establishing the register with approximately 100 people, in an effort to encourage other service providers to consider how they incorporate the voice and experience of consumers.







completed Aboriginal and Torres Strait Islander cultural appreciation training



completed LGBTIQA+ inclusive practice training



Above: Word Play participants.



Above: Count Me In 2 participants.

Diversity training

Merri Health staff, volunteers and students are provided with various training opportunities to help them succeed in their role.

Our face-to-face Diversity and Inclusion in the Workplace training is offered three times per year and run by the Victorian **Equal Opportunity and Human Rights** Commission. 32 staff completed this training in the 2018/19 financial period.

With 386 staff and 99 volunteers working across 10 sites in metropolitan and regional Victoria, our human resources team is currently working on finalising an online training module addressing cultural and linguistic diversity, using our Learning Management System. This supports efficiency and supports people to complete the training in their own time and at their own pace.

We acknowledge that diversity isn't just cultural and linguistic. Inclusive practices when working with Aboriginal and/or Torres Strait Islander people and anyone that identifies lesbian, gay, bisexual, trans, intersex, queer, asexual (LGBTIQA+) is also important.

In response, we offer LGBTIQA+ inclusive practice training and Aboriginal and Torres Strait Islander cultural appreciation training. The snapshot to the left shows how we're tracking.

Count Me In 2

Sport participation for refugee and migrant women and girls

Count Me In 2 is a sports participation program targeting women and girls from refugee and migrant backgrounds.

The program uses sport as a vehicle for change. Refugee and migrant families are supported to connect with mainstream sporting clubs, helping improve social inclusion and wellbeing, and strengthen community cohesion. We also work with sporting clubs to create safer, more inclusive environments for refugee and migrant families, and are trialling new strategies to reduce participation barriers for girls and women.

This program is a collaboration with Moreland City Council, and is an adaptation from the original Count Me In model that we piloted in 2017.



101

number of women and girls that engaged with sports as part of Count Me In 2

Why focus on refugee and migrant young people?

Sport offers a range of physical and psychosocial benefits for young people¹. For those from refugee and migrant backgrounds, it can also build social inclusion and capacity to take part in Australian society.

However, sport participation rates for youth from refugee and migrant backgrounds are low. Participation barriers include cost, discrimination, lack of transport, culturally determined gender norms and family attitudes².

Outcomes from the 2018/19 financial period

Participants have engaged in a number of ways: registered with a club, attended one or more 'try out' sessions, helped out as a volunteer, and participated in training/leadership opportunities.

A total of 101 people engaged in 'try out' sessions: 69 women and 32 girls. Of these:

- five formally registered with a club
- two are volunteering with Northern Saints Football Club
- two have participated in a Centre for Multicultural Youth leadership training.

We also partnered with Tennis Victoria to extend sporting opportunities, and are working with three local tennis clubs: Fawkner, Moomba Park and Merlynston.

¹ Block, K., & Gibbs, L. (2017). Promoting Social Inclusion through Sport for Refugee-background Youth in Australia: Analysing Different Participation Models, Social Inclusion, 5(2), 91–100.

² Caperchione, CM., Kolt, GS., & Mummery, WK. (2009). Physical activity in culturally and linguistically diverse migrant groups to Western society: A review of barriers, enablers and experiences, Sports Medicine, 39(3), 167-177.



Above: The HIPPY team visit Melbourne.

HIPPY excursion

Since 2008, our school readiness program known as HIPPY (Home Interaction Program for Parents and Youngsters) has been working with children and their families from Fawkner and surrounding suburbs, to prepare for their first year of school. Supported by home tutors, parents are upskilled to be their child's first teacher.

The program is based in Fawkner as it is one of Melbourne's most disadvantaged suburbs and home to many newly arrived and refugee families.

With many families not having the opportunity to explore Melbourne, every year we offer a city excursion by train, so families can explore with people they know.

Supported by home tutors, for many families it was their first time catching the train. 15 parents, 18 children and five prams joined the excursion, as we explored Docklands, St Paul's Cathedral, Hosier Lane and Melbourne's CBD area by tram.

The day was a success and an opportunity for families to see that there are learning opportunities everywhere, something that is a big part of the HIPPY program.



25.5%

of Fawkner children starting school are developmentally vulnerable



Join **Word Play**



..... Tuesday **17 December** 2019









Above: Locals take part in Word Play.

Word Play

Pilot success sees literacy program for migrant families embedded into **Moreland City Libraries' regular** programing in Fawkner.

Following a successful pilot period throughout 2018, Word Play is a now a regular fixture on Moreland City Libraries' Fawkner programming.

A dynamic literacy learning model targeting newly arrived migrant families with low English literacy, Word Play saw participants learn through songs, games and books, with an emphasis on families learning together with the support of reading buddies.

How we chose the location

Addressing cultural diversity and disadvantage, the program was piloted in Fawkner which rates 28th on the most disadvantaged suburbs in Victoria (SEIFA score: 901.7). 68.8% of Fawkner households are parents with children and 66.7% of residents speak a language other than English at home¹.

Outcomes 2018/19 financial period

During the 2018 pilot, we:

- delivered 23 sessions
- engaged 35 families
- worked with three bilingual volunteers.

Pre- and post-evaluations show improvements across all seven program objectives, in particular, improving children's English literacy and schoolreadiness, and the capacity of parents to support their child's learning.

What participants said

- 80% agreed that Word Play helped improve their own English
- 90% believed participation had improved their child's English literacy.

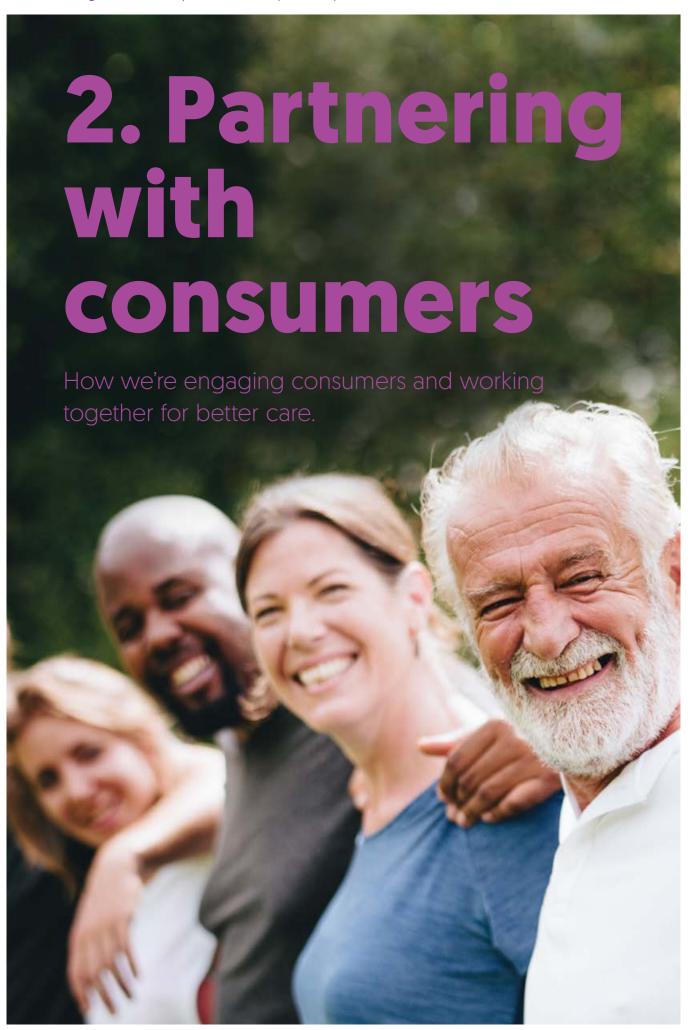
Other outcomes included building social connections for better community inclusion and cohesion, improving mental health for children and adults, and creating opportunities for volunteers to boost wellbeing through their participation.

How we're supporting long-term success

To support its ongoing sustainability following the pilot, the 10 most successful sessions were integrated into a toolkit. This includes themes, instructions for games and activities, and a collection of resources. By bringing together the materials necessary to deliver the program, sessions can now be run independently by the library into the future.

Australian Bureau of Statistics 2016, 2016 Census QuickStats: Fawkner (online). Available from: https://quickstats.censusdata.abs.gov.au/census_services/getproduct/ census/2016/quickstat/SSC20903?opendocument (Accessed 8 July 2019).





In the community



Hello, Fawkner!

Hello Fawkner! is a local project that highlights and strengthens the incredible things that happen across the diverse suburb of Fawkner.

A place-based approach, Hello Fawkner! is working to improve social connections in Fawkner. We do this through a range of projects that build leadership skills of local residents, to support them to develop and implement initiatives that bring community members together.

Why Fawkner?

This initiative is led by our Community Wellbeing team that focus on improving health outcomes for Moreland.

As a culturally diverse region with a large proportion of newly arrived families, Fawkner is rated the 28th most disadvantaged suburb in Victoria with a SEIFA score of 901.7.

How we're tracking

The three-year project has developed and/or completed a range of initiatives in the 2018/19 financial period.

Completed

• Harmony Day: throughout March 2019, we funded 17 communityled celebrations across Fawkner. providing locals with \$100 per celebration. Participants had to ensure their event was inclusive and celebrated cultural diversity.



Above: Harmony Day celebrations in the community.

In progress

- community leadership program called the Great Idea program: we funded three local projects to help 'turn ideas into reality'. They include Lost Recipes of Fawkner, Cook, Dine and Shine and bulk food store called Fawkner Wholefoods Collective. These will be developed and implemented throughout the 2019/20 financial period
- monthly online newsletter shared electronically with Fawkner residents, with an e-membership of 402 people
- The Fawkner Times bi-annual community newspaper available in print throughout Fawkner. The first edition launched in June 2019 with 2500 copies distributed to households and other locations in the community. reaching 4902 people. It was also shared electronically with our newsletter e-membership. The Fawkner Times is working towards a community-run model, with staff currently upskilling creatives and community in Fawkner to take over the newspaper in 2020.

Taking services to community

In 2018, we took select services on the road in an effort to reach vulnerable. disadvantaged and at-risk Victorians.

Fawkner Festa

Fawkner is home to one of Melbourne's most culturally diverse areas and the Fawkner Festa. Led by Moreland Council, the annual celebration is an opportunity to bring community together and enjoy local music, performances, workshops and activities.

In late 2018 we joined the Festa with a Merri Health marquee. We offered a range of free activities including henna painting, children's play, badge making, cultural face painting and health checks.

An opportunity to connect with locals in a relaxed and fun environment, teams from across Merri connected with more than 500 people throughout the day. We learnt that more than half were not aware of Merri Health and support they can access through community health.

In addition, we partnered with the local Urdu-speaking women's group to create some short videos throughout the day to further develop social connections online.



Above: Our Fawkner Festa marquee



Above: Locals take part in plant potting activity at Be Merri.

Be Merri health and wellbeing festival

Now in its second year, our team hit the road as we took Be Merri, our roving week-long festival beyond Moreland this year, visiting Craigieburn, Coburg, Fawkner, Broadmeadows, Preston and Brunswick West.

We attended local shopping centres and outdoor areas in the community with activities like lung checks, diabetes assessments, jewellery making, easy exercise in the park, story time in the library, face painting and more.

Our health checks, in partnership with Priceline Pharmacy Brunswick West were a hit, as locals had their iron, cholesterol and sugar levels checked, and were shown how to do a breast check using a prop.

As the festival drew to a close in Northland on Friday evening, our carer team drew a name out of a box from those that participated in our Quiz Master game, with Moreland local Isabella the lucky winner of the \$100 Rebel Sport voucher.

"I was there for an outing with my baby and wanted to chat to someone. The team were really friendly and it made such a difference to my day. Thank you — it really left me with a smile on my face," said Isabella.

Thank you to everyone that attended and to our wonderful partners that helped make it possible; Moreland City Council and its Coburg and Fawkner libraries, Priceline Pharmacy Brunswick West, Vision Australia, Urdu-speaking women's group, Northern Badminton Club, The Community Grocer Fawkner, Centrelink and Mv Health Record. Thank you as well to our wonderful community member and designer Mary Lin, who worked with our team to design the materials for the festival, our t-shirts and reusable tote bags.

Help us plan **Be Merri** 2020

- **\& 1300 637 744** and ask to speak to our Communications team
- merrihealth.org.au



Above: Story time activity at Be Merri.

I was there for an outing with my baby and wanted to chat to someone. The team were really friendly and it made such a difference to my day. Thank you it really left me with a smile on my face."

Isabella

How did we go?

Over five days, we:

- had 358 conversations with community
- connected people with 14 services
- engaged 10 volunteers
- partnered with eight local organisations/businesses and council.

Did you know we have a Consumer **Participation Register?**

Merri clients are invited to join the register to offer their input and advice into key projects and initiatives, based on their experience. There are currently 24 people registered.

Read more about it on page

Building community connections

Supporting the Urdu-speaking women's group

Now in its third year, the Urdu-speaking women's group is a networking group for women living in and around Fawkner who understand Urdu. Supporting social connections, we provide the group with guest speakers each week and a chance to meet other Urdu-speaking women. We also support and can refer members to local health, social services and volunteer programs, and have linked them with opportunities like the CERES food business incubator program, and Fawkner Community House employment mentoring project.

Rapidly growing, the group now has many members who stay connected via What's App.

What did we achieve?

As the funding period comes to a close, the ability to be able to keep the group going without Merri's support has been key. With this in mind, we supported members to run elections so that the group is overseen by a volunteer community committee.

Working together

Building our Community Participation Register

Our community participation register is a live and evolving database of consumers and carers that have registered their interest in using their experiences to contribute to decision making of Merri Health projects. This includes design, planning and evaluation phases of projects, marketing collateral and programs. They are also informed of any participation opportunities. People register their interest, including topics they would like to contribute to based on their experience.

What have we achieved?

There are currently 24 consumers registered, however a key objective in 2020 is to expand this by 40%. In the 2018/19 financial year, consumers and carers from this register participated by:

- · giving feedback on our new marketing brochure that outlines all Merri Health services, the annual report and Collaborative Pairs project
- planning of the North Western Consumer and Carer Networking Forum — read more on the right
- giving feedback on how-to-use signage about our feedback kiosks
- leading a project to improve our feedback form and how to increase feedback received.

We also successfully applied for a consumer to attend the Giant Steps conference by Safer Care Victoria via a scholarship.





Above: Consumers taking part in the networking forum.

Consumer and Carer **Networking Forum**

The Consumer and Carer Networking Forum brings together consumers from across the north and west metropolitan area, to support them in their role as consumers representatives at their respective health services.

An opportunity to connect and learn, consumers hear from others, and are offered the opportunity to share what's important to them for future planning. This year's theme was inclusion and we had 80 people attend.

Bringing together 13 organisations (cohealth, IPC Health, Primary Health Network North Western Melbourne, St Vincent's Hospital, Dental Health Services Victoria, The Royal Melbourne Hospital, Sunbury Community Health, Your Community Health, DPV Health, Peter MacCallum Cancer Centre, Eye and Ear Hospital, Western Health, and Merri Health), in 2019 consumers heard from a panel discussion and took part in group activities on different topics.

Why do we do it?

Through this partnership we are able to achieve much more than we would be able to alone, due to sharing of resources and planning capacity. The collaboration of health services is a great thing and consumer and carers love the opportunity to network and find out what others are doing, as well as learn about upcoming projects and initiatives.

What did we learn?

From the panel discussion, there was a common theme of poor communication across different communities, in particular, language and cultural barriers between staff and consumers.

We also learnt that staff sometimes lack knowledge of different communities, such as the values and medical needs of LQBTIQA+ people.



Above: (From left) Rowena and Amelia working on the Collaborative Pairs project.

Collaborating for better care

Staff and consumer team up to improve feedback processes.

Working together towards a shared goal was a key outcome of the Collaborative Pairs project. The project brought together health service providers and consumers to develop their capacity to work together to improve health care.

Merri Health took part in the pilot that started in 2018, with our Quality and Risk Coordinator Amelia Watkins, and consumer Rowena taking part in the fivepart leadership training program.

Looking to work on a current issue,
Amelia and Rowena chose to address
Merri's feedback and complaints
process. They chose this issue following
feedback from consumers about negative
experiences they had when providing
feedback. Together, they reviewed our
current process, identified what was and
wasn't working and whether people were
aware of the process, and captured their
experience when providing feedback.

The project has resulted in an update to our feedback form to make it easier to

use and more inclusive. It now includes how to use an interpreter or the National Relay Service to provide feedback, and the inclusion of emojis which people can circle. These changes will also be used to update the online form.

Following this, Rowena will also work with our marketing and communications team, quality and risk team and community engagement coordinator to provide guidance on how we communicate these changes, and improve people's knowledge of our feedback process.

In addition to getting better insights as the project was led in partnership with a consumer, we were also able to add value to Rowena's future plans.

"I'm hoping to get into disability advocacy so this will help with my career. It sounded like an excellent opportunity.

"It challenged my preconceptions of what a clinician is like, and Amelia and I had to overcome those assumptions to get a better working relationship," Rowena said.

Collaborative Pairs was developed by the King's Fund in England and run by the North Western Melbourne Primary Health Network and Consumer Health Form of Australia. I'm hoping to get into disability advocacy so this will help with my career. It sounded like an excellent opportunity.

It challenged my preconceptions of what a clinician is like, and Amelia and I had to overcome those assumptions to get a better working relationship."

Rowena, consumer

Use of interpreters

Cultural and linguistic diversity is a defining characteristic of our area.

Demand for both face-to-face and overthe-phone interpreter services continues to grow, and is a key support used by non-English speaking clients.

Based on data from our interpreter service provider OnCall, we've seen a slight drop in the number of requests for interpreters: 1885 in 2017/18 compared to 1818 in 2018/19. There has also been a change in the top five languages requested by our clients, with Farsi as an emerging language this year.

To meet the needs of community, we track how client requests are changing. Below is a snapshot of interpreter requests: a break down per month, and our top languages.

Top languages 2018/19 1. Arabic 4. Turkish 2. Italian 5. Farsi 3. Greek

Table 1: Number of interpreter requests

Period	Face- to- face	Over- the- phone	Total
July 2017– June 2018	1,184	701	1,885
July 2018– June 2019	1,154	664	1,818
Difference	-30	-37	-67

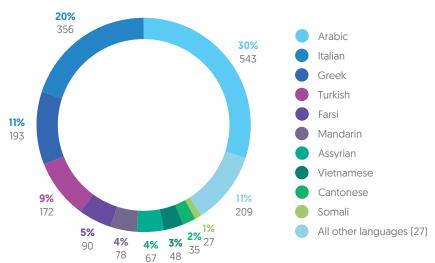


Above: Working together with people to better meet their needs.

Interpreter bookings per month July 2018–June 2019









Above: Our MerriKids service.

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) roll out began in North East Melbourne on 1 July 2016 and continues today. It supports people with a disability with flexible supports and greater choices.

Merri offer many NDIS services including help for children with a disability and their family, education, health services like speech pathology, social groups and support at home.



Support Coordination is an NDIS service offered by Merri, whereby we work with you to help you access the supports and services you want and need to live a happy and fulfilling life.

Progress

In the area of Early Childhood Support, we previously provided support for 140 preschool aged children with additional needs from the North East of Melbourne and Hume Moreland areas. These children received funding under the Early Childhood Intervention Services scheme. This scheme no longer exists and most of these children have now transitioned to the NDIS.

To date, we have been able to keep 75% of those existing clients and they now receive Merri NDIS services through MerriKids.

In May 2018, we began delivering limited adult NDIS services and in early 2019, a specialised NDIS allied health team was created. Since then the service has grown rapidly due to overwhelming demand for services such as occupational therapy and speech pathology.

What have we learnt?

In relation to children's services, the highest demand has been for speech pathology, occupational therapy and advice from our specialist early childhood teacher about behavior concerns and school readiness. In response, we have expanded our services to include children 0-10 years rather than just pre-school aged children.

Recently, there has been increasing requests for support for children with more complex diagnoses.

For adults, we have recognised the needs for greater support for those with mental health issues.

What have we achieved?

In the 2018/19 period, we:

- extended support to Craigieburn with staff working from a space locally
- introduced MerriKids therapy groups in Craigieburn and Gowanbrae
- introduced our new allied health service and the introduction of six staff
- had a 40% increase in Support Coordination clients
- had 88% of clients continue with Merri's Support Coordination service when their plan was renewed
- supported 80 adults with NDIS services
- appointed an NDIS community engagement coordinator dedicated to supporting our staff and clients through their NDIS journey.

Moving forward, we will be exploring the use of an Allied Health Assistant model to support our allied health services and MerriKids program.

My story

Doing it on my own:

how the NDIS is helping Charley



Our occupational therapist Craig has been working with a young Moreland local named Charley who has been receiving support under the NDIS.

Charley was born prematurely which affected his development. As a child he received support with his motor skills from an occupational therapist. Now at 23, Charley has rediscovered the support of an occupational therapist who is helping him take control of his health.

Charley has been receiving fortnightly sessions to work on his health and wellbeing goals, and getting around on his own without the support of his mum.

"The NDIS has made a big difference as my mum couldn't afford to pay for all of this," said Charley.

Craig has been exploring different options like apps and a Fitbit, to help Charley manage on his own and stay on track.

"We're currently trialing a sleep app which taps into the body's natural sleep patterns to wake someone, which means Charley doesn't have to rely on his mum in the morning," said Craig.

"To increase his fitness we'll be working with a support person to get Charley to go out locally and walk his dog which he has really wanted to do.

"I've (also) started doing some meal preparation and food education sessions with Charley to work on increasing his food literacy and to start to develop his capacity to prepare some meals for himself. A goal we're working

towards is having him cook dinner for himself and his mum, and hopefully making this a regular thing."

Taking control of his health, Charley is feeling positive about the future and is doing the things he loves like writing music and going out to see bands.

Do you have an NDIS plan and not sure what to do next? Our team is here to help.

© 1300 637 744 bit.ly/2D4Znzq

Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey (VHES) is a state-wide survey that collects, analyses and reports on the experiences of people, 16 and over, attending Victoria's public healthcare services.

Merri Health was one of 88 community health services that took part in the survey in 2018. Our survey collection period was from October to December 2018. We received a unique survey pack for clients with an allocated number in English and a range in 15 community languages.

Merri Health clients and consumers are invited to participate when they attended our site. This protects their anonymity and increases the opportunity for homeless people and those in transition to take part. We also offer the survey to eligible clients when attending home visits and do so until we've gone through the full survey allocation.

Community service clients who agree to the survey have the opportunity to complete it in hard copy with a reply paid envelope, or online. Reports are provided to the service provider when 42 or more responses are received.

How did we do?

We performed the best for the following areas:

- consumer experience
- overall politeness of staff
- awareness of complaints management processes
- transportation access
- overall cleanliness of the health service.



Above: Client visits our stop smoking service.

Table 1: Areas that we performed significantly better than the benchmark

Area	Merri Health %	State %	Performance variance
Health service felt welcoming	96	90	+6
Ease to make an appointment	77.2	71.4	+5.8
Cleanliness of health service	89	81	+8
Easy to find out this community health service existed	85	79	+6
Transportation facilities (e.g. car parking, access to public transport, foot paths, taxi drop off areas)	85	74	+11
Adequate waiting time on day of appointment	92	78.2	+13.8
Adequate appointment waiting times (overall)	83	72	+11
Health workers spend enough time explaining things in a timely manner	93	87	+6
Using this health service has been beneficial to your health and wellbeing	90	85	+5
Knowing how to make a complaint at the health service	69	58	+11
Health service has assisted you in being able to do the things that are important to you	81	76	+5
Health service provide a written copy of a plan for your health and wellbeing	87	80	+7
Involvement in decisions on care or treatment. Was asked about other concerns impacting on your health and wellbeing	73	59	+14
All required people were involved in setting up goals for health and wellbeing	77	66	+11
Client plan was useful	91	77	+14
Use of service assisted in feeling goals could be achieved	79	72	+7



Above: Merri staff supports client.

Table 2: Areas that we performed significantly better compared to our 2017 results

Area	Merri Health 2018 %	Merri Health 2017 %	Performance variance
Ease to locate a Merri Health service	85	75	+10
Cleanliness of health service	89	73	+16
Health service provide a written copy of a plan for your health and wellbeing	87	72	+15

Table 3: Areas that we performed the same or worse than the benchmark

Area	Merri Health%	State %	Performance variance
Enough privacy at reception	79	79	0
Information such as leaflets available in your language	41	50	-9

Need for improvement

The 2018 survey identified the following areas where we need to improve:

- client privacy in reception
- providing information such as brochures in other languages.

Where to from here?

Following the results, we have identified the opportunity to:

- work with our Infrastructure team to see how we might be able to provide more privacy in our reception areas
- provide extra training to reception staff on how we can manage private conversations with clients in an open space
- partner with our marketing and communications team to allocate a budget to allow us to translate materials into our top languages.

The survey is conducted on behalf of the Victorian Department of Health using questionnaires based on the work of the internationally recognised Picker Institute.



Feedback and complaints

Feedback is important to us. Learning about the experiences of consumers and their suggestions helps us improve how we do things and the health care system.

How do we collect feedback and complaints?

People can provide feedback to Merri Health in a number of ways:

- over the phone by calling our dedicated feedback line
- by completing a feedback form:
 - hard copies are available at all Merri sites
 - an electronic form is available on our website
- by email
- in person by sharing feedback with reception, a clinician or staff member
- by using a feedback kiosk read more about these on page 58.

What do we do with feedback?

All feedback, compliments and complaints are entered, managed and monitored using the Victorian Health Incident Management System (VHIMS). All staff have access to this system and we provide regular training on its use, as well as the importance of reporting feedback received.

When we receive a complaint our highest priority is to investigate, identify the cause of the issue, and work towards resolving it to the client's satisfaction. We also treat every complaint as an opportunity to refine, develop and/or improve our service.

We respond to all complaints within two working days, which includes acknowledging that it has been received and letting the person know of the next steps. Our response time, actions and outcomes are closely monitored by Merri's Board Clinical Governance committee.

Key themes

In the 2018/19 financial period, our focus has been on improving consumers' experience, politeness of staff, easing access to our services and appointment wait times, and ensuring that clients felt welcome and safe.

With this in mind, we have invested in improving technology, our infrastructure, and upskilling staff with training opportunities.

Results

Compliments

In 2018/19 financial period, there was a 58% increase in compliments received compared to the previous year.

Themes for compliments received include:

- treatment/care of clients by clinicians and administrative staff
- positive clinical outcomes for clients
- our aged care service and its programs.

Complaints

In 2018/19 financial period, there was a 1% increase in complaints received compared to the previous year.

Themes for compliments received include:

- communication/lack of information
- accessing a service
- · service availability.

As a result, quality improvement activities in the 2019/20 financial year will focus on addressing these issues.

Compliments and complaints by program area

1 July 2017-30 June 2018 1 July 2018-30 June 201

	,		,	
Department	Number of compliments	Number of complaints	Number of compliments	Number of complaints
Aged care services	29	5	52	13
CarerLinks North carer support	7	2	5	8
Children and family services*	4	4	0	0
Counselling, youth and family services*	4	0	0	4
Dental	6	3	6	6
National Disability Insurance Scheme	6	9	1	0
Aged & Primary Care services	2	8	0	0
Victims Assistance Program	5	0	13	1
Access and reception	4	3	31	5
Total	67	34	115	37

^{*}Family services appears in two separate categories as a result in changes and upgrade to a different reporting system.



58%

Increase in the number of compliments received in 2018/19



Increase in the number of complaints received in 2018/19



Above: Our newly introduced feedback kiosks.



1,138

Number of feedback entries within the first four weeks



93%

Percentage of people that gave a 100% satisfaction rating

Feedback kiosks

In late May, we introduced feedback kiosks at three Merri Health sites in Coburg and Brunswick.

The kiosks were introduced to provide additional options for clients and visitors to provide feedback.

Based at three locations: 93 Bell St and 21 Victoria St Coburg, and 11 Glenlyon Rd, Brunswick, the kiosks allow people to provide feedback electronically, before or after an appointment. Feedback is received in real-time so we can better respond to requests and needs.

Accessibility was a key consideration for the kiosks. Responding to our unique clients' needs, users are asked five questions which they respond to using emojis. They can also choose to complete the survey in one of our top five languages; Greek, Italian, Turkish, Arabic and Urdu.

How are we tracking?

In the first four weeks of the kiosks being introduced (23 May-27 June 2019), 238 people provided feedback, with 1,188 feedback entries.

Results include:

- 92.62% of clients gave Merri Health a score of 100% satisfaction
- 7.38% provided feedback scores between 50-75% satisfaction.

Where to next?

Results will be:

- monitored quarterly by our Quality team
- shared with relevant teams to action/ address concerns.

While to date all answers are anonymous, a new option will be introduced in the 2019/20 financial period to improve options for users. This will be the inclusion of an open field at the end of the survey, where people can add comments and/or leave their contact details, if a call back is needed.

Q Case study

Dental feedback leads to a better service for children

Our Glenlyon Rd, Brunswick site is home to our dental services.

In July 2018, we received a complaint from a client about this site and their family's experience with the dental clinic. They explained that:

- it was not set up to accommodate and support young children
- it was not child friendly
- it had no toys or the right space for children

- their child had not received a free tooth brush as part of their visit
- our clinicians did not build a connection with children.

What did we do?

In the first instance, we acknowledged and thanked the client for their feedback. From there, we reviewed our dental waiting area and clinical spaces to identify what we can do better.

This resulted in:

- the introduction of colourful stickers and posters within a dental room
- more toys added to our waiting area to provide a welcoming space
- the introduction of free toothbrushes for children accessing dental services
- our dental clinical team taking the time to build a connection with children during an appointment before moving onto dental work.





Above: Jonathan leads our dental team at Merri.

Dental services

Our dental service operates out of our Brunswick site at 11 Glenlyon Rd, Brunswick to deliver high quality dental services to our community.

With the support of Dental Health Services Victoria (DHSV), we are able to assess and measure how well our team is meeting the needs of the community. Our goal is to maintain high clinical standards and increase our ability, with the resources we have available, to serve the dental needs of the Moreland population.

How quickly we respond to emergency care

One of our key indicators for service performance is how quickly we respond to those who need emergency care. To do this, we use a triage tool designed by DHSV that allows us to understand a patient's needs that is classified into one of three categories: category 1 is the most urgent.

Our results show that we are very responsive in directing patients to receive the appropriate care they require.

Category 1

Financial Year	Merri Health	Target
FY 2016/17	100%	85%
FY 2017/18	95.2%	85%
FY 2018/19	100%	85%

Category 2

Financial Year	Merri Health	Target
FY 2016/17	99.3%	80%
FY 2017/18	99.0%	80%
FY 2018/19	99.4%	80%

Category 3

Financial Year	Merri Health	Target
FY 2016/17	98.9%	75%
FY 2017/18	98.7%	75%
FY 2018/19	99.5%	75%

Chair utilisation

As demand for dental support continues to grow, we do everything we can to ensure that our dental chairs are at maximum capacity and we use our resources well.

In the 2018/19 financial year, our chair utilisation dropped by 2% from the previous year. This was due to staffing changes such as people moving on to new roles or organisations. To address this, select dental staff took on more work to help meet our clinical targets for the year.

In addition, we continue to run dental services on Monday night and Saturday morning to help those that are not able to attend appointments during work hours due to other commitments, such as work or taking care of children, family or friends.

Financial Year	Chair utilisation
FY 2016/17	92%
FY 2017/18	95%
FY 2018/19	93%

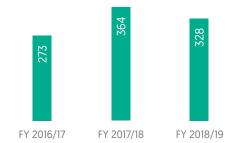
Number of priority access clients we see at Merri Health

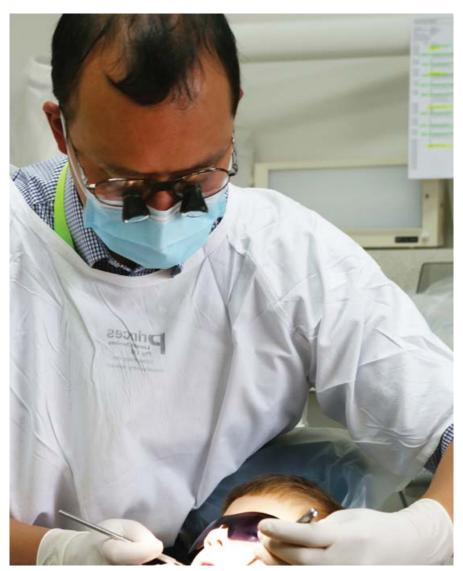
As a community health provider, we support some of Victoria's most vulnerable and disadvantaged people. In response to this, there are key groups that have priority access, which means they are offered the next available appointment for general dental care. This includes people that are:

- Aboriginal and/or Torres Strait Islander
- at risk of homelessness
- refugees and asylum seekers.

Our data shows we have continued to support priority access with consistent results.

Number of priority access clients





Above: Jonathan who leads our dental team checks a patient's teeth.

Infection control

Our dental team pride themselves on maintaining excellent standards of infection control. We place importance on this as procedures such as extraction of teeth and root canal treatment can place patients at high risk of a post-operative infection. We want to make these procedures a comfortable experience for our patients with minimal complications.

Every year we complete an infection control audit to assess our current processes with industry standard. This year, we also engaged DHSV to complete an external audit. This was a valuable experience which highlighted a few opportunities for improvement, which we have actioned. We have also completed infection control training for all staff to ensure they are up-to-date with best practice.

Our 2019 infection control audit received a score of 98% compliance: up from 94% in 2018. This reflects the hard work the team has done this year in continuous quality improvement.

Another method of tracking our infection control performance is our post-operative infection rate audit. This assesses our rates of post-operative infection after extractions. This year we averaged a 97% success rate in avoiding post-operative infections, which is consistent with our previous year's performance. We will continue to monitor our performance to safeguard patients from avoidable dental infections.

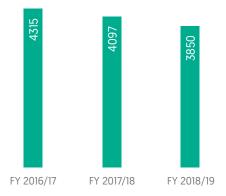
We continue best practice in aseptic technique, which are clinical techniques that help reduce the risk of infection. This year we maintained 93% compliance, and have action plans for areas where there is room for improvement.

Number of people we see

Long wait lists for general dental care means there is constant pressure to meet community needs. In 2018/19, the number of people we were able to support dropped by 6%. This was due to changes in staffing which we've detailed under 'chair utilisation'.

To address this, this year we were able to issue clients with vouchers to use for general dental in the private system, as a result of extra funding from DHSV. Acknowledging that this is only a shortterm solution, we continue to advocate for extra dental chairs to increase the support we can provide, so clients can access quality dental treatment when needed.

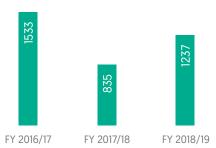
Number of people we supported



Waitlist management

This year, we were able to take a significant number of people off the general wait list due to our involvement in DHSV's waitlist management scheme. As of 30 June 2019, there were 2,169 patients on our waitlist compared to 2,399 as of 30 June 2018.

Number of people removed from the wait list





Above: Podiatry services at Merri Health.

Record keeping audit

Every year we complete a record keeping audit. DHSV collect and provide benchmarking results for this audit.

For 2018, we achieved results higher than 90%, outperforming the State average in 15 out of 24 indicators. This year we will be following DHSV's re-audit schedule to see how we're tracking for two categories.

Number of indicators over 90% and above the State average



Hand hygiene

Good hand hygiene keeps our clients safe. We do regular hand hygiene audits to ensure our staff understand and are completing the '5 moments' of hand hygiene as outlined by Hand Hygiene Australia.

We audit our dental clinicians' hand hygiene performance three times a year, with our last three results averaging 98% compliance — this is an excellent result.

We have also moved some auditing tools to a digital platform, which allows us to record and analyse results more easily, and benchmark our results with other community health service providers.

Infection prevention, control and cleaning

Podiatry

Merri Health provides podiatry services across four sites and well as providing in-home appointments.

Every four years, our podiatry service undergoes an infection control audit which is conducted by an external independent assessor. This was completed in May 2019 and is in line with the Australian Standards, National Health and Medical Research Council guidelines, and the Australian Health Practitioner Regulation Agency guidelines. This ensures we are following the Standard, keeping good practice and keeping our clients and staff safe.

The audit highlighted that the team performed really well in using aeseptic technique and hand hygiene practices. We also identified room for improvement for the way we record our staff immunisation status.

As a result of the audit, we are working towards implementing the 12 evidencebased recommendations set in the action plan by the auditor.

Clinical governance and accreditation status

Every three years, Merri Health takes part in a quality accreditation review, conducted by Quality Innovation Performance (QIP) and the Australian Aged Care Quality Agency. During our last accreditation reviews held in June and July 2018, and May 2019, we were awarded accreditation having met the following standards:

- 1. Quality Improvement Council (QIC) standards
- 2. Department of Human Services Standards
- 3. National Safety and Quality Health Service Standards (NQHS)
- 4. Rainbow Tick standards
- 5. Home Care Standards

In 2018, we were accredited for the first time under the Home Care Standards for our Commonwealth Home Support Services which include social support, allied health and linkages services,

and under the Early Childhood Early Intervention standards. Additionally, as we are an approved Home Care provider and Commonwealth Respite and Carelink service, we underwent a full accreditation review in late May 2019 by the Australian Aged Care Quality Agency.

In December 2019, Merri Health is scheduled for its full three-year accreditation assessment that will be done by QIP.

Merri Health has policies, procedures and management systems in place to enhance quality and safety, and reduce risk to clients, staff and the community. This is supported by a Quality Governance framework and associated work plan, which is supported by continuous quality improvement activities throughout the organisation's functions. Our clinical and corporate governance systems ensure quality is monitored, reviewed and reported and is of the highest standard. Our Quality Governance policy, procedure and framework, Occupational Health and Safety framework, and Risk Management policy provide a high-level overview of our accountabilities.

Two key committees govern quality and safety at Merri Health:

- Board Quality, Safety and Clinical Governance committee oversee key strategies and higher-level reports on clinical governance, quality and risk functions
- Internal Quality Governance committees that oversee quality and risk governance at a divisional and organisational level.

What have we achieved?

In the 2018/19 financial period we:

- introduced new systems and processes to identify continuous improvement opportunities
- monitored continuous improvement activities, projects and quality indicators, including program specific work plans
- encouraged staff to share improvement opportunities with their line manager. and at monthly staff meetings
- developed a quarterly quality and safety report that is submitted to the Board, that includes:
 - summary and trending data on improvements, and compliments and complaints from care recipients as well as partners
 - service wait times
 - audit results
 - o incidents/hazards.



Above: Improving referrals on Merri Health's website for health professionals.

Improving referrals with online solutions

Access to digital solutions has allowed Merri Health to continue to improve how it does things.

Following feedback from health professionals that our referral process could be better, easier to access and streamlined, we looked to improve our online process. Currently, health professionals fax referrals to our sites using their own form; however they need to be familiar with our service offerings.

What did we do?

2018

When we refreshed our website a few years back, it was developed using a co-design process. This process sees the end user or person impacted by the change provide input into the solution. Clients were engaged and their feedback informed what the website looks like today. As a result of this, the website only met the needs of current and potential Merri clients.

To address this, via our staff we captured insights from health professionals as to what changes would make the website easier to use, without impacting on our clients' user journey. In response we introduced a referrals section.

The referrals page outlined nine service offerings that professionals can click into to learn more about the service, who is eligible and locations. It also had a streamlined referral form for download — this means that the form looked the same for all services.

2019

Once we identified the current version was being used by professionals, we looked to simplify it even further — our goal was to maximise health professionals' time and improve ease of use.

We updated the referrals page to minimise the number of pages professionals need to visit to get the information they need. Now, when they click in, a snapshot of all key information can be seen in the first instance, including a link to download a referral form and a contact number.

Throughout 2019/20, we will keep an eye on how this page is being used based on our website statistics, as well as feedback from professionals.

This information will be used to assess if further improvements are needed.

Whole-of-sector response to elder abuse

Aged care and community workers came together in 2019 in an effort to stop elder abuse. Led by Merri Health, the Elder Abuse Prevention Network brings together 85 health and aged care organisations and councils across two networks (north and west) to address elder abuse through education, resources and campaigns.

A complex and sometimes hidden problem, elder abuse is more than just physical and can include financial, psychological, neglect or sexual abuse. The northern metropolitan Network meets quarterly and has established working groups to progress its action plan.

- Capacity building working group: supports organisations to identify and respond to suspected or incidences of elder abuse.
- Community engagement and awareness working group: raises awareness of elder abuse among community and health professionals.

The western metropolitan Network launched in December 2018.

What have we achieved?

During the 2018/19 financial period, the northern metropolitan Network:

- created a toolkit to support workers to identify signs of abuse and tools to respond including useful contacts, and a sample safety and action plan templates.
- raised awareness of World Elder Abuse Awareness Dav with:

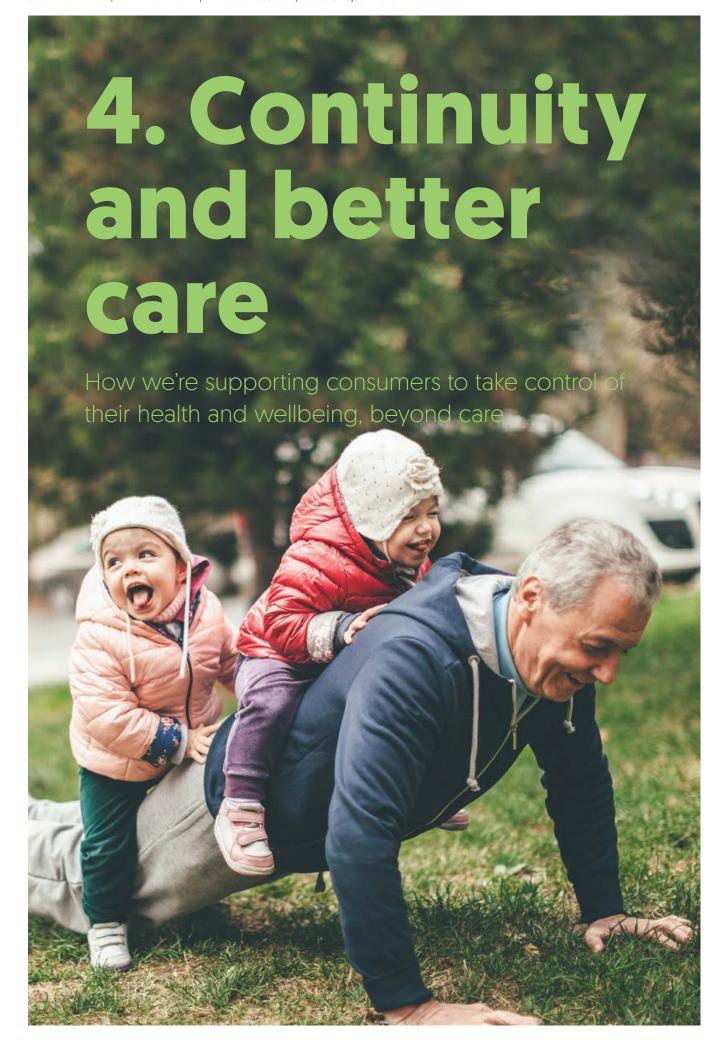
- a tea dance held with the support of Moreland Council and Gerard Mansour, Commissioner for Senior Victorians, where locals aged 65+ had an opportunity to connect and learn about support available
- a community awareness campaign: five case studies were developed into posters and shared on toilet doors throughout Merri to raise staff and visitor awareness — the posters have since been used externally and have potential to reach thousands of visitors attending Merri sites and other organisations
- o a media awareness campaign aimed at locals on how to respond to suspected elder abuse. The story appeared in the Moreland Leader which has a hard copy distribution reach of 203,000 people and digital readership of 45,000 people.







Above: Working in partnership to keep older people safe from elder abuse.



Better care for children & families



Above: Getting children ready for their first year of school.

Ready, Set, Prep

Preparing Fawkner families for their child's first year at school.

Ready, Set, Prep is a local initiative that prepares pre-school aged children and their families for their first year of primary school. To engage children and families, we work with community members, primary schools and early years' providers. Based in Fawkner, these partners include all primary schools, kindergartens and early years' services in Fawkner, as well as Moreland Council.

Why is this initiative based in Fawkner?

Census data shows a clear need for additional support for families and children in Fawkner.

Australian Early Development Census data showed that in 2018, 25.5% of Fawkner children starting school were developmentally vulnerable on one or more domains, compared to Victorian average of 19.9%. In addition, 2016 Fawkner data from Australian Bureau of Statistics found that 47.4% of the total population was born overseas and 63.2% of residents speak a language other than English at home. Of those born overseas:

- 15.3% had arrived between 2006-2010
- 23.6% had arrived from 2011 onwards.

How do we support children?

We prepare children and their family by engaging them in learning opportunities, to support a smoother transition into their first year of school. We also work with local schools and kindergartens to increase their communication and to build inclusive and welcoming environments.

What have we achieved? In the 2018/19 financial period, we:

- successfully engaged and developed partnerships with:
 - all five primary schools and five kindergartens in Fawkner
 - Home Interaction Program for Parents and Youngsters
 - HIPPY Moreland
 - maternal and child health services
 - Department of Education and Training
 - Fawkner service provider's network
 - Melbourne City Mission
- supported 92 families, reaching more than 100 children
- connected families with other support services, having made 67 referrals
- helped influence change with all schools involved making improvements to their transition/ orientation processes for prep students
- completed a community consultation with over 100 participants to inform a video series to support Fawkner families with information on school readiness, child development, and the Australian education system. This will be completed in the 2019/20 financial period.



Above: Foot and leg support for children at Merri Health.



36.6%

Percentage of Fawkner children starting school that were developmentally vulnerable

— Australian Early Development Census, 2015

Where to next?

In addition to extending our educational reach via our video series to be launched in late 2019, we will:

- provide a professional development day for teachers and early childhood educators on culturally responsive practice, and family engagement in July 2019
- provide small grants for kindergartens (\$3000 each) to help with school readiness
- host a family information morning tea for parents of 3 year olds with key stakeholders invited to share information on school readiness, childhood development, support services, and school and kinder enrolment
- complete a research project that is being funded by our carer support program known as CarerLinks North.

First steps to better care

In its second year, our local clinic continues to grow in providing foot and leg support for children.

Merri Health's Little Feet and Limbs clinic provides support for young children that are having foot or leg problems that affect the way they walk. We support children between 0 months and 8 years old with help from a physiotherapist and podiatrist. Reasons for support vary and include:

- children that haven't started walking by 16 months
- concerns with foot posture such as flat feet
- falling or tripping often.

Our service works closely with local maternal and child health nurses and General Practitioners, who are the main source of referral into the service. A referral is not needed for this program so parents also self-refer. In the 2018/19 financial period, the clinic:

- received 213 referrals this is approximately 122 more than last year
- addressed many conditions with the most common being in-toeing, knock knees and problems with walking.

Of the children assessed, approximately 50% were within the normal range and only needed one consult to support their concern.



Above: Free support for new parents at Merri Health.

Free support for new parents

Following demand, our Family Foundations program continues to support new parents.

A pilot project, Merri Health was the first provider selected to trial Family Foundations in Australia: an innovative approach to addressing family breakdown.

Providing free support from qualified and experienced parent coaches, the program helps new parents to adjust to life with a baby at home.

Available to anyone that is expecting or has a child under 12 months old, the program is available in Wyndham, Brimbank, Moreland and Hume and some surrounding suburbs. Over 10 sessions that are delivered in the home, the primary parent and their partner are supported with advice, education and techniques on:

- how to strengthen their communication and adjust to their new role as parents
- how to manage stress by learning practical ways to cope
- how to match their parenting to their baby's unique temperament.

All parenting practitioners have been trained by the creator of Family Foundations, Professor Mark Feinberg from the Penn State University, United States.

To date, Family Foundations has supported 83 couples.

Gail Evans, manager of our children and family services said the service addressed stressors to avoid a break down in the family unit.

"We know that the transition to parenthood is marked by significant role changes, increased financial pressure and the high demands of infant care. These stressors can affect healthy couple relationships and put strain on an already fractured or fragile relationship."

Merri Health is the only Government endorsed and funded organisation to pilot Family Foundations in Victoria.



166

Number of new parents that have been supported by Family Foundations

Pre-loved books support child literacy

Partnering with non-for-profit Storycycle has allowed us to support child literacy locally.

Offering second-hand books at our Bell St Coburg site, children are encouraged to read a book from our Storycycle corner while they wait for their appointment, and/or take it home.

Storycycle is a not-for-profit organisation that distributes good quality, used children's books to community organisations.

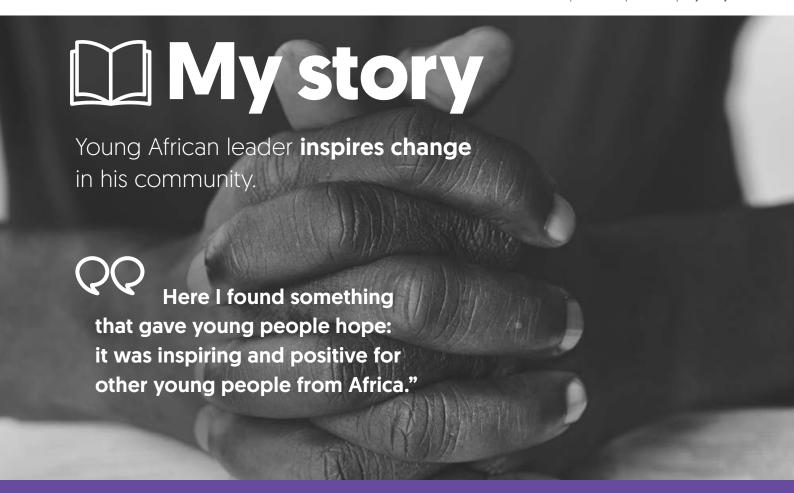
Since it was introduced in January 2019, the book corner has been refilled many times which shows the initiative is a great way to encourage children to read more books. It also offers support for disadvantaged families who may not be able to buy books to keep at home, or attend a library often.

Following the successful trial, we are reviewing the opportunity to introduce Storycycle at another site to extend its impact.





Above: (From left) Campbell, Patrick and Levon featured in the Moreland Leader in April 2019 highlighting Storycycle. Photo by George Salpigtidis.



Young leader Achmel Temple was commended for his impact as he took out a 2018 Moreland Award in the youth category. Below Achmel shares his story to show how our TRACKS program helped put him back on track.

Achmel migrated to Australia from Sierra Leonne after spending time in a refugee camp in Ghana.

"Settling into life in Australia was difficult at times mostly due to horrible memories of conflict in my home country. My family was fortunate because my mother, father and siblings where all together and we had a strong bond which helped us overcome what we had been through."

Achmel first came to Merri Health as a participant of our TRACKS program, which supports young people with peer support to help them make better choices.

"High school was tough because I got into trouble a lot and had to work hard to get my grades up which brought a lot of pressure on me and my family.

"Towards the end of high school I started making some poor choices in regards to the company I kept and consumption of alcohol. It was a regular thing that my friends and I would go out on a Friday or Saturday night and get drunk."

Following a devastating event in 2010, Achmel knew it was time to change.

"My best friend who was also a refugee from Africa died after being pushed into the Yarra River after drinking with friends all evening: this was the biggest wakeup call I've ever had in regards to having a good look at myself and where I was headed in life.

"It was not long after this that I decided to get involved with my father's work in the community, which was running a soccer program for young African refugees. Here I found something that gave young people hope: it was inspiring and positive for other young people from Africa."

After completing year 12, Achmel enrolled at Kangan Institute to complete a Diploma in Community Services. Through his dad's connection in the community services sector, he was introduced to Melanye from our TRACKS program.

"Melanye provided supervision and mentoring and I quickly gained the skills and knowledge to work in TRACKS, delivering interactive and educational workshops to support other young people in secondary schools in Moreland."

Over the course of 18 months, Achmel has made positive tracks.

"I'm now employed by TRACKS and feeling good within myself. I am now a youth support worker/mentor and feel very privileged to be able to work one-on-one with the young people.

"The TRACKS program has been a huge part of my life and really helped shape the person I am today. I really appreciate all the ongoing support and guidance from Melanye and Ross. Hopefully funding permitting, I can continue in some capacity with TRACKS in 2019."

Achmel is currently studying youth work at Victoria University and aspires to join the Victorian Police force.

Education for chronic health

Asthma education to address emergency



Above: Asthma education is available for people of all ages at Merri Health.

Merri Health's asthma education service was developed in response to high asthma rates and the unprecedented thunderstorm asthma outbreak in 2016.

With 11.4% of Victorians suffering asthma and only 21% of Australians aged over 15 years having a written asthma action plan according to Asthma Australia 2018, we identified there were opportunities to improve asthma management locally.

Since the service opened in late 2018, only five clients have reached out for support. Of those:

- one person did not attend
- one person was diagnosed with Chronic Obstructive Pulmonary Disease (COPD): a term used to describe advanced lung diseases including emphysema, chronic bronchitis, and non-reversible asthma. The person was referred to chest physical therapy that is an airway clearance technique to drain the lungs, and they were provided with COPD plan and education
- one person was diagnosed with breathlessness — they did not suffer from asthma
- two people were diagnosed with asthma and were provided asthma education and a plan to manage their condition.

Due to low engagement, we will be exploring new opportunities to promote the service to ensure as many people are able to access this much needed service.

Connecting and supporting carers

CarerLinks North is our carer support program. We support carers of all types in their roles and give them the flexible, individualised help they need. Support includes education, advice, respite opportunities, social connections, health and wellbeing coaching.

Carers get active!

Every year we support and encourage carers to take control of their health by joining our carer Active April challenge.

A month dedicated to putting your health first through wellbeing and exercise, our carer Active April challenge is supported by our carer Health and Wellbeing Coaching service. Carers are encouraged to take part and prioritise their wellbeing to stay in their caring role for longer.

All carers that chose to take part in the challenge were supported with an information pack by our Carer Health and Wellbeing Coaching service, which provided guidance on how to register for the challenge and track their 30 minutes of daily physical activity.

Celebrating their successes, we ended the challenge with a carer lunch that was attended by 40 carers. In addition to taking some time out for themselves, known as respite, carers were able to connect with others, share stories and learnt about our education workshops on offer.



Number of carers that celebrated completing their Active April challenge, prioritising their health and wellbeing

Art therapy for dementia

Support for carers of people living with dementia.

Our dementia carer consultants provide support, education and advice for carers of a person living with dementia. We do this through individual casework and dementia education workshops and currently support more than 500 carers.

Working with carers, two significant losses we've identified that are commonly experienced by carers of a person living with dementia include the loss of opportunities to do things together (especially for spouses), and loss of social connections with friends and extended family. As the dementia progresses, the extent of this loss gets bigger.



500

The number of carers of a person with dementia, supported by our CarerLinks North program

Identifying that there was a need to address this, we focused on the abilities of the person living with dementia and introduced art therapy sessions. Across four weeks, 16 people (eight carers and the person in their care), took part in the sessions delivered from the Heide Modern Art Museum.

One of the participant's feedback really captured the extent of the support.

"I am more aware of the need for play... to take time out for simple activities together — things we have always enjoyed," they said.

As this was the first time we offered this support, the first three sessions were used to take the participants through activities together, and the last session was for the carers alone, to learn more about their experience and how we can improve future sessions.



Above: Carers take part in art therapy sessions

Young carers

Young carers care for a family member, such as a parent, sibling, other relative or a friend.

After-school support for young carers

Carer needs change based on their age and experience. Young carers in particular, have different needs as they navigate their caring role with other pressures such as school and changes as they move into adulthood.

Addressing their unique needs, we have been supporting young carers for many years. Among this support, we offer a fortnightly after-school group program that runs during the schoolterm. It provides a safe space for young carers to connect and meet others with similar experiences.

In July 2018 we developed a partnership with Darebin Council's youth service to deliver this group program from The Hub in Northland. Open to any carer aged 14–17 that looks after a parent or sibling with a mental health issue, disability or chronic illness, we had 30 young carers participate. In addition to connecting and doing fun activities, they learnt to prepare a meal further developing their life skills.

As demand for this program gets bigger, we've been exploring the opportunity to offer this support from many sites, so that it's closer to home for carers. In early 2019 we started conversations with Hume Council's youth services to recreate this in their area, and started a second group from Youth Central in Broadmeadows.



Above: Young carer engagement session at The Hub.

How we connected



Above: Peer volunteer group at a local school.

Pilot project trials school-based support

At Merri Health, we offer services for every age and stage of life, and many times, work across programs to better support client needs.

Identifying a need for support in school for young carers, our carer support program CarerLinks North partnered with our youth education team known as the School Focused Youth Service to pilot a new project. Based at a Moreland school and endorsed by the Department of Education, the pilot offered support in a school-based environment.

A group of carers participated in eight sessions that focused on the needs and responsibilities of young carers. They also connected with other young carers that they may not have known about previously, and were offered a safe space to talk about their experiences at school.

What were the findings?

Following the sessions, feedback from students found they:

- were more aware of where to seek help with issues relating to their caring role
- better understood the importance of self-care

• felt more connected with other young carers, with a sense of shared community.





Above: Carer outing at Trentham Falls.

Carers lend a hand for extra support

Every carers experience is unique. Being able to connect with other carers is helpful as they are able to share experiences and provide support to each other. In response, we connect carers via our peer support service.

Supporting carers to run their own group, we offer a Meet and Greet session over morning tea where carers can choose to join an existing group or create a new one based on shared interests or geographical locations. This year, we've supported many carers with outings to Trentham Falls, Monstalvat, Marnong Estate and the Melbourne Aquarium.

Key to this service are our volunteer peer leader roles. In the 2018/19 financial period, we have had an increase in the number of carers that have taken up this role. They meet quarterly and share their insights and experiences in leading groups.

Throughout 2018/19, our volunteer peer leaders have led the following groups:

- Walk and Talk (north east) carer support group: rain, hail or shine, this fortnightly group venture along the Darebin creek trail in an effort to support a healthy body and mind. Due to demand for this support in other geographical areas, we introduced a second group in the north-west that meet at our Glenrov site and walk along the Northern Golf course
- Dementia carers' support group (north east and north west): two monthly ongoing dementia peer support groups held in Broadmeadows and Yarrambat, offering carers emotional and educational support
- Carer's singing group: known as the Carers' Chorus, the group is now in its second year and meet fortnightly after hours, to accommodate working carers. No singing skills are needed, instead it's an opportunity for carers to connect while taking part in a fun activity

- Carers' lunch support group: a monthly catch-up over lunch across the northern metropolitan area, to share stories, coping strategies and provide emotional and social support
- Carers movie and coffee support group: a monthly catch-up in the Yarra area for carers supporting someone with a mental health condition. Due to demand from carers in other regions and its success, we have introduced this group in Craigieburn and Mill Park
- Cragieburn Aged and Retirement Village carers: monthly meeting for carers going through a transition to aged or retirement living with the person in their care
- Evening support group: supporting working carers, this after-hours group catch-up socially over dinner
- Parent carer support group: monthly meetings for parents of children with autism and/or a disability
- Art and interior design: monthly sessions that supports carers in a creative environment. The group is led by a carer that is qualified in interior design and offers educational opportunities about art and design.



Taking services on the road



Angelina Angelica is a carer who has been receiving support via our CarerLinks North program for a few years. In the hope of supporting other carers, Angelina shared her story as part of Moreland Council's Humans of Moreland online campaign. This is her story.

Angelina Angelica works as a parent liaison officer for Coburg Special Developmental School, where her 14-yearold daughter Marium is also a student.

As a carer for Marium, her 87-year-old mum and 88-year-old uncle who both live alone, her husband and her daughter Julianna, Angelina knows the importance of support when you're in a carer's role.

"There's nothing worse than not knowing where to go," she says.

"At first I was overwhelmed, a fish in a big ocean."

After linking in with CarerLinks North, Angelina felt more supported. She is now also dedicated to helping others in a similar situation.

"It's important to have a community that understands because being a carer can be hard.

"If I win Tattslotto I'll open up an aged care centre for people with special needs," Angelina said.

"I just want people to be able to share info — that's my end goal. To feel connected. There's light at the end of the tunnel."

Did you know we have a CarerLinks North evaluation framework?

Victorian Carers Recognition Act

Our CarerLinks North program is guided by the Victorian Carers Recognition Act 2012. Every year, we share how we're meeting the Act in supporting carers in their caring role.

About the Act

The Victorian Carers Recognition Act 2012 promotes and values the role of people in care relationships, and formally recognises the contribution that carers and people in care relationships make to the social and economic fabric of the Victorian community.



Above: Carers at our 2018 Carers' Week celebration.

How we meet the Act

Merri Health promoted the principles of the Act to people in care relationships who receive our services, and to the wider community by:

- distributing printed material about the Act at community events or service points
- providing links to State government resource materials on our Facebook channel, given that engagement on this platform is by our clients and community
- providing digital and/or printed information about the Act to our partner organisations.

In addition, it's important that our staff are aware of their obligations under the Act, and understand care relationship principles. We do this by:

- developing and implementing a staff awareness strategy about the Act's principles and what they mean
- providing induction and training programs for staff throughout the year.

When developing and updating organisational policy and procedures, we take all practicable measures to consider the carer relationships principles. In the 2018/19 financial period we:

- reviewed our employment policies, such as flexible working arrangements and leave to ensure that they comply
- developed a satisfaction survey which is completed at assessment and review meetings between workers, carers and those receiving care.

^{*} Name has been changed to respect the privacy of our clients. Stories and quotes have been included with the permission of the client.



Above: Members of the Carer Chorus that performed at the 2018 Carers' Week event.

Celebrating carers

National Carers Week 2018 was held from the 14-20 October 2018 under the theme 'Why We Care'. Carers' Week is an important date for our CarerLinks North team, as it's an opportunity to celebrate carers and the contribution they make to the Australian community.

In 2018/19 financial period we held three events during Carers' Week. They were:

- 1. Carers' lunch held at Marnong Estate on Wednesday 17 October
- 2. Koorie Carers' Lunch on Thursday 15 November for Aboriginal and Torres Strait Islander carers — read more about this on page 31
- 3. Young carers family event held in partnership with Little Dreamers Australia at St Kilda's Luna Park on Friday 19 October. A total of 387 carers and family members attended across the three events, with:
- 101 carers attending the Carers' week lunch
- 56 carers attending the Koori carers' lunch
- 70 families (approximately 230 people) attending the young carers' family event.

When planning for carers' week events, we use a co-design process. This means we work and plan these events in partnership with our carers to ensure the events are right for their needs, and are of interest. Four carers participated in the Carers' Week working group.

At the end of each session, we collect feedback from carers to see what they enjoyed and what we could do different or better next year.

"Thank you for running this event; it was greatly appreciated by all the family!" said Patricia*, a local parent.

"The children were asking lots of questions about the event, if it would run again, how often young carers do something like this and if we would be able to go again. They absolutely loved it!"



Free education workshops for carers

Responding to the unique needs of carers is important to us. While we provide many opportunities for social connections, based on feedback we know that carers value learning something new that they can apply to their caring role. With this in mind, we launched free workshops for carers.

Delivered in an inclusive and sharing environment, carers can choose from 10 workshops on topics such as how to find information, supports and services, planning for the future, keeping healthy and active and exploring ways to get back into the workforce.

Throughout 2018/19, we delivered 26 workshops with participation from approximately 127 carers.

Looking forward, we will be evaluating the sessions and feedback from carers in late 2019 to plan for the future.



Supporting healthy ageing

At Merri Health, we support healthy ageing by supporting choice, connections and independence for anyone aged 65 years and over.

Social groups for healthy ageing

Our social groups have been around for many years and continue to be a popular option for older people looking to stay connected with others while doing fun and enjoyable activities.

Officially known as Social Support Programs, we offer a range of activities from our Moreland Rd Brunswick West and Cromwell St Glenroy sites, such as Italian speaking groups, memory groups for people with dementia, a gardening group, single gender groups, coffee catch-ups and walking groups.



Above: Participants at our Social Support Programs.

What have we achieved?

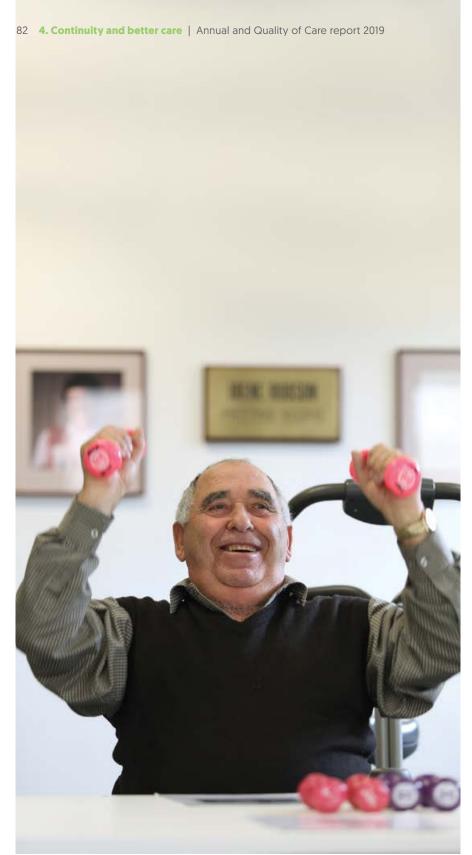
In the 2018/19 financial period we supported 436 older people to take part in social groups. Key achievements included:

- celebrating Valentine's Day and the FIFA World Cup with in-house activities to ensure they didn't miss out on the fun
- evening dinner sessions to promote opportunities to participate in the community
- forming a 'flash mob' made up of participants of the group. The 'mob' has performed at many community events including our Be Merri festival!



436

The number of people we supported with aged specialist services



Above: Participant takes part in one of our exercise sessions for older people.

Support to keep you moving

As we age, our bodies change which can affect our ability to do things. Our Rapid Reablement program was introduced in 2018 in response to this. It supports older people to return to doing the things they enjoy the most, and stay living independently in their home for longer.

Focusing on goal-based therapy, we offer short-term health services that are right for the person's needs. This may include physiotherapy, occupational therapy, exercise physiology and speech pathology. We can also offer extra support from other allied health services within Merri Health.

This service is offered in collaboration with local Regional Assessment Services and we have strong links with other Merri teams and services, such as the Independent Living team and aged specialist services. This means we can draw on further specialist knowledge to offer the right support.

What have we achieved?

In the 2018/19 financial period, we supported 287 clients to access this support, promoting greater independence, mobility and autonomy.



Above: We support older people through memory changes.



Memory and dementia support

Merri Health's newly introduced memory and dementia service helps older people through memory changes. We work with the person impacted by the changes to help them understand what they're experiencing, and how to stay independent.

Providing holistic in-home support, clients can access occupational therapy, physiotherapy, exercise physiology, speech pathology and dietetics, in addition to a bulk-billed geriatrician, and dementia carer consultants.

What have we achieved?

In the 2018/19 financial year, the service has engaged and supported 139 people with memory and dementia conditions.





Board of Directors proceedings **Financial** report

Board of Directors proceedings

Board attendance at meetings 2018/2019

Director	Eligible to attend	Attended
Carlo Carli — Chair	11	10
Darryl Annett	11	8
Julie McCormack	11	11
Marleine Raffoul	11	11
Michael Beahan	4	4
Michael Malakonas	11	10
Katerina Angelopoulos	11	11
Joe Caputo	11	10
Benjamin Maxfield	11	11
Ann Taylor	7	6

Board engagement at sub-committees 2018/2019

Finance Audit and Risk Management

Director	Potential	Attended
Michael Malakonas — Chair	6	6
Darryl Annett	3	3
Benjamin Maxfield	6	6
Marleine Raffoul	3	3
Carlo Carli	6	4

Quality, Safety and Clinical Governance

Director	Potential	Attended
Julie McCormack — Chair	6	6
Katerina Angelopoulos	6	6
Joe Caputo	3	2
Carlo Carli	3	1
Ann Taylor*	-	2

^{*}observer

Community Engagement

Director	Potential	Attended
Marleine Raffoul — Chair 2018	2	2
Joe Caputo	2	1
Michael Beahan	2	1
Darryl Annett — Chair 2019	3	3
Ann Taylor	3	3

Community representation on Board sub-committees 2018/2019

Finance Audit and Risk Management

Representative	Potential	Attended
Geraldine Allen	6	5

Clinical Governance

Representative	Potential	Attended
Sheena Watt	6	3
Simone Pike	4	3
Celine Johns	4	3
Roxanne Adams	3	2

Community Engagement

Representative	Potential	Attended
Giuseppe Ardica	5	2
Sanjay Gund	5	1
Mairi Rowan	5	5
Mustafa Kouklan	5	2
George Jiang	5	0
Susy Pinchen	5	4
Adua Rosso	5	5
Fareed Ayub	4	3
Deb Dean*	-	-

^{*}resigned

About sub-committees

Finance, audit and risk management

This sub-committee oversees financial performance, compliance, risk management and internal and external audits for Merri Health. The sub-committee meet six times a year (or more frequently if required) and is made up of at least two Board members, at least one community member with financial expertise and members of the Merri Health executive team.

Clinical governance

This sub-committee meet quarterly (or more frequently if required) to oversee key strategies and higher level reports on clinical governance functions. The sub-committee is made up of at least two Board members, up to three community representatives with clinical expertise and members of the Merri Health executive team.

Community engagement

This sub-committee meet quarterly (or more frequently if required), with the purpose to consult with community representatives on activities and services of Merri Health. The sub-committee make recommendations to the Board about how to engage with the community and obtain meaningful feedback and potential improvements. The sub-committee is made up of at least two Board members, a minimum of four community representatives and members of the Merri Health executive team.

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

Financial statements

The following forms the Concise Financial Report for Merri Health 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 Health.

A full copy of the Audited Financial Report is available at merrihealth.org.au.

Statement of comprehensive income

for the year ended 30 June 2019

2019 2018 \$'000 \$'000 Revenue Revenue from operations 37,944 34,342 Other revenues 1,663 2,431 Total revenues 39.607 36.773 **Expenses** 25,974 24.220 Employee benefits expense 1,175 Depreciation and amortisation 1,240 Finance costs 120 114 Supplies 266 234 Computer expenses 485 528 Consulting and legal costs 259 249 Client costs 4.782 4,199 Communication 335 327 Motor vehicle expenses 314 327 Occupancy costs 1,511 1,223 Payments to other agencies 1,884 1,794 188 226 Repairs and maintenance 509 503 **Employment expenses** Loss on disposal of pp&e 6 283 Other expenses 1,269 1,102 **Total expenses** 39,142 36,504 Total operating surplus for the year 465 269 Revaluation of property [422]24 293 Total comprehensive income for the year

Statement of financial position

as at 30 June 2019

Current assets 14,127 13,453 Trade and other receivables 1,274 733 Other current assets 2,683 2,335 Total current assets 18,084 16,521 Non-current assets 18,084 16,521 Non-current assets 12,412 13,332 Total non-current assets 12,412 13,332 Current liabilities 7,836 7,920 Provisions 3,568 3,030 Total current liabilities 11,404 10,950 Non-current liabilities 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity Reserves 2,236 2,658 Retained earnings 12,941 12,476 TOTAL EQUITY 15,177 15,134		2019	2018
Cash and cash equivalents 14,127 13,453 Trade and other receivables 1,274 733 Other current assets 2,683 2,335 Total current assets 18,084 16,521 Non-current assets 12,412 13,332 Property, plant and equipment 12,412 13,332 Current liabilities 7,836 7,920 Provisions 3,568 3,030 Total current liabilities 11,404 10,950 Non-current liabilities 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity Reserves 2,236 2,658 Retained earnings 12,941 12,476			
Trade and other receivables 1,274 733 Other current assets 2,683 2,335 Total current assets 18,084 16,521 Non-current assets 12,412 13,332 Total non-current assets 12,412 13,332 Current liabilities 7,836 7,920 Provisions 3,568 3,030 Total current liabilities 11,404 10,950 Non-current liabilities 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity Equity Reserves 2,236 2,658 Retained earnings 12,941 12,476	Current assets		
Other current assets 2,683 2,335 Total current assets 18,084 16,521 Non-current assets 12,412 13,332 Total non-current assets 12,412 13,332 Current liabilities 7,836 7,920 Provisions 3,568 3,030 Total current liabilities 11,404 10,950 Non-current liabilities 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity Reserves 2,236 2,658 Retained earnings 12,941 12,476	Cash and cash equivalents	14,127	13,453
Non-current assets 18,084 16,521 Non-current assets 12,412 13,332 Total non-current assets 12,412 13,332 Current liabilities 7,836 7,920 Provisions 3,568 3,030 Total current liabilities 11,404 10,950 Non-current liabilities 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity Equity Reserves 2,236 2,658 Retained earnings 12,941 12,476	Trade and other receivables	1,274	733
Non-current assets Property, plant and equipment 12,412 13,332 Total non-current assets 12,412 13,332 Current liabilities 7,836 7,920 Provisions 3,568 3,030 Total current liabilities 11,404 10,950 Non-current liabilities 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity Reserves 2,236 2,658 Retained earnings 12,941 12,476	Other current assets	2,683	2,335
Property, plant and equipment 12,412 13,332 Total non-current assets 12,412 13,332 Current liabilities 7,836 7,920 Provisions 3,568 3,030 Total current liabilities 11,404 10,950 Non-current liabilities 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity Equity Reserves 2,236 2,658 Retained earnings 12,941 12,476	Total current assets	18,084	16,521
Property, plant and equipment 12,412 13,332 Total non-current assets 12,412 13,332 Current liabilities 7,836 7,920 Provisions 3,568 3,030 Total current liabilities 11,404 10,950 Non-current liabilities 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity Equity Reserves 2,236 2,658 Retained earnings 12,941 12,476			
Total non-current assets 12,412 13,332 Current liabilities 7,836 7,920 Provisions 3,568 3,030 Total current liabilities 11,404 10,950 Non-current liabilities 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity Equity Reserves 2,236 2,658 Retained earnings 12,941 12,476	Non-current assets		
Current liabilities Trade and other payables 7,836 7,920 Provisions 3,568 3,030 Total current liabilities 11,404 10,950 Non-current liabilities 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity Reserves 2,236 2,658 Retained earnings 12,941 12,476	Property, plant and equipment	12,412	13,332
Trade and other payables 7,836 7,920 Provisions 3,568 3,030 Total current liabilities 11,404 10,950 Non-current liabilities 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity Reserves 2,236 2,658 Retained earnings 12,941 12,476	Total non-current assets	12,412	13,332
Trade and other payables 7,836 7,920 Provisions 3,568 3,030 Total current liabilities 11,404 10,950 Non-current liabilities 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity Reserves 2,236 2,658 Retained earnings 12,941 12,476			
Provisions 3,568 3,030 Total current liabilities 11,404 10,950 Non-current liabilities 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity 2,236 2,658 Retained earnings 12,941 12,476	Current liabilities		
Non-current liabilities 11,404 10,950 Provisions 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity 2,236 2,658 Retained earnings 12,941 12,476	Trade and other payables	7,836	7,920
Non-current liabilities Provisions 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity Equity Reserves 2,236 2,658 Retained earnings 12,941 12,476	Provisions	3,568	3,030
Provisions 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity 2,236 2,658 Retained earnings 12,941 12,476	Total current liabilities	11,404	10,950
Provisions 1,062 916 Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity 2,236 2,658 Retained earnings 12,941 12,476			
Borrowings 2,853 2,853 Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity 2,236 2,658 Retained earnings 12,941 12,476	Non-current liabilities		
Total non-current liabilities 3,915 3,769 NET ASSETS 15,177 15,134 Equity 2,236 2,658 Retained earnings 12,941 12,476	Provisions	1,062	916
NET ASSETS 15,177 15,134 Equity 2,236 2,658 Retained earnings 12,941 12,476	Borrowings	2,853	2,853
Equity Reserves 2,236 2,658 Retained earnings 12,941 12,476	Total non-current liabilities	3,915	3,769
Equity Reserves 2,236 2,658 Retained earnings 12,941 12,476			
Reserves 2,236 2,658 Retained earnings 12,941 12,476	NET ASSETS	15,177	15,134
Reserves 2,236 2,658 Retained earnings 12,941 12,476			
Retained earnings 12,941 12,476	Equity		
	Reserves	2,236	2,658
TOTAL EQUITY 15,177 15,134	Retained earnings	12,941	12,476
	TOTAL EQUITY	15,177	15,134



Above: The team at our Brunswick West site supporting people 65 and over.

Contact us

Our sites

Brunswick

11 Glenlyon Road Brunswick VIC 3056

Brunswick West

382-386 Moreland Road Brunswick West VIC 3055

Coburg

93 Bell Street Coburg VIC 3058

Coburg

Ground floor, Unit 4 19 Pentridge Boulevard Coburg VIC 3058

Coburg

21 Victoria Street Coburg VIC 3058

Fawkner

79 Jukes Road Fawkner VIC 3060

Glenrov

5D Cromwell Street Glenroy VIC 3046

Level 2, 110 Chifley Drive Preston VIC 3072

Preston

Ground floor, Suites 3-4 306-308 Bell Street Preston VIC 3072

Wangaratta

Level 3, 62-68 Ovens Street Wangaratta VIC 3677 t: 1300 362 739

Connect with us

f Merri-Health

@MerriHealth

goo.gl/gWrGqi

in Merri Health

Your feedback is important to us

Your feedback is important to us. It's good to give feedback as it helps us improve how we do things. We manage all feedback as quickly as possible and it is confidential.

You can provide feedback by:

(03) 9389 2234

quality@merrihealth.org.au

merrihealth.org.au

All services



info@merrihealth.org.au

National Disability Insurance Scheme

(3) 1300 637 744

mdis@merrihealth.org.au

Carer support

03 9495 2500

Victims Assistance Program

1300 362 739

My Aged Care*

1800 200 422

*My Aged Care is the first point of contact for aged care services

merrihealth.org.au

