



Co-design

collaborative approach



Merri Health

Healthcare that moves with you

**Annual & Quality of
Care report / 2017**



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**.

Our vision

A healthy and connected community.

Our mission

Improving health and wellness through provision of community-based services.

Our values

We take PRIDEE in everything that we do. We value Passion, Responsibility, Integrity, Diversity, Engagement and Excellence.

Connect with us

 Merri-Health

 @MerriHealth

 [goo.gl/gWrGqi](https://www.youtube.com/watch?v=gWrGqi)

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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 through our other activities to support our service delivery.

A group of people are shown from behind, hugging each other in front of a large window. The scene is brightly lit, suggesting a sunny day. The people are wearing colorful clothing, including yellow and orange. A large, stylized geometric graphic is overlaid on the left side of the image, consisting of various triangles and lines in shades of teal, orange, and white.

Annual report

All about our **organisation**, how it's structured, Board of Directors and governance, our services and financial reporting.



About this **report**

About the Annual and Quality of Care report

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 of Care report. This report is broken up into three sections:

- > Consumer, carer and community participation
- > Quality and safety
- > Continuity of care

It highlights how we've supported our communities in the last financial year. We share this information through client stories, which are told with their permission, service and program updates, our systems, processes and learnings.

How do we put this information together?

Many teams across the organisation were involved in the preparation of this report. We consulted with our community about what they wanted to see in this report at our members' lunch, and shared the final stages of the report with our Community Engagement board sub-committee, for feedback about its presentation. We review this report with lots of people as it helps Merri Health provide you with updates that are informative and of interest to many people.

The reports are also reviewed by our Board, executive leadership team and management leadership team for accuracy and relevance.

Where to find this report

This report can be found at each of our sites. See page 89 to find an office location near you. The report is also available on our website, **www.merrihealth.org.au**.

Chair's report

The healthcare industry has seen a whirlwind of changes in recent years. The Board and the management of Merri Health are managing these changes to ensure Merri Health provides good services, is financially sustainable and remains community focused.



Welcome to another exciting and eventful year at Merri Health.

Our changing environment is governed by Federal and State Government policy, which increasingly demands greater competition between service providers. To survive it means we need to change so we can sustain and grow our services. Regardless of the more competitive environment, the Board and the organisation remains committed to the provision of locally based and appropriate services that meet the needs of our community.

The rate of change is accelerating. This year has witnessed the historical roll-out of the National Disability Insurance Scheme (NDIS). Merri Health has worked hard to prepare itself for this roll-out, and is pursuing opportunities with NDIS locally and elsewhere in Victoria.

Merri Health continues to grow and respond to local health needs. Our strong financial performance has allowed us to continue to invest into our facilities. We are currently planning a major investment in 'Merri Corner', the site on the corner of Sydney Road and Bell Street, Coburg.

“ We will continue to build on our strong performance with a strong emphasis on our service delivery.”

We believe this development will provide the stability and the physical presence for Merri Health for our current services and future needs.

Our vision for Merri Corner is to provide a large, integrated primary care/community health centre at this location. This is an ambitious but manageable project.

On behalf of the Board I would like to thank the staff and the management team of Merri Health for their work. I would also like to thank my fellow Board members for their contribution and dedication to Merri Health. We look forward to our future with optimism and a determination to do even better.

We will continue to build on our strong performance with a strong emphasis on our service delivery. We have also made a number of changes in how we manage our services to ensure we remain competitive in a more demanding and deregulated health market.

Our strong financial position means we have had the resources to invest in our branding and marketing. The Board is also committed to the ongoing involvement of the community in the running of our organisation. We have increased our investment in community engagement and communication.

The Board and Management aims to provide leadership in the community health sector. We are actively engaged in the sector and we work with government to input into the policy process. Working together, we will continue to provide services that support and benefit our community. Stay involved, informed and active as Merri Health continues to work to enhance the wellbeing of our community.

Carlo Carli
Chair, Merri Health

Chief Executive's report

The past year has been a significant year of achievement for Merri Health, with the expansion of services, growth to existing programs and remarkable inroads to improving clients' experience by enhancing our codesign models.



This growth has also seen us continue to expand the geographical coverage of services, expanding into regional Victoria.

The ongoing policy reform environment we have experienced in past years has continued along with the rollout of the National Disability Insurance Scheme. These policy changes continue to impact across the sector and there has been significant work our organisation has undertaken to prepare and position ourselves for the changes, ensuring we can continue to deliver vital services to our many communities across Victoria.

Our strong performance has seen an increase in the number of clients we support, with more than 170,000 occasions of service, and our continued strong financial performance has allowed us to reinvest into the organisation with upgrades to key facilities to improve security and safety for clients and staff.

The purchase of Merri Corner was a strategic investment by the Board of Directors. We secured a building in central Moreland that will see many benefits for surrounding communities in the years ahead. Our plan is to develop a large community hub that will see a one-stop health service, with integrated primary care and community health services under the one roof.

The services we provide to communities could not take place without the dedication of our staff and volunteers. It has been rewarding to see many staff and volunteers throughout the year be acknowledged for their work in receiving awards and recognition for the work they undertake.

Our continued strong and positive client feedback is also indicative of the commitment our staff have to our community.

The Board of Directors will be finalising new strategic directions for Merri Health in November 2017, that will guide the organisation through the changing government policy landscape, and support our continued growth and sustainability for the communities we serve over the 2018-2020 period.

The many programs we provide are, at times, delivered in partnership with a wide range of stakeholders that I would like to acknowledge and thank for their support and commitment for our joint initiatives. It has also been great to enter a new partnership this year with the National Disability Insurance Agency, with Merri Health appointed as Early Childhood Early Intervention Partners in Community. This sees our team support children with a disability and their family in the Ovens Murray region, through planning and connections with services of their choice.

Our acknowledgment and appreciation extends to the Victorian and Commonwealth Government, who fund us to deliver a large range of primary and community health services to Victorians.

I would like to acknowledge and thank the continued commitment and support from our Board of Directors in what has been a continuing challenging policy reform environment. I also extend this sincere thanks to the entire Merri Health staff and volunteers who deliver services to the many communities we serve across the northern and regional areas of Victoria on a daily basis.

Nigel Fidgeon
Chief Executive Officer

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 the most diverse population in the state.

Diversity

The region is home to an estimated 1.9 million people, with an estimated one third of the population born overseas. Common countries of birth outside of Australia include India, China, Vietnam, Italy and England.

Health

Chronic health is a big concern in northern metropolitan Melbourne with high rates of diabetes, obesity, heart problems and some cancers.

In Darebin, Moonee Valley, Moreland and Hume, there is a high proportion of people with diabetes and hypertensive disease, as well as a high number of people 40 years and over being admitted to hospital for heart failure.

Obesity is also of concern in Moreland and Hume, with a high percentage of people who are overweight.

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

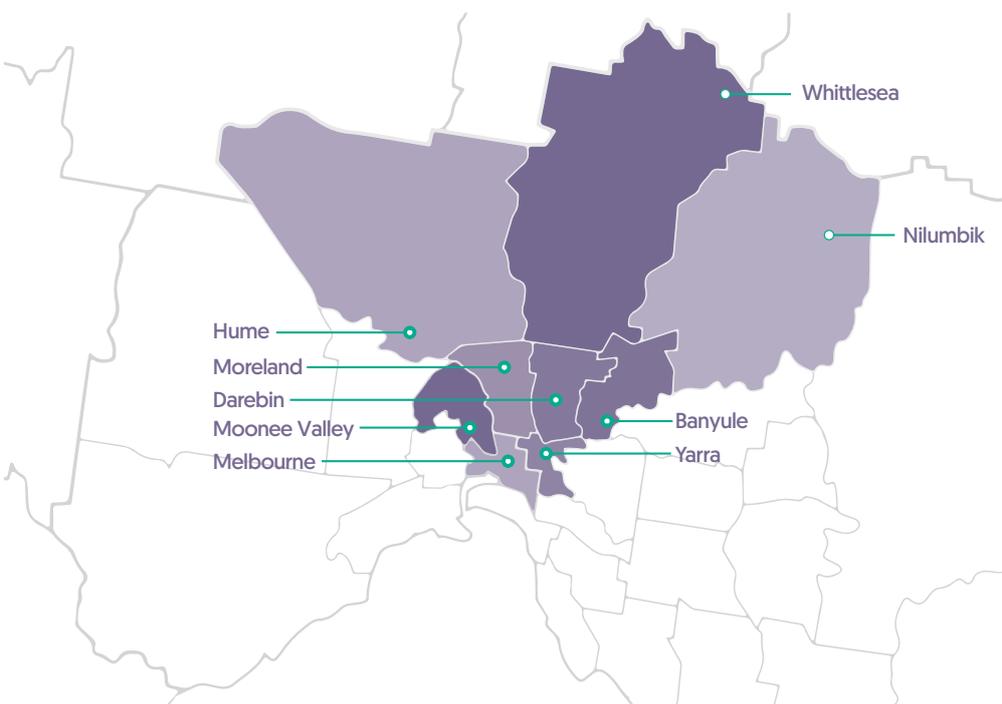
Languages spoken

Nearly 37.8% of people living in the area speak a language other than English at home [2012 Regional health status profiles: North and West Metropolitan region]. The top five languages spoken other than English are Italian, Mandarin, Arabic, Greek and Turkish.

Age groups

The recent findings from the Australian Bureau of Statistics has seen a big shift in our population, with the majority of the population under 45 years.

People aged 25–44 years represent the largest group at 37.6%, with a median age of 34 years in Moreland. Children aged 0–14 make up 16% of the population, while people aged 65 years and over represent 13.8% of the population in the area.



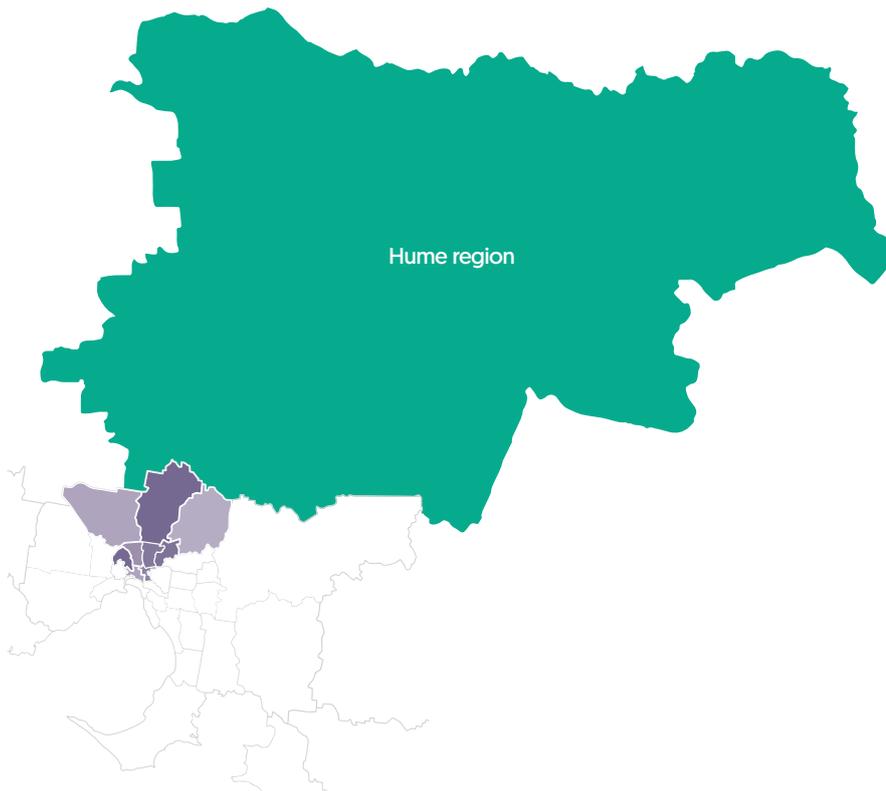
1.9m
people call this region home



37.8%
speak a language other than English



34 years
median age of residents in Moreland



170,194

people live in the Hume region



18.4%

people were born overseas



28.5%

of the population aged 45–64 years

Disadvantage

This region includes some of Victoria's most disadvantaged areas, particularly in Brimbank and Hume. For example, high numbers of people are experiencing food insecurity, rental or mortgage stress, and have high levels of psychological stress in Brimbank and Hume.

The area overall has a high proportion of developmentally vulnerable children, low levels of students participating in secondary school education at age 16, and low numbers earning or learning at ages 15 to 19. The area also has a high proportion of age pension recipients.

According to the SEIFA Index of Disadvantage, these two local government areas are among the 20 most disadvantaged areas in Victoria. Hume has a SEIFA score of 951.8, which places it 12 on the scale, and Brimbank has a SEIFA score of 925.8 that places it third. A lower score on the index means a higher level of disadvantage.

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 population growth that is projected to grow by over 38% over 20 years to 2031. Currently, there are 170,194 people living in this region, which has increased by 3% in the last year.

Diversity

The region has a small percentage of people born overseas with 18.4% compared to Victoria at 35.1%.

The Aboriginal and Torres Strait Islander population percentage is twice the Victorian average.

Health

The region has high numbers of people that are overweight or obese, representing 55% of the population.

Age groups

The region has a large younger population – those aged 45–64 years represent the largest group with 28.5%, followed closely by those under 19 years, representing the new generation of residents at 23.9%.

Most of the Local Government Areas in the Hume region score close to 1000 on the SEIFA Index of Disadvantage. Greater Shepparton is the most disadvantaged area, scoring 967.8. The areas with highest disadvantage are Shepparton, Wodonga, Benalla, Wangaratta and Myrtleford.

Resources

- > <http://profile.id.com.au/hume/seifa-disadvantage>
- > <http://www.multicultural.vic.gov.au/regional-advisory-councils/regions/north-west-metropolitan>
- > Regional Health Needs August 2016 Assessment, North Western Melbourne PHN.

About Merri Health

Merri Health is one of the largest community health providers, with a range of health and wellbeing services across northern metropolitan Melbourne and into the Hume region.



1,100
days in student placement



8%
increase in student placement

We work together with our clients to link them with services and programs that support their health and wellbeing, and keep them connected with family, friends and their community.

Service divisions

We have two divisions; **Primary Care and Carer Services** and **Family and Community Support Services**, in addition to two service support divisions; **People and Communications** and **Infrastructure**.

Our workforce

Merri Health 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.

	No. of employees	% of total workforce
Workforce profile		
Male	49	13%
Female	326	87%
Total	375	100%

Basis of employment

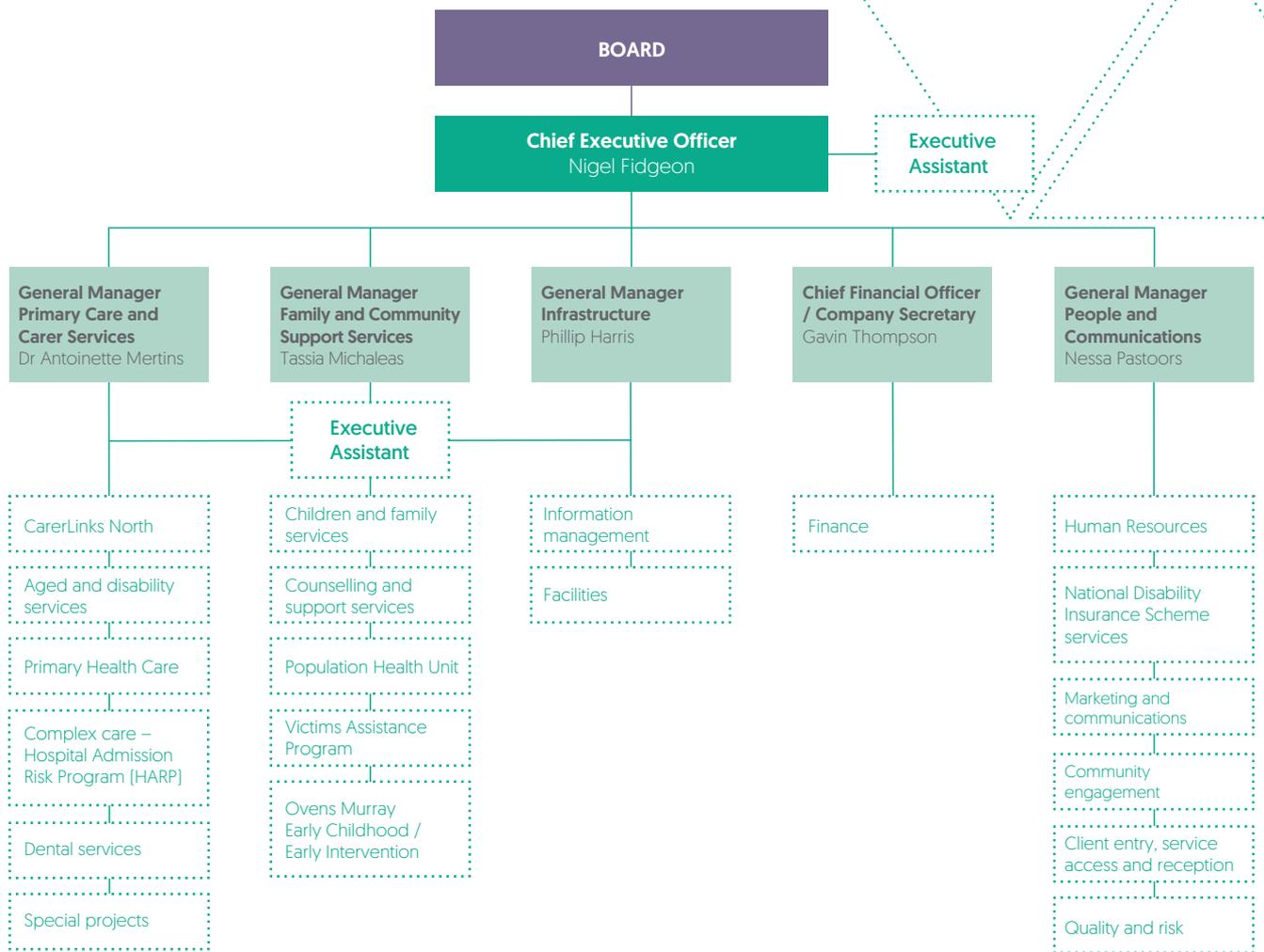
Full-time	138	37%
Part-time	190	51%
Casual	47	12%

Employment areas

Executive	7	2%
Management	19	5%
Team leaders	31	8%
Allied health professionals	45	12%
Dental	12	3%
Early childhood teachers	3	1%
Nursing	15	4%
Social & community service workers	162	43%
Program support	39	11%
Support services	42	11%



Podiatrist Jason with La Trobe University student



Workforce highlights

1. Launch of our new Learning Management System
2. Introduction of a newly developed Health, Safety and Incident management framework and new VHIMS2, a health incident data system
3. Introduction of a KSAC management assessment for line managers
4. Introduction of new national code for healthcare workers
5. Review and introduction of up-to-date human resources and occupational health and safety policies and procedures, such as management of employees within their probation, first aid, criminal history and working with children checks, managing alcohol and other drug use in the workplace, and children in the workplace.

6. Our continued commitment to the development, training and education of students through placements and work experience programs. We have provided over 1,100 days in student placement increasing our commitment by 8% in comparison to the previous year.

Equal opportunity

Merri Health is committed to fostering a safe workplace culture free from discrimination, harassment and bullying. Equal opportunity is a matter of employment obligation, social justice and legal responsibility, while prohibiting discriminatory policies and procedures is sound management practice.

Occupational health and safety

Merri Health and its senior management are committed to ensuring the health, safety and wellbeing of the working environment for all employees, contractors, locums, students, volunteers, clients and visitors. In keeping with our values, we seek to promote a culture where harm through work is unacceptable.

The year saw the review and ongoing implementation of the occupational health and safety strategic safety plan 2016-2017, with annual objectives and performance indicators for the committee to monitor and report on a quarterly basis.

Our Board



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.



Darryl Annett
Deputy Chair

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

Darryl is a lawyer 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 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 Malakonias
Board member

Michael has over 23 years of finance and management experience, with over 17 years of service within the financial services industry, of which 13 have been with GE Capital.

Prior to his current general manager role with GE Premium Funding, Michael was the Chief Financial Officer of Pacific Premium Funding.

Michael is a Fellow CPA and also holds a CPA MBA from Deakin University, majoring in leadership and communication. Michael has lived in both the inner and outer northern suburbs of Melbourne all his life, with the last 18 years based in Northcote.



Hasan Erdogan
Board member

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

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

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



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 counsellor with Moreland City Council.



Michael Beahan
Board member

Michael has been a Brunswick resident for the past six years and serves on two committees for the Australian Neighbourhood Houses and Centres Association. Michael was a senator in the Australian Parliament for nine years and served for three years as President of the senate. He was state secretary of the Western Australia Branch of the Australian Labor Party and directed a Commonwealth statutory authority, providing education for union officials.

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



Julie McCormack
Board member

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

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 IV in Training and Assessment, Bachelor of Arts and a Graduate Diploma in Frontline Management. She has trained as a mediator.



Marlene Raffoul
Board member

Marlene has been a resident of the City of Moreland for 13 years and has been involved in various committees within the area. Marlene has been educated in three languages and her knowledge extends to teaching and business expertise. She is passionate and committed to improving health services to the multicultural community of Moreland, and looks forward to extending her expertise to its residents.

Our Executive Leadership team



Nigel Fidgeon

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

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

Nigel is a Board member of the Australian Healthcare and Hospitals Association, a Board member of the Victorian Hospital Industrial Association, Chair of the Health Committee of the Australian Institute of Company Directors, and a member of the Victorian State Governments Health Workforce Reform Implementation Taskforce.

Nigel holds a Master of Health Administration, a Bachelor of Science [Nursing] along with educational experience gained at the Wharton School of Business at the University of Philadelphia, USA and executive training at the Harvard School of Business in Boston USA.



Antoinette Mertins

DrPH, PDipHRM, BBS, AFCHSE, GAICD
General Manager, Primary Care and Carer Services

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

Antoinette is a public health practitioner with an extensive background in community based health care leadership and management, service planning and development, and leading diverse multidisciplinary teams to deliver innovative services.

Antoinette is committed to population health approaches as a means to improve health and wellbeing outcomes.

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 a recent Graduate and member of the Australian Institute of Company Directors.

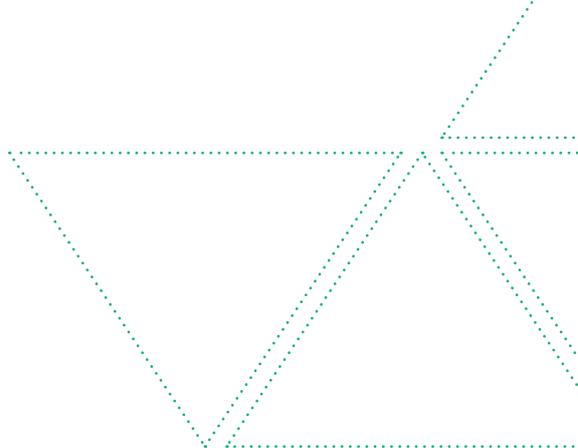


Tassia Michaleas

BEC, BSW, MBA, AFCHSM, GAICD
General Manager, Family and Community Support Services

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

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



Gavin Thompson

B.Bus [Acc], CPA

Chief Financial Officer

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 co-operative and helpful approach to aid service delivery programs. Gavin holds a Bachelor of Business and is a Certified Practising Accountant (CPA).



Nessá Pastoors

BCCJ, MER, EMBA [in progress]

General Manager, People and Communications

Nessá has worked in the non-for-profit sector for 12 years and has 10 years of leadership and management experience in employment relations, project management and governance. With a proven track record of building workforce capacity contributing to organisational growth, Nessá has been instrumental in driving organisational capacity and cultural change in previous roles.

Nessá's strengths lie in industrial relations, change management, stakeholder engagement and communications and marketing. Nessá holds a Bachelor of Criminology and Criminal Justice, Masters of Employment Relations, Certificate in Business and Human Resources Management, and is currently completing an Executive Masters of Business Administration.



Phillip Harris

MBA, GAICD

General Manager, Infrastructure

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.

Our volunteers

Merri Health has a large pool of committed volunteers that stand alongside our team to support our community.



183

active volunteers
in 2016/17



One third

volunteer 2+ years

Volunteers provide support in many ways and are an extension of our workforce. We highly value their diverse skill sets and what they bring to our many services. Without them, many of our services and outcomes would not be the same.

Growth

Active volunteers throughout 2015–2016 period was 156, increasing to 183 active volunteers in 2016–2017.

One third of our current active volunteers have been with Merri Health for at least two or more years and half of these volunteers have been with Merri Health for 5 years or more. Our longest serving volunteers have been with our organisation for up to 14 years and still going strong!

Support and processes

Volunteers are provided with induction and appropriate training sessions to help them prepare and succeed in their role. Recognising that our volunteers have commitments outside of their roles and may have difficulty attending workshops and training during work hours, we are in the process of moving towards an online training platform. This will align with Merri Health's broader Learning Management System.

Working with our teams

There have been many new volunteer roles commence this year. We saw the addition of new volunteers within our young carers program to support some of Victoria's youngest carers, within our Population Health team to support many of our collaborative projects like The Community Grocer Fawkner, work within local primary schools, the Kitchen-Garden project at Coburg Primary School and Ready, Set, Prep program, supporting newly arrived children.

We have also been fortunate to be able to recruit to our team directly from our volunteers, like The Community Grocer Fawkner that saw the employment of two volunteers into the role of market manager on two separate occasions.

In 2017, our volunteers from the Healthy Mind Hub joined our staff to present at the Hume City Council Volunteer Conference, showcasing our work around the key theme of inspiration.

The volunteering team support people in our community experiencing mental health issues through peer support activities like painting, singing and outings.

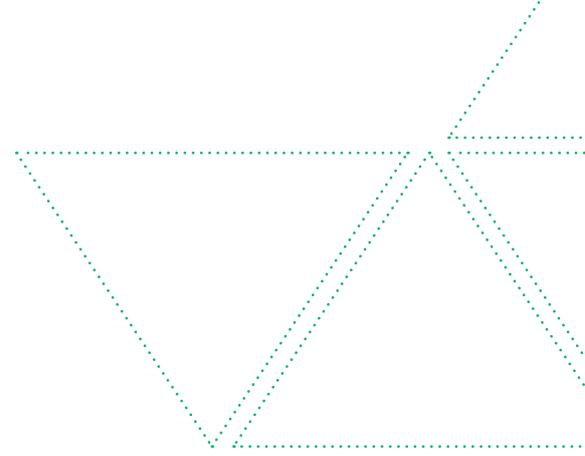
We have lots of volunteers that support our team in our disability programs, bringing fresh ideas to introduce new activities for participants. This has allowed us to enhance participants' social skills and community engagement. We also saw our recreation group volunteer take on an additional role within the disability program and two volunteers, Laura and Thabit join us on a family camp, helping us to better support families that have a child with a disability.

Awards and celebrations

National Volunteer Week in May 2017 was a time where once again, we showcased and celebrated the outstanding work and achievements of our volunteers.

Following the success of the many awards at last year's Premier's Volunteer Champions Awards, we were excited to see Kate Hutchison who volunteers and works within our child health team, recognised with a Minister for Health Volunteer Award for outstanding achievement in improving public healthcare. Well done Kate!

Our services



Merri Health provides 60+ base services across northern metropolitan Melbourne and into the Hume region.

In addition, we also provide many short-term activities, programs and groups to meet the changing needs of our communities.

Aged services

Supporting choice, connection and independence for anyone 65 years and over, or 50 years and over for Aboriginal and Torres Strait Islander people.

We can help with carer support, short-term education and exercise groups, health services like occupational therapy, physiotherapy, speech pathology and more, respite for carers of frail older people who live at home, social groups and Wellness at Home through Home Care Packages.

Carer support

Flexible and individualised support 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, respite and support for victims of crime.

Chronic conditions

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

Dental services

Supporting good oral health through education and community screenings for children, and general dental support.

Disability services

Supporting people with a disability with flexible health services and greater choices. We can help with carer support, help for children with a disability and their family, education, respite, health services like speech pathology and community nursing, social groups and Wellness at Home.

Health and wellness services

Supporting you to stay healthy and well with short-term education and exercise groups, health services like physiotherapy, occupational therapy, podiatry and more, support to stop smoking and a Healthy Eating and Lifestyle group.

Mental health services

Supporting recovery, better health and wellbeing through local group activities, one-on-one support, counselling, support for victims of crime and support for residents and proprietors of Supported Residential Services.

Young adult services

Helping put young adults on track for a healthy and fulfilling life, with alcohol and drug support, community

nursing, carer support, counselling, education, one-on-one help, support for young people that identify as same-sex attracted or gender diverse, respite, group activities and support for victims of crime.

Health initiatives

NDIS made easy

The National Disability Insurance Scheme known as the NDIS is a new national government initiative for people living with a permanent and significant disability. As of the 1 July 2016, Merri Health started to provide services under the NDIS including support for children with a disability and their family through MerriKids, support coordination, puberty and human relations education and mental health support.

Local health initiatives

We respond to the changing health needs of our community. We help shape healthy schools, support sport participation for refugee or newly arrived people, increase food security through The Community Grocer Fawkner, address poor school-readiness among migrant children through a partnership with local primary schools, support newly arrived women through an Urdu-speaking women's group, support gay, lesbian, bisexual, transgender, intersex and queer inclusiveness, and much more.

National Disability Insurance Scheme

The National Disability Insurance Scheme, known as the NDIS is a new national Government initiative for people living with a permanent and significant disability.



► Important info

- > Under the NDIS, Merri Health supports children with a disability and their family, as well as adults with support coordination, puberty and human relations education and mental health support.
- > *Early Childhood Early Intervention* is support provided to children with a development delay or disability and their families, to support a child's development. It is designed to provide children with the best possible start in life.

The scheme provides lifelong support, where people have more choice and control over how they receive services.

Supports may include health and therapy services, equipment, personal care, help at home and getting involved in the community.

Making the NDIS easy

On 1 July 2016, Merri Health started to provide services under the NDIS. As a new scheme, we know there is a lot to learn which can be overwhelming. We help to make the NDIS simple by supporting you through the process and helping you get the most out of your NDIS plan. We work with you to achieve your goals and link you to the supports and services that best suit your needs.

As part of a larger Merri Health network, we can also connect you with other services for your other health needs, or with other services of your choice in your community.

 **Find out how we're supporting our community through the NDIS on page 36.**

Supporting regional Victoria

Merri Health is the Early Childhood Partner for Early Childhood Early Intervention in Ovens Murray.

This means that Merri Health will:

- > Work with families and carers to develop NDIS plans for children (birth to six)
- > Provide information to families and carers and connect them with appropriate services
- > Work with the local community to provide flexible and responsive options for children with a disability and developmental delay

In 2017, we started our recruitment process to set up a team of local, experienced professionals that would support families in the Ovens Murray region.

As of the 30 June 2017, the team was in the process of setting up and will be ready to provide services to the community starting October 2017.

Strategic and activity planning



32,525,564

total revenue



172,988*

occasions of service in 2016/17



375

staff members



183

active volunteers

“ We will continue to build on our strong performance with a strong emphasis on our service delivery.”

*Estimate based on our two main data systems. Clients may be duplicated in these systems. There are many other client systems that are not included in this estimate.

Strategic plan and values

In early 2017, Merri Health's leadership team came together as part of a collaboration, consultation and feedback process to provide input into the future strategic directions of Merri Health. This feedback was provided to the Board of Directors as part of a broader consultation and review process the Board undertook to develop strategic directions for 2018-2020.

The current plan developed in late 2015 outlines strategies for the 2016-2018 period to ensure we stay connected and responsive to the needs of our communities. Our future plan is currently in development and will be finalised by late 2017.

At the consultation session, we also heard that our values, while relevant, no longer resonated with our team and future direction. As such, we are currently in consultation with our staff to develop values that better respond to our future direction and changing environment.

Diversity plan

Diversity and disadvantage is a defining characteristic of the area we serve. In northern and western metropolitan Melbourne, 29.8% of residents were born in non-English speaking countries and unemployment is among the highest in Victoria.

Our diversity plan sets the overall direction and goals for our organisation, in relation to diversity planning and practices for hard-to-reach groups.

The plan focuses on five special needs groups:

1. Aboriginal and Torres Strait Islander peoples
2. Culturally and linguistically diverse communities
3. People with dementia
4. People experiencing financial disadvantage
5. Same-sex attracted and gender diverse communities

As of the 30 June, we wrapped up the 2016/17 plan. Representatives from across different teams at Merri Health will now meet to assess previous efforts and results, and plan for the future.

Gender equity plan

Gender equity 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 respond and support victims of family violence.

We currently have a family violence committee that is made up of representatives from across different teams at Merri Health. The committee monitors implementation and outcomes from our family violence strategy 2016/17, and provide recommendations and direction for our family violence policy and procedure, which is in development.



Clients take some time out to play card games at one of our social groups



Left and right: Clients take part in exercise sessions at Merri Health

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 2016/18 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 engagement framework

In 2016, Merri Health made further commitment to community engagement by employing a community engagement officer that leads engagement activities across the organisation, oversees member engagement, and provides overall direction and support to the organisation.

A community engagement framework is currently in development to ensure a coordinated approach to community engagement.



11
sites



125+
partners



40+
years of serving the
community

Research and **innovation**

Merri Health is an active participant and contributor in ongoing research and evaluation.

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

In the past financial year we:

- > Established an osteoarthritis knee clinic that provides timely access to support in a community setting, while diverting from long hospital wait lists.

 **Find out more about this on page 64**

- > Introduced a mobile Wellness Clinic, focusing on at-risk communities.

 **Read more about the clinic on page 69**

- > Embedded co-design in our carer services that resulted in new service offerings such as health coaching, supporting long-term good health.

 **Find out how we're embedding co-design across our services on page 31**

- > Addressed poor school-readiness among migrant children through a partnership with local primary schools.

 **Read more about the outcomes on page 79**



 **Find out more**

We report on our research and innovation via our bi-annual **Research and Innovation** newsletter.

Media Watch

Throughout the year, Merri Health works with local media and partners to highlight what is happening in the community.



Merri Health mural by staff Denise Parussolo

We do this to raise awareness and link the community to services and events that support their health and wellbeing. In the last financial year, we had:

- > Articles in the Leader papers, Herald Sun online, Wangaratta Chronicle, educational publications and online publications
- > Cover feature in the Moreland Leader
- > Radio interviews on RRR and Joy FM

We saw our teams interviewed in the paper for:

- > The Little Long Walk
- > This Campaign Is Queer
- > The rainbow exhibition for International Day Against Homophobia, Biphobia, and Transphobia
- > Alcohol and drugs education mentor
- > Aged care forum
- > Elder Abuse Week
- > Urdu-speaking women's group

Partnerships

Partnerships are important as we can bring expertise and resources together for better outcomes for our community.



Health Minister Jill Hennessy at our children's speech pathology service

“ [We] addressed poor school-readiness among migrant children through a partnership with local schools; Fawkner, Moomba, St Mark’s and St Matthew’s primary schools.”

We work with many partners like universities, TAFE, other community health providers, hospitals, Primary Healthcare Network, community groups and neighbourhood houses. Some examples of how we have worked with our partners in the last financial year, and the great outcomes are:

The Collaborative

An ongoing partnership between Merri Health, cohealth, Melbourne Health and the North Western Melbourne Primary Health Network, the partnership has delivered innovation and collaboration opportunities, such as:

- > Back pain community clinic
- > Osteoarthritis knee clinic
- > Chronic heart failure program facilitating care transition from hospital to community
- > Stepping Up – model of care reorienting clinical roles to use resources more efficiently
- > Shark Tank – promoting and supporting good ideas from the four organisations, by having staff pitch creative ideas that address a current issue. Many of the ideas are currently in development.



Partnership walk with Moreland Council during White Ribbon day

Moreland City Council

Merri Health and Moreland City Council have a memorandum of understanding that supports better health and wellbeing outcomes for Moreland residents. The partnership has seen:

- > Council-wide promotion of Elder Abuse Week, with an event held in partnership with North West Aged Care Assessment Service, that saw more than 100 people attend.
- > Council-wide promotion of Merri Health's project, This Campaign Is Queer during International Day Against Homophobia, Biphobia, and Transphobia (IDAHOBIT). The event saw 500 students take part in a choreographed, art exhibition and procession.
- > Launch of Voices and Visions; Australia's first book on Aboriginal early childhood education, supporting Indigenous writer and contributor, teacher, Moreland resident and Merri Health Reconciliation Action Plan committee member, Sue Atkinson-Lopez.

Fawkner primary schools

Addressed poor school-readiness among migrant children through a partnership with local schools, Fawkner, Moomba, St Mark's and St Matthew's primary schools.

Consumer networking

This was our second year coming together with other health providers to look at how we can better support people in our community to network and provide feedback about their health experiences. The event was a success, with one Merri Health participant expressing their desire to get further involved and is now a community representative on our Gay, Lesbian, Bisexual, Transgender, Intersex and Queer advisory committee.



130+
partnerships

Victorian Carers Recognition Act

Merri Health acknowledges the contribution carers make in the community and is proud to support carers across every age and stage of life.

► What is the Act?

The Victorian Carers Recognition Act sets out principles that recognise and support people in care relationships, including the responsibilities of organisations that support carers. This Act complements the Federal Government's Carer Recognition Act 2010 and is supported by the Victorian Charter supporting people in care relationships.

As a major service provider supporting carers across the northern metropolitan region, every year we re-evaluate our strategies under each principle. Below is how we progressed over the last financial year.

Our responsibilities

We have a number of processes in place to ensure our responsibilities are being met under the Act. This year we are excited to highlight some of the innovative services we have set up to help carers in the community.

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

- > Staff education through a robust recruitment/orientation process.
- > Reinforcement through team meetings, clinical staff supervision and peer supervision focusing on privacy and confidentiality requirements, informed consent and person-centred practice.

- > Documented organisational policy and procedures regarding advocacy and complaints processes.
- > Carers are actively involved in developing individualised goal-oriented care plans appropriate to their needs, and the needs of the person for whom they care.

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

- > Service delivery through culturally appropriate printed materials and staff training.
- > Carers are provided with information about their rights and responsibilities, privacy and confidentiality, and complaints process.
- > Culturally safe services are being delivered to Aboriginal and Torres Strait Islander families.
- > Continued commitment to improving access for culturally and linguistically diverse carers including partnerships with key regional stakeholders and strengthening relationships with providers.



Co-design process with carers to develop a carer journal

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

- > Carers are encouraged to provide feedback through different avenues available.
- > Inclusion in sub-contracted providers' service agreements and associated review process.
- > Staff are provided with professional development opportunities and ongoing training.





Quality of **care**

How we've supported our **communities**
in the last financial year.



Consumer,
carer and
community
participation

A collaborative approach...



This year's report is centred on co-design; a collaborative approach to developing, testing and executing services, programs and events. Co-design can be used in many different ways. At Merri Health, we use it by coming together with client and community representatives, to develop and shape our services, to ensure they stay relevant to your needs. We hear what's important to you and try to shape what we do to meet this.



Coaching to better health: my journal

Health and wellbeing coaching is a service tailored to the individual needs of carers. The service aims to enhance the physical health and wellbeing of carers by focusing on nutrition, physical activity, social connectedness and maintaining a healthy lifestyle.

Since its introduction in 2016, we have had an overwhelmingly positive response from carers about the benefits of health and wellbeing coaching. Carers report feeling energised and better able to cope with their caring role and were keen to develop strategies for long-term health management. Carers wanted a resource they could keep to track their progress in achieving their health goals.

After consulting with carers, we decided to develop a journal, and ran co-design workshops with them to ensure that it met their needs.

Over coffee and delicious food, we spent the morning with seven carers in Coburg, learning about their needs, experiences, aspirations, fears and memories in their role as a carer. Facilitated by a design team, we took them through various activities like drawing, storytelling and colouring activities to learn about how this journal could make a difference to their lives.

The co-design session resulted in an all-encompassing journal; promotes the importance of a healthy lifestyle and provides carers with resources such as weekly meal and physical activity planners, recipes, mindfulness strategies, goal setting and self-care tips.

Thank you to the carers that took part in the session and shared their stories. We hope you enjoy your journal!

Redesigning celebrations

Every year, October is a month that sees lots of activities, events and outings as we celebrate Carers' Week.

As part of our commitment to co-design, three carers volunteered some time to meet up with our carer community engagement committee over various months to begin planning celebratory activities.

Every year we hold a large carer lunch that sees us all come together for a meal, some great music and mingling. Carers are provided with respite, so that the person they look after is cared for while they attend. During our committee meetings, we talked about this approach and heard from one carer who suggested having an event where both the carer and the person they care for, could attend. They explained that the person they cared for would enjoy having an outing and meeting others. This was a great suggestion that we may not have otherwise considered if we had not embarked on the co-design process. >>



Carers helping our team develop the new carer journal

The process took us through five main stages; focus, learn, innovate, build and evaluate, based on five stages of co-design. It resulted in two main events for Carers' Week 2016; a family fun day at Funfields amusement park which saw 40 people brace the cold and wet weather to attend, and a lunch at Montsalvat grounds that saw 80 carers attend. We also hosted the annual Koorie carers lunch for 60 Aboriginal and Torres Strait Islander people, and Little Dreamers Festival for young carers.

 **Read more about these activities and outcomes on page 46.**



Young carers give their feedback

Young carers tell us what works

Our young carers program support school aged young people who care for a family member, relative or friend with a disability, mental health issue, medical condition or is frail aged.

The program supports young carers to manage their caring responsibilities and daily tasks, helping them to stay in school and connected with other young carers and the community. We also provide educational and emotional support through after-school activities and school holiday events.

Respite is also available to young carers so they can take a break to focus on their wellbeing and education.

In 2016, young carer staff held a series of consultations with young carers who were receiving services from the program. The purpose of the consultations was to seek feedback from the young carers about the quality of the service and whether it was meeting their needs.

The feedback was very valuable as it provided us with the opportunity to review the service and engage young carers in developing a program that provides individualised support when they need it, as well as providing group activities where they can spend time together, learn new skills, support each other and have fun.



Knock, knock: Taking it to the streets

As part of our new Integrated Health Promotion Plan 2017-2021, staff from our community health promotion and youth health promotion teams took to the streets, to learn about residents' perspectives on wellbeing, their communities and living in Fawkner.

Talking to more than 50 Fawkner residents, we covered topics related to the Integrated Health Promotion Plan priorities of social inclusion, preventing violence against women and food security.

The information from residents will help inform the types of projects we will do in Fawkner over the next four years, as well as help identify who we should speak to further.

Who we spoke with:

- > 50% had lived in Fawkner 10+ years (17% for 50+ years)
- > Cultural backgrounds: Australian, Pakistani, Maltese, New Zealander, Italian, Turkish, Indian, Lebanese, Cypriot and Greek

- > Other demographic factors:
 - people from different religious backgrounds (Catholic, Christian, Muslim)
 - people with disability and/or mobility issues, or carers of people/children with disability and/or mobility issues
 - 37% mentioned being a parent

What we learnt:

- > Most people do their main food shopping outside of Fawkner, as it's easier/more convenient to go somewhere that has everything in one place, and fresh produce at main shops in Fawkner is not always great quality or cost-effective. Quite a few people also relied on someone else to be able to purchase their food, due to different issues like mobility, not having a licence or only having one car.
- > People with young families have lots of good entry-points to services that keep them connected with the Fawkner community and meeting different people. This includes places like schools, leisure centre and library.
- > For residents without children, there are a lot more barriers in keeping connected and participating in local events.
- > There is a disconnect between older and newer communities.
- > Lots of people had never heard of Merri Health. This is important as it tells us we need to look at new ways of connecting with this community.

“The information from residents will help inform the types of projects we will do in Fawkner over the next four years...”

What people liked about living in Fawkner:

There is lots to love about Fawkner!

- > Access to/availability of public transport
- > Local schools
- > That it's quiet and peaceful
- > Their neighbours/other people
- > That it's convenient and central – close to shops, the city and the local mosque
- > Pretty safe, no troubles/issues
- > It has everything they need
- > It's a family-friendly area

Food security

- > Most people said they do their food shopping in more than one place (74%), with most people going outside of Fawkner for their main shop.
- > Although some people said that Fawkner shops were good for cultural foods (cheaper than large supermarkets and a good range), a number of people commented that fresh produce at the main shops in Fawkner was often more expensive and of lower quality.
- > 36% had heard of The Community Grocer Fawkner.

Service access

Residents reported a need for:

- > More services in Fawkner
- > Services for children and families like dental, mental health support, child care, immunisation and speech pathology
- > Services for older people, like physiotherapy, doctors and podiatry
- > Community space or somewhere to gather
- > Information in different languages



Bringing Country Home artwork developed by Lodge residents

Bringing country home

Residents' mosaic artwork was front and centre on Minister Martin Foley's 2016 Christmas cards.

The creation was part of a garden transformation by The Queens Lodge art group, a Supported Residential Service, which saw lodge residents transform their communal garden to a relaxing environment.

The project named Bringing Country Home saw residents involved in the design, creation and helping in the manual labour of the garden.

The journey has empowered residents to have ownership of the space in which they live, with residents reporting it was a rewarding and productive process.

Merri Health supports 339 residents across 10 Supported Residential Services.

Find out how we can support better health and wellbeing for residents and its proprietors.

 [\(03\) 9355 9900](tel:(03)93559900)

 info@merrihealth.org.au

► What is a Supported Residential Service?

A Supported Residential Service offers accommodation and low level of care for people who need support in everyday life, such as people who are frail or have a disability.

Staying **connected**

Members' lunch

Merri Health supports the community to get involved with their local health provider in different ways; through networking events, at our annual general meeting, via our Community Engagement Board committee and specialist working groups.

On Wednesday, 17 May 2017, we held our first members' lunch for the year in Moreland. The event was free, and a relaxed way for members to enjoy delicious food, meet each other and find out what's happening at Merri Health.

More than 100 people attended the first event, and several people signed up to join our membership on the day.

Members:

- > Learnt about the changes to aged care and disability services, with the introduction of My Aged Care, and the National Disability Insurance Scheme
- > Met Merri Health's Chief Executive Officer Nigel Fidgeon, to provide input into our strategic direction
- > Told us what they wanted to see in this year's Annual and Quality of Care report
- > Shared ideas about what they wanted to see at Merri Corner; a major health hub being developed by Merri Health in Coburg
- > Heard from our resident band, who is led by community members and representatives of the Healthy Mind Hub

For those that couldn't attend, we provided community surveys to incorporate their ideas.

► Where to from here?

We will hold:

- > Three more community participation events by the end of September 2017
- > Two workshops for members to review proposed constitutional changes
- > One workshop to review Merri Health's consumer and community engagement model



Community consultation with local health partners



100+

members, consumers and carers provided input into Merri Health's future direction

Responding to your changing needs

In July 2016, we began to see the roll out of the National Disability Insurance Scheme known as the NDIS. Providing lifelong support, it is a new national Government initiative for people living with a permanent and significant disability.



Melanie and Larissa from our Relate team

Supporting young people with a disability

Helping people with a disability understand their changing bodies.

Sexual health education program **Relate** has been working with young people with disabilities for over 20 years to help them cope with their changing bodies.

Human relations educator Melanie Guiney said many people with a disability have a limited understanding of their bodies and can become confused when changes start to occur.

“The body of a child with an intellectual disability develops at the same chronological age as other children, as well as an interest in sexual expression, despite the level of emotional maturity.

There will be natural feelings and curiosity, yet partnered with less understanding of boundaries and taboos,” Melanie said.

Relate believe that a child is never too young to learn the proper names for body parts, including genitals and that sex education should begin in primary school years before puberty.

“Sex education is an ongoing process, not a single lecture. Children should be given basic information first, and then other topics should be introduced as the child matures,” Melanie said.

Bringing the program to schools, TAFE and other educational settings, the program teaches the difference between public and private and what is appropriate in different relationships.

“Learning what touch is appropriate in different relationships will help guard children from abuse. Learning to identify what body parts are private and what behaviours are against the law is vital in this process,” Melanie said.

► Find out more

Relate offers services under the [National Disability Insurance Scheme](#). [Talk to us about how you can include this service in your plan.](#)

☎ **1300 63774 4 (MERRI H)**

✉ ndis@merrihealth.org.au



Introducing the Healthy Mind Hub

Locals have been benefiting from an upgrade to our mental health services, with the introduction of the **Healthy Mind Hub**.

Helping people with mental health issues reach their personal goals, the **Healthy Mind Hub** provides a variety of services including group programs such as art, cooking, fitness and social wellbeing groups. One-on-one support is also provided through the Personal Helpers and Mentors program, known as PHaMs.

The **Healthy Mind Hub** also supports a range of peer-led groups such as singing and a men's group. Volunteers provide invaluable support to participants in the program, using their own experiences to support and help others. >>

"I've done a great deal of volunteering in the past and while that's been very good and beneficial, this is different – in fact I'd say honestly that the work I've done here has been life changing," volunteer, James said.

Clients have the opportunity to get involved in activities that suit their interests and strengths, and are offered a chance to make new friends and connections, develop skills, and support one another.

► Find out more

The **Healthy Mind Hub** will offer services under the National Disability Insurance Scheme. Talk to us about how you can include these services in your plan.

📞 **1300 63774 4 (MERRI H)**

✉ **ndis@merrrihealth.org.au**



Turning clients' lives around

Support coordination helps anxiety sufferer get his life back on track and make the transition to the National Disability Insurance Scheme (NDIS).

With the introduction of the NDIS, clients who suffer from mental health issues will be able to get the help they need in their recovery journey.

Client David* has been able to benefit from the introduction of the NDIS. As a single 59 year-old who suffers from depression, severe anxiety with panic attacks and chronic back pain, David relies heavily on staff from his supported accommodation to support him.

With the help of a support coordinator, David now gets seven hours of one-on-one support with a carer who can assist him to access the community.

Support coordinator Rose Sommerhalder, has been helping David to get the supports that he needs to improve his living condition.

"So far David has been able to start sorting out financial issues that cause his anxiety, and we've helped him participate in activities he enjoys.

"We are also working on building David's confidence to enable him to join an art group as making art is something he enjoys and helps him cope. The sessions are helping him heal from the past and manage his anxiety," Rose said.

► Find out more

Support coordination is available to participants under the National Disability Insurance Scheme. Talk to us about how you can include this service in your plan.

📞 **1300 63774 4 (MERRI H)**

✉ **ndis@merrrihealth.org.au**

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



Responding to diversity

As of the 30 June 2017, our top 6 languages are:



1. Arabic; 2. Italian; 3. Turkish; 4. Farsi; 5. Greek; 6. Mandarin.

Use of interpreters

Merri Health provides services in some of Victoria's most culturally and linguistically diverse areas.

Responding to the needs of our community, we regularly provide interpreter services to ensure clients are supported in their health care, as well as key materials in our top 6 languages.

Throughout 2016/17, we provided 1959 instances of interpreter support to clients.

Every year we review our top languages based on statistics from OnCall; Merri Health's main interpreter service, and statistics of top languages from surrounding councils.

Leadership support for **Urdu-speaking** **women**

Fawkner's Urdu-speaking women's group has continued for another two years thanks to a new grant received in early 2017, supporting leadership, social connectivity and prevention of family violence through education.



Locals celebrate at Eid festival in Fawkner



200+

Urdu-speaking
women supported

Since 2014, the group who meet in Fawkner, has been providing newly arrived Urdu-speaking women with community support and social connectedness.

Community development officer at Merri Health Sadia Muhammad, said the group addressed isolation and mental wellbeing, with more than 200 attendees from Moreland and beyond.

"It's wonderful to be able to support newly arrived women to connect with Moreland's wider community. When you have no one to turn to, this group can mean the world of difference," Sadia said.

The group meets weekly for social activities and education via professional guest speakers. We have also extended our reach to more than 350 community members who

are connected to the group's activities through the Viber app. Information, queries and offers of support are shared on Viber, allowing participants to remain connected between group visits.

"I don't know many Pakistani people but have now met a lot of ladies. It's been good to socialise. If anyone has a similar problem, they help each other out," said a participant of the group.

Women are encouraged to join the group by contacting the group facilitators Sarwat or Sadia in Urdu or English.

✉ Population.Health@merrrihealth.org.au

The grant is supported by the Department of Premier and Cabinet, Victoria.

► **Timeline**

- > In the beginning, a leadership committee of 6 women was established. They participated in training that equipped them with the skills and confidence to help run the weekly social group.
- > After receiving the grant, the leadership program ran once again, engaging a new group of women. In May/June 2016, expressions of interest were sought from the broader network of women who are linked to the social group, with 12 women applying for the committee. Applicants were interviewed, with 6 women to be appointed to the 2017 committee.

Raising awareness

Elder abuse forum

World Elder Abuse Day raises awareness of abuse and suffering inflicted on older people; some who are unable to speak up for themselves.

On June 15, we ran a community forum for older people about types of abuse, and what to do if you feel unsafe.

It was great to see so many locals attend the morning tea session, with 130 locals in attendance. They heard from Gerard Mansour, Commissioner for Senior Victorians and Ambassador for Elder Abuse Prevention, and Jennifer Evans from Seniors Rights Victoria.

There was lots of discussion and questions, with the main take-home message being:

If you are being physically abused, bullied or pressured to do things by someone you know; or if someone you rely on is neglecting, threatening or failing to look after you as promised, it's important to tell someone and get help.



Where can I find out more?

Seniors Rights Victoria

 1300 368 821

 www.seniorsrights.org.au

The forum was a partnership between Merri Health, Moreland City Council and North West Aged Care Assessment Service.

► What is elder abuse?

Elder abuse is any act which causes harm to an older person and is carried out by someone they know and trust such as a family member, friend or carer. It can be physical, social, financial, psychological or sexual and can include mistreatment and neglect. Approximately 4–6% of older people have experienced some form of maltreatment at home.

– United Nations, 2002

Go the **extra mile**

Better health for Fawkner children

An audit of the streets of Fawkner will be used to create an 'active travel map' to improve the safety and enjoyability of primary school students and their families, walking or riding to school.

Earlier this year, Merri Health together with Fawkner Primary School and Moreland City Council, set out to audit the 'bikeability' and 'walkability' of streets often used by students and their families. The audit followed concerns raised at National Ride2School Day, which saw over 100 students wheel* or walk to school.

Footpaths were assessed and rated on their levels of 'safety', 'comfort' and 'connection', with the results looking to determine which streets and crossing points are safe, enjoyable and easy to use, and which require attention.

Active travel map

As of the 30 June 2017, the 'active travel map' was still in development, and will set out the safer and more direct routes for students and their families walking and cycling to and from Fawkner Primary school.

Results will be presented to the school community for feedback, and a checklist will be developed to start a conversation with local government about improving the 'walkability' and 'bikeability' in the Fawkner area.

Merri Health and Fawkner Primary School have been working together since 2013 to increase students' physical activity and 'active travel.' Merri Health has assisted the school to participate in ride to school days, purchase a bike fleet, install a new bike rack, and start a bike education program for grade 3 and 4 students.

*wheeling refers to any mode of travel with wheels that is not a motorised vehicle i.e. skating, scooting or bike riding.

“ The ‘active travel map’...will set out the safer and more direct routes for students and their families walking and cycling to and from Fawkner Primary school.”



Children from Fawkner Primary School learning to ride a bike

Happy, healthy children

Merri Health's child health team supports the development of healthy, happy and strong children. We do this by supporting children with one-on-one speech pathology, occupational therapy, audiology and child psychology, in addition to group activities throughout the year.



Speech pathology team working with local children

Throughout April and May this year, our team ran **Little Explorers**, a five-week talking and exploring group for children and parents.

Run by our child occupational therapist and speech pathologist, we worked with three year-old children and their parents to develop and teach parents skills that would support their child's speech and language development, social and fine motor skills, and exposure to sensory experiences.

What did they tell us?

At the end of the five weeks, parents reported:

- > It was useful having a range of different activities.
- > They liked that activity goals were explained by the therapists prior and/or during the activity as they felt better connected.
- > It was useful to observe their child in a group setting, and self-identified areas to work on at home. One parent identified that their child needed to develop skills in "turn-taking and patience" and they are now playing turn-taking games such as dominos at home.

- > Being able to pick up different strategies as shown by our therapists, such as 'stop and listen' and using hand gestures to emphasize these actions.
- > Identifying opportunities to involve their child in home activities, like cooking to build their skills.

A few weeks down the track...

We regularly touch base with parents to see how strategies and their child's skills are developing. A few weeks after the session, parents reported:

- > Some had increased the amount of reading they do with their child, and encouraged them to comment on the story to help extend their language knowledge.
- > Finding new areas of interest for their children.
- > Being able to expect more of their child, such as having them help in the kitchen, and asking their child to set the table for dinner.

Does your child need some extra support?

 **03 9350 4000**

 **info@merrhealth.org.au**

Closing the health gap

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.

► Our achievements

- > All Closing the Gap initiatives are led by the Reconciliation Action Plan committee, with 40% representation from the local Aboriginal community.
- > Our carer service has worked collaboratively with the Wandarra group to improve engagement with the local Aboriginal community, with a recent community event attended by 80 people.
- > Employing a second Koorie engagement worker through our Victims Assistance Program.
- > Improvements to Merri Health sites to create more welcoming spaces for the local Aboriginal and Torres Strait Islander community.
- > Celebrating the second year of the Little Long Walk, an initiative formed with The Long Walk Foundation and Merri Health's Reconciliation Action Plan committee, to educate younger generations about Aboriginal and Torres Strait Islander histories and cultures.
- > Creating a more culturally appropriate and responsive carer service for Aboriginal and Torres Strait Islander families.



Michael and students at the 2017 Little Long Walk

Little Long Walk

On Thursday 25 May, we kicked off this year's Little Long Walk; a local event to commemorate Michael Long's 2004 walk from Melbourne to Canberra to meet our then Prime Minister, and put Indigenous issues back on the national agenda.

An initiative of Merri Health's Reconciliation Action Plan committee, each year, a local primary school takes part in the event, which takes them on a little walk along the Merri Creek up to the Aboriginal Community Elders Services.

Following the success of inaugural walk in 2016, we set out on the same journey this year with Coburg Primary School, with the walk led by Michael Long and grade 5/6 students.

"I get inspired by kids. You can see how far it's come and how far it's grown," said Michael.

More than 250 students and the broader school community, took part in the event. The day started with an all-school assembly, which opened with an amazing Acknowledgment of Country, rapped by a year 6 Aboriginal student.

"The Little Long Walk is important to me, as an Aboriginal person. It really helps me get a better understanding of what's happening in the world and what has happened. It's good to see that I can be accepted, that my family can be accepted," said Wiremu.

The morning continued at the Aboriginal Community Elders Services, where students participated in a variety of cultural activities led by Aboriginal educators including music, storytelling and art aimed at raising their appreciation for, and understanding of Aboriginal and Torres Strait Islander cultures.

"I have learnt that I have not learnt everything about the Aboriginal and Torres Strait Islander culture. I thought I knew everything because of school – but no," said Adam.

Does your school want to get involved in the 2018 Little Long Walk?

 **9355 9900**

 **info@merrihealth.org.au**



Voices and **visions**

On 23 May 2017, in the lead up to National Reconciliation Week, Merri Health and Moreland Council hosted the launch of *Voices and Visions*; Australia's first book on Aboriginal Early Childhood Education.



Identified as part of our Reconciliation Action Plan (RAP) activities, the launch recognised and celebrated one of the authors, Dr Sue Lopez-Atkinson, Yorta Yorta woman and Moreland resident, who was the only Victorian writer chosen to contribute to this special book.

Sue has taught and learnt on the lands of the Wurundjeri and Bunurong people for 40 years in the early childhood field, and is on a number of local community committees, including Moreland Reconciliation Advisory committees and a long-standing member Merri Health's RAP committee.

The intimate launch was held at Moreland City Council which saw about 60 people in attendance, in addition to a small group of pre-school children who listened to the captivating storytelling and teaching of the Yorta Yorta Hokey Pokey by early childhood educator, Annette Sax. It definitely captured everyone's attention, young and old!

Thank you to everyone that attended and supported Sue in this incredible milestone!

Are you Aboriginal and Torres Strait Islander and have a special project we can support you with?

 (03) 9355 9900

 info@merrhealth.org.au

“ This is the first major piece of work which has been written by predominantly Aboriginal teachers and educators which speak to their lives in a professional and personal sense.”

– Dr Jackie Huggins



Respect and recognition

Merri Health's Reconciliation Action Plan (RAP) working group first came together in 2015. While we already had a long standing commitment to closing the health gap the RAP committee ensures Aboriginal voices guide this work into the future.



NAIDOC Ball attendees 2017

RAP is a partnership with local Aboriginal leaders, with 40% of the RAP committee from the local Aboriginal and Torres Strait Islander people and organisations. In our effort to capture the work we do, share our approach and encourage other Aboriginal and Torres Strait Islander people to join the group, the RAP committee identified the need for a video which could be shared with lots of people.

The video was filmed onsite at the Aboriginal Community Elders Services (ACES) in East Brunswick in early 2017, and included RAP members and ACES Elders sharing their stories; their journey in supporting to close the health gap, their experiences, and how RAP committees can work if done right.

Thank you to Sue, Leanne and Liz from our RAP committee who shared their experiences, Aunty Joan and Uncle Graham for sharing their stories, ACES who kindly shared their beautiful space on the banks of the Merri creek for filming, and to our wider RAP group for supporting the vision and helped bring the video together.

Would you like to join our RAP committee?

 **(03) 9355 9900**

 **info@merrhealth.org.au**

 **Watch the video –**
<https://www.youtube.com/watch?v=qfuSMrNL4jk>

▶ RAP committee insights:

- > Meets quarterly.
- > Opportunity for Merri Health staff to get feedback from local community members about how to improve services and program planning.
- > Committee members regularly attend the NAIDOC Ball.
- > Promotes days of significance within the Aboriginal and Torres Strait Islander communities, like Sorry Day, the Apology, and National Aboriginal and Torres Strait Islander children's day.



400%

increase in clients identifying as Aboriginal and Torres Strait Islander from 2011–2016 at Merri Health

“ We are different leaves from the same tree.”

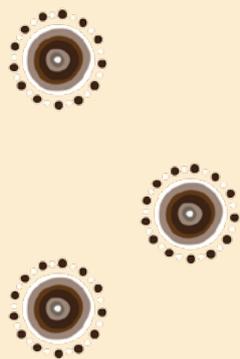
– **Dixon Patten, YORTA YORTA, GUNNAL.** Aboriginal artist who designed Merri Health's RAP artwork.





Koori carers' celebrate!

Part of our annual carer celebrations, this was our sixth year celebrating Carers' Week with a Koorie carers' lunch for 60 people.



Held in the main hall at the Lynda Blundell Centre in Dallas on 10 November 2016, the event always goes off with a bang, as our final celebratory activity on the Carers' Week calendar.

Following an Acknowledgement of Country, Liz Phillips, our Koorie community engagement officer spoke of the importance of highlighting the role of carers in the Aboriginal and Torres Strait Islander community. Not only a chance to celebrate, carers also heard from our carer support staff who shared how we can support local carers and met Indigenous workers from the team like Matthew Millar, Koorie engagement worker in the Victims Assistance Program, and Liz, who can support Aboriginal and Torres Strait Islander people navigate our services.

Following a delicious lunch, carers were entertained by the talented Retro Girls, who managed to once again, entice many onto the dance floor with their lively renditions of some golden oldies.

What you told us:

Carers enjoyed the opportunity to:

- > Chat with staff in a relaxed and informal environment.
- > Learn more about services.
- > Catch up with other carers and share stories.

Are you caring for someone that has extra needs?

We have lots of services to support you. Our staff are trained to support Indigenous families in culturally sensitive and appropriate ways.

 03 9495 2500

 supportingfamilies.cln@merrhealth.org.au

CarerLinks North is Merri Health's carer support service, supporting carers across Melbourne's northern Metropolitan Area.



Out and about

Merri Health's carer service, CarerLinks North has an ongoing focus in building relationships with Aboriginal and Torres Strait Islander people, in an effort to increase carer engagement, access and help bridge the health gap.

Carer outing to Arthur's seat

In early 2017, CarerLinks North partnered with Wandarra Community Organisation to deliver a series of events to Aboriginal and Torres Strait Islander families in caring relationships.

The first event, attended by approximately 60 carers was held at Arthur's Seat Eagle on the Mornington Peninsula. This was followed by an event at the Melbourne Star Observation Wheel where we had an overwhelming turnout with approximately 100 community members.

Dreamtime at the G

Following the success of the Little Long Walk, our carers team along with 55 Aboriginal and Torres Strait Islander carers, set out to re-enact Michael Long's walk with the Long Walk to the G.

Held during AFL's Indigenous Round, carers were invited to take part in a walk from Federation Square to the MCG, where they arrived to reserved seating, to watch the official proceeding and the Richmond vs Essendon Dreamtime at the G game.

The event was an opportunity for carers to come together, have a yarn and connect with Aboriginal and Torres Strait Islander histories and cultures.

Both events were an opportunity for families to connect with each other, share experiences and take some time out from their caring responsibilities. We would like to thank and acknowledge the community groups that participated in the activities including Wandarra MYTIME Group, Hume Elders planned activity group, Victorian Aboriginal Health Service - Deadly Elders, Hume Boories Group and The Long Walk Foundation.

► The Long Walk?

The Long Walk to the G is an annual event led by Michael Long, which raises awareness of Indigenous issues.





Quality and **safety**

Dental **services**



Cooper having his teeth checked

Pearly whites, healthy life. Good oral health starts with your first check-up.

Our dental service provides dental treatment under the guidelines of Dental Health Services Victoria and is based at our Brunswick site at 11 Glenlyon Road.

The dental team includes dentists, oral health therapists, a dental prosthetist, dental assistants and reception team members.

Each year we measure how well our dental service is responding to community needs and where we can improve. There are a number of ways we look at this data. Examples of a dental indicator may include:

- > How quickly we respond to emergency care
- > Chair utilisation
- > Number of priority access clients we see at Merri Health
- > Infection control
- > Record keeping audit
- > Number of people we see
- > Wait list response rate
- > Hand hygiene

How quickly we respond to emergency care

One of the main roles of our dental receptionists is to ensure patients who present to our service with an emergency are appropriately triaged, using a tool designed by Dental Health Services Victoria.

Triage is the process where we assess the order of treatment for clients based on urgency. We measure this by asking clients a number of questions, like whether they have been experiencing facial swelling, which is classified as a category 1 emergency, or if they have chipped a tooth, which may be a category 3 emergency.

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

Category 1

	Merri Health	Target
FY 2014/15	80%	85%
FY 2015/16	95.2%	85%
FY 2016/17	100%	85%

Category 2

	Merri Health	Target
FY 2014/15	92.6%	80%
FY 2015/16	95.6%	80%
FY 2016/17	99.3%	80%

Category 3

	Merri Health	Target
FY 2014/15	94.9%	75%
FY 2015/16	98.3%	75%
FY 2016/17	98.9%	75%



273

clients provided with priority of access to dental care in 2016/17



100%

response rate to emergency care

Chair utilisation

Our dental team continues to ensure our four dental chairs are used at full capacity.

There are different circumstances that can affect this such as changes within the team. To ensure we can continue to support as many clients as possible and meet our targets, we had extra clinical staff step-up this year, taking on added work.

We also continue to run Monday evening and Saturday morning dental services clinics, to support people that cannot attend dental appointments during work hours.

Chair Utilisation

Year	Merri Health
FY 2014/15	100%
FY 2015/16	95%
FY 2016/17	92%

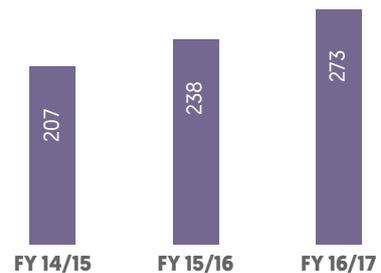
Number of priority access clients we see at Merri Health

We are privileged to have the opportunity to help those who are most vulnerable in our community with priority access.

Priority access is when a person is offered the next available appointment for general dental care. Priority access is given to:

- > Aboriginal and Torres Strait Islander people
- > People who are or at risk of homelessness
- > Refugees and asylum seekers

Our data shows we have been able to increase the number of priority access clients over the past few years.



● Number of priority access clients



Cooper having his regular check-up with Jonathan

Infection control

Dental procedures such as extraction of teeth and root canal treatment can place clients at high risk of infection after treatment.

To measure how we are performing, we have begun an aseptic technique audit. The aseptic technique is an industry standard that provides guidelines to good clinical infection control when performing invasive procedures. The audit checks whether we are meeting the standards, how our team is performing and if we are maintaining excellent infection control.

Another way we assess how we're tracking, is to review the rates of infection after an extraction. This year, we have averaged a 97% success rate in avoiding post-operative infections. We will continue to monitor our performance to safeguard patients from avoidable dental infections.

In October 2016, the dental team also participated in infection control training. This was useful in ensuring the team has the adequate knowledge and skills in this area. Infection control training is scheduled biennially, helping our team stay up-to-date with the best infection control practice.



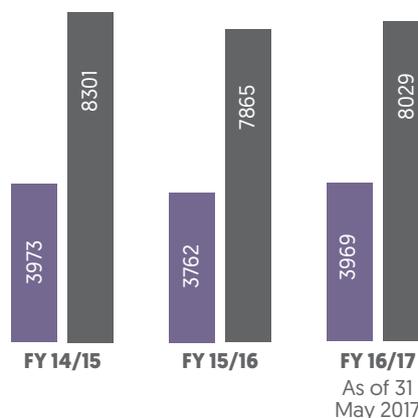
Dental services manager Jonathan checks Cooper's teeth

Number of people we see

Long wait lists for general dental care means there is constant pressure to meet our community's demands.

Over the past year, our dental team has been able to increase the number of people we see from 3762 to 3969.

Our commitment is to continue to meet demand and explore options to increase our capacity, so we can better respond to extra demands for dental services.



- Number of people we see
- Number of visits

Waitlist management



583

clients removed from our 2016/17 waitlist

This year we were fortunate to receive extra funding from Dental Health Services Victoria to help us reduce our dental wait lists.

We have been able to reduce the number of people on our general waitlist from 2,758 clients as of the 30 June, 2016 to 2,175 at 31 May, 2017. While this is a great achievement, we acknowledge there are still many people waiting significant periods of time for general dental care, and continue to look at new ways to increase our capacity, to support clients to get timely dental care.

Record keeping audit

Dental Health Services Victoria provide a dental record keeping audit toolkit to help agencies maintain good records.

In 2016/17, Merri Health had fantastic results in record keeping, outperforming the Victorian average in 16 out of 25 indicators.

This year, we will be following the Dental Health Services Victoria re-audit schedule to assess how we have progressed in areas identified for improvement.

Year	Number of indicators over 90% and above Victorian average
2016	16/25
2015	18/25
2014	17/25

Hand hygiene

The dental team has a strong emphasis on maintaining proper hand hygiene. We do regular hand hygiene audits to ensure our staff understand and implement the '5 moments' of hand hygiene as outlined by Hand Hygiene Australia.

We audit our dental clinicians' hand hygiene performance 3 times a year, with our last 3 results averaging 98% compliance.

We are in the process of moving to a digital platform for auditing which will make it easier for our auditors to perform these audits.

Infection control and cleaning

Every year, our podiatry service reviews its infection control procedures against podiatry infection control compliance guidelines. This ensures we are meeting requirements and keeping good practice.

Merri Health provides podiatry services across four sites. In 2016/17 we:

- > Introduced an allied health assistant into the podiatry team who has been instrumental in maintaining sterilizing processes and records across the sites.
- > Calibrated all sterilisers in May 2017. Overall the results showed that all sterilisers were functioning at 100%.
- > Assessed all podiatry instruments for sterilisation expiration dates.
- > Introduced a podiatry cleaning schedule at each podiatry room. The schedule includes daily and monthly tasks to be completed by all clinicians, like autoclave maintenance, inspection of instrument integrity and getting rid of expired podiatry stock.
- > Tested that safety and performance of electro-medical equipment like electronic podiatry chairs, drills, ultrasounds, and vascular testing equipment.



Client **experience**

For many years, Merri Health conducted annual client satisfaction surveys which were mostly completed over the phone. During November–December 2016, our process changed as the Department of Health and Human Services introduced experience surveys for the first time, for all community health services.

In June 2016 we received our first report, which had findings from 143 clients that completed the survey.

Overall results

Our overall results are shown in **table 1**.

Strengths

Merri Health rated significantly higher than the State average in a number of areas. Some are shown in **table 2**.

Areas for improvement

Merri Health rated lower than the State average in some areas. Some are shown in **table 3**.



Client attends one of our social groups to stay connected

Table 1

Question	Merri Health	State Avg
Q.48 – Overall, how would you rate the care you received at the health service? Answers: 'very good' or 'good'	95.2%	96.4%
Q. 49 – How likely are you to recommend this health service to friend and/or family? Answers: 'very likely'	85.4%	83.7%

Table 2

Question	Merri Health	State Avg
Q.4 – How would you rate the transportation facilities that you use at the health service (e.g. car parking, access to public transport, foot paths, taxi drop off areas)? Answers: 'very good' or 'good'	83.7%	75.0%
Q. 20 – Did the health workers spend enough time with you? Answers: 'yes, always'	89.6%	86.6%
Q. 38 – If there was a cost for the health services you used, were you aware of how much it would be? Answers: 'yes'	77.7%	71.8%
Q. 33 – Did the health service provide you with a written copy of a plan for your health and wellbeing? Answers: 'yes'	86.0%	80.7%
Q. 35 – Was this plan useful? Answers: 'yes'	78.7%	68.6%

Table 3

Question	Merri Health	State Avg
Q. 8 – How would you rate the politeness and helpfulness of the reception staff at the health service? Answers: 'very good' or 'good'	90.9%	95.8%
Q. 27 – Were you asked about other concerns impacting on your health and wellbeing? Answers: 'yes, always'	52.2%	62.0%
Q. 36 – . How much information about your issue or care was given to you? Answers: 'the right amount'	82.4%	88.1%
Q. 42 – Were you given any information (e.g. leaflets) in your language? Answers: 'yes, always'	28.9%	58.1%

Compliments and complaints

► Case study

Maryanne*, a carer, accessed our services but was not given correct information about other services that could benefit her family. She ended up spending some of her limited time trying to find out more about how she could be supported instead of being informed when she first accessed our services.

Maryanne's feedback led to the following changes:

- > Staff were given additional training about the information they provide to clients in the first instance, and how they can consider the whole of family needs.
- > Improvements were made in information given to clients at point of intake for this service.

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

Merri Health welcomes compliments and complaints as they help us improve our services.

We encourage clients, carers and families to provide feedback which can be provided in many different ways, including:

- > Phone
- > Feedback forms
- > Email
- > In person
- > Over the phone via our dedicated feedback line
- > Website

All feedback is recorded centrally, with our team required to respond promptly and thoroughly.

In the last year, we received 74 compliments and 34 complaints across various programs, as seen in table 1.

When we receive complaints, our first priority is to resolve the matter for the client and their family. We also look at how we can improve our processes so that other clients do not have the same experience.

Table 1

Program	No. of compliments	No. of complaints
Aged and disability	17	9
Primary health care	14	3
CarerLinks North	16	8
Counselling and support	7	6
Dental	4	0
Human resources and reception	0	3
Medical Benefits Scheme	0	1
Population health unit	8	1
Victims Assistance Program	5	0
Children and family services	2	0
Chronic health	1	1
Other	0	2
Total	74	34

Accreditation **status**

Every three years, Merri Health takes part in a quality accreditation review, conducted by Quality Innovation Performance [QIP].

Our last full accreditation review was in December 2016, when we were awarded accreditation having met the following standards:

- > Quality Improvement Council [QIC] standards
- > Department of Human Services Standards
- > National Safety and Quality Health Service Standards [NSQHS]
- > Rainbow Tick standards

We were very pleased to achieve an 'exceeded' or 'met with merit' rating for the following standards:

- > Cultural safety and appropriateness [QIC 2.3]
- > QIC Standard 3.2 – Collaboration and strategic positioning [QIC 3.2]
- > QIC Standard 3.4 – Community and professional capacity [QIC 3.4]
- > Policies, procedures and/or protocols for environmental cleaning are regularly reviewed [NSQHS 3.15.2]
- > An established environmental cleaning schedule is in place and environmental cleaning audits are undertaken regularly [NSQHS 3.15.3]
- > The clinical workforce provides patients with patient specific medicine information, including medication treatment options, benefits and associated risks [NSQHS 4.13.1]

Rainbow Tick accreditation

QIP assessors reviewed us against six Rainbow Tick standards, which demonstrate gay, lesbian, bisexual, transgender and intersex inclusive practice and service delivery. We were first assessed against these standards in 2014 and again in December 2016 and on both occasions we met all six standards.

We are very proud of this result, which recognises the high level of commitment and effort made so that our services can be more inclusive. Our next full accreditation review is due to be held at the end of 2019.

Mental Health accreditation

In March 2017, we were accredited under the National Standards for Mental Health Services. This accreditation means that we provide a high standard of mental health services including those provided under the National Disability Insurance Scheme.

Prior to accreditation, we continued to make improvements to our services to ensure that they met high standards. Here are two examples:

- > Finalisation of our Business Continuity Planning – this planning guides the Merri Health team on how we will operate if some of our sites are unavailable due to a natural disaster or other. This work ended up being particularly useful when one of our main sites was destroyed by fire in July 2017. Our services were uninterrupted and our support staff, which includes services such as human resources, finance and facilities, were able to continue working despite the challenging circumstances.
- > During our self-assessment against the National Standards for Mental Health Services, we saw the need to do more work in preparing clients for the time when they may no longer need to access our mental health services. A template was developed, new processes were written into the program manual and our staff were trained. This new process has begun being used with clients.

Child safety

In January 2016, Victoria introduced compulsory minimum standards that apply to organisations that provide services for children, to help protect children from all forms of abuse.

Last year, with the help of a passionate and committed working group, Merri Health audited its current

processes and identified many ways to improve its services. These were recorded in a work plan.

As of the 30 June 2017, many of the improvements have already been completed, including updates to our code of conduct, policy and recruitment tools. In the coming months, our focus will be on developing training for all staff, revising our policy (since there have been more

recent changes to legislation), and considering how we can get feedback from children about our services.



Reporting an incident



► Strengthened incident review processes

An incident is any event that was not planned or expected that has the potential to cause harm.

In September 2016, Merri Health piloted the updated Victorian Health Incident Management System that has been developed by the Victorian government for use by all public and community health services.

As part of this pilot we have reviewed how we report, investigate and respond to incidents across Merri Health. This is to ensure that we learn from any adverse events or near misses to prevent them from happening again.

In 2016-17 there were 67 incidents involving clients or visitors. Each incident is given a severity rating based on level of harm caused and follow-up required. 37 incidents were rated as near miss or no harm, and 30 were rated as mild.

Following an incident we identify ways that we can stop them occurring again. This may include reviewing a client's care plan, changing how a group activity is run, or changing a procedure or process.

Clinical governance

Clinical governance supports integrated systems, processes, leadership and culture, to deliver safe, high quality and person-centred services.

Staff and clients are engaged in processes at Merri Health that review and monitor the care we provide, to continue to improve and minimise any risks to clients.

At Merri Health, we have two committees that oversee this work:

- > A Board Clinical Governance committee that oversees key strategies and higher level reports on clinical governance functions and,
- > An internal Clinical Governance committee that oversees the Clinical Governance workplan.

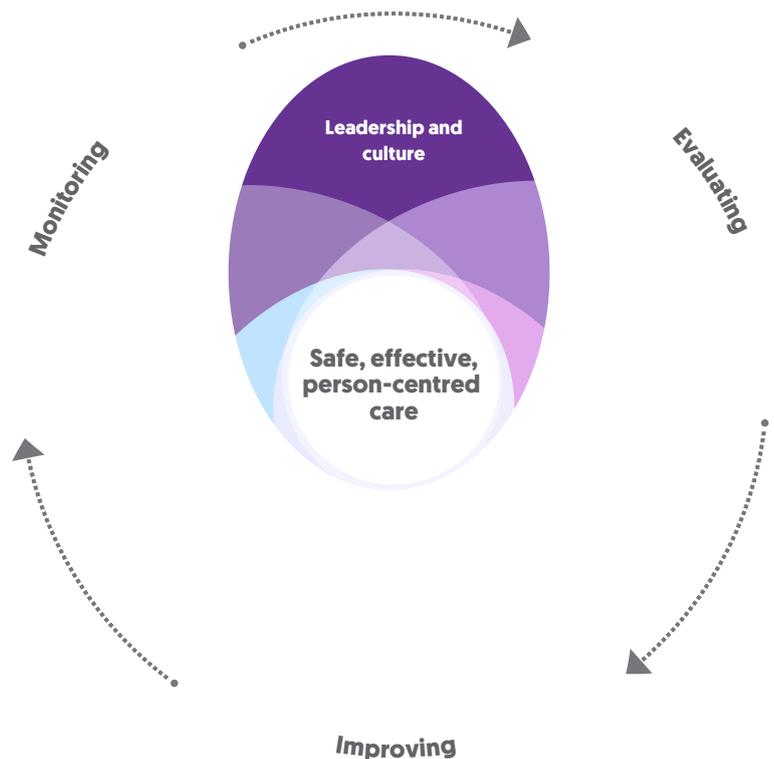
These committees regularly review information about food safety, accreditation and quality improvement, scope of practice, client feedback, medication safety, credentialing and professional registration, needle syringe program, and waitlists.

We are continuing to improve use of evidence-based guidelines, incident reporting and open disclosure, client record documentation, and monitoring of outcome indicators and clinical risk.

Improvements

In 2017, Merri Health commenced a formal review of its clinical governance functions and processes. This is to identify areas for improvement and ensure we have the right structures in place for:

- > Leadership and culture
- > Consumer partnerships
- > Clinical practice
- > Workforce
- > Risk management





Diversity awareness training

Merri Health is actively committed to ensuring a culturally safe environment for our employees, clients and visitors.

We do this by providing a range of diversity awareness workshops throughout the year that uncover the causes of discrimination, explore the benefits of inclusion of diversity, as well as practical steps to embracing diversity, at individual, organisational and community levels.

Workshops run throughout 2016/17 include:

- > Gay, Lesbian, Bisexual, Transgender, Intersex and Queer inclusive practice
- > Living Lesbian, Bisexual, Transgender and Intersex
- > Working with Aboriginal and Torres Strait Islander clients
- > Introduction to diversity

How are we progressing?



52

completed diversity foundation courses



67

completed gay, lesbian, bisexual, transgender, intersex and queer inclusive practice courses



83

completed Aboriginal & Torres Strait Islander awareness program

Shaping **services**

In April 2017, our staff came together with mental health consumers, forming an advisory group that will shape, improve and guide how Merri Health delivers mental health services now and into the future.

Merri Health has been providing mental health support services for over 30 years and regularly consults with consumers to understand what their needs are, and whether our services are meeting these needs.

With the introduction of the National Disability Insurance Scheme (NDIS) in 2016, and our cross-organisation approach to co-design, the newly established group is made up of 8 mental health consumers, volunteers and Merri Health staff. It gives consumers a stronger voice, to tell us what is important to them and how they are best supported by services. The group chose the name NAAG which stands for NDIS Advisory and Advocacy Group.

With a strong focus on the NDIS, the group has already implemented a very successful idea that saw the introduction of a question hat in the shape of that worn by the 'Cat in the Hat', which was made by our mental health art group, and displayed at our Vic Place site's reception. The hat is used by visitors to anonymously ask questions in regards to the NDIS. This helps us to understand what people know, where there are gaps and where we can provide extra support. Questions are currently being collected and will be placed behind the hat on a board, along with answers for all visitors to see.

The hat has been very successful with the group looking to expand the idea into other Merri Health reception sites, as well as replicating a similar process on our website.

If you attend our Healthy Mind Hub activities, you can join the group too. Have your voice heard!

 **(03) 9355 9900**

 **info@merrihealth.org.au**



Respectful relationships

Gender equality at Merri Health is a phased, whole of organisation approach to the primary prevention of violence against women. Our aim is to prevent violence against women before it occurs, through awareness, training and engagement, as well as complementing existing work that is building capacity to respond to, and support victims of family violence.

Gender agenda

Merri Health is working to build gender equality across the organisation.

The project complements existing work at our organisation that is building capacity to respond to and support victims of family violence.

We are now in phase two of the project, with a focus on developing leadership, knowledge and skills relating to gender equality, as well as changes to the physical environment and policy.

In the last year, whole of organisation highlights include:

- > Ongoing updates to all Merri Health staff in the form of a dedicated e-newsletter. The newsletter provides updates about policy, educational tools and videos, recent changes in legislation and news and general awareness campaigns in the wider community.
- > Identifying and responding to family violence training for our management team, to support staff experiencing family violence.
- > Development of our family violence policy which is currently in draft format.



- > Ongoing family violence committee meetings to work through Merri Health's action plan, with staff representatives across the organisation.
- > All staff training from Women's Health in the North to raise awareness of gender equality.
- > Regular review of information available to clients and staff, ensuring that materials are not gender stereotypical or promoting harmful/rigid gender roles.
- > Ongoing development in the Pets Safe project with representative from Merri Health.

In addition to this, Merri Health continues to support Women's Health in the North's **Building a Respectful Community** and contributes to regional partnerships that are building gender equitable and safe communities for all.

Keeping our pets safe

A new program supports women and children to leave violent homes sooner, with temporary accommodation to house pets safely.

Initiated by Merri Health's Victims Assistance Program community educator Jo Seymour, Keeping our Pets Safe is a project that commenced in 2016, looking to improve and coordinate the northern metropolitan region's response to pets in family violence situations.

A recent study published in the Journal of Interpersonal Violence, found that one in three women delay leaving family violence due to concerns about leaving their pets behind.

The project brings together representatives across the sector that will be able to support and bring about change, such as local councils, Victoria Police, the integrated family violence service system and animal welfare agencies, such as the Lort Smith Animal Hospital.

While there is still work to be done, we are nearing closer to supporting families leaving a violent relationship, with the option of boarding their pets while searching for more suitable accommodation.

As of the 30 June 2017, the Northern Integrated Family Violence Services coordination team was providing specialised training on animal abuse in the context of family violence to all animal management teams at local councils, with Victoria Police also involved in the training.

The project comes in response to recent family violence findings and Moreland City Council's Domestic Animal Management Plan 2013–2017, under which they offered free housing for animals where needed to support women and children.

“ Pets are part of the family and should be considered when a family needs to leave a violent situation.”

– Jo Seymour, community educator



Never violent, never silent

Merri Health is incredibly proud to have stood with our partners and local community, making our voices heard as we said no to violence against women.

On Friday, 25 November 2016, we took the oath to never remain silent, as we marched with our partners Moreland City Council, Victoria Police, Casa Cultura and the Melbourne Fire Brigade as part of White Ribbon Day.

We heard from Moreland City Council Chief Executive Officer Nerina Di Lorenzo and new Mayor Cr Helen Davidson, as well as members of the local Victoria Police, who provided updated statistics and changes to reporting in regards to family violence.

The event saw a turnout of approximately 70 people; making their voices heard in our commitment to never remain silent.

White Ribbon Day is the annual male-led campaign for the prevention of violence against women.



70+

people vowed to never remain silent about violence against women



Our team joined Moreland Council and partners for the 2016 White Ribbon march in Coburg



White Ribbon march, Coburg 2016



In my shoes

Jelena's story

Jelena* first came to hear about the Victims Assistance Program following a traumatic incident that left her 4-month old baby Thomas* with an acquired brain injury.

Jelena's life was turned upside down one morning, as a drug and alcohol affected driver ran off the road and crashed into the front room of their home, where baby Thomas was sleeping at the time. Upon impact, Thomas was thrown from his cot and onto the opposite wall – as a result he sustained a permanent brain injury.

The offender was caught and charged with recklessly cause injury/serious injury, and sentenced to prison.

Following the incident, the family moved to a new home located on a busy road, with the Victims Assistance Program supporting the removalist costs.

While the family was happy to be in a new location, the sounds from the busy road were a constant reminder of the trauma, with both Jelena and the family's mental health deteriorating quickly. Jelena was having issues sleeping, her physical health was being impacted and the family were soon house-bound, as they barely left the home.

Soon after, the family were impacted by another traumatic experience as Jelena's ex-partner and father of Thomas, threatened to kidnap Thomas if he could not see him.

How did we help?

Our victim support worker worked closely with Jelena and the family to find the right support – Jelena was referred to Child First and brokerage counselling, and our victim support worker advocated for the family with Ministry of Housing, regarding their current housing.

Our victim support worker also regularly visited the family to provide ongoing support.



Police were involved following the kidnapping threats, with Jelena taking out an intervention order, to protect Thomas and the family.

Following ongoing advocating, Jelena was pleased to receive a call from Ministry of Housing who were able to relocate the family to a much quieter area. Jelena also received further good news as the Victims of Crime Assistance Tribunal had allocated an award, which provided financial support.

Jelena and the family report they are very happy and feel supported.

If you have been a victim of a violent crime, help is available.

Monday to Friday, 9am-5pm [except public holidays]

 1300 362 739

 VAPIntake@merrhealth.org.au

Monday to Sunday, 8am-11pm

 **Victims of Crime Helpline 1800 819 817**

 **Text 0427 767 891 or**

 **Email vsa@justice.vic.gov.au**

 **Watch the video –**

<https://youtu.be/lkWdlEg6cmo>

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

Partnerships and innovation

Partnerships with over 125 organisations help extend our resources and knowledge in addressing health and wellbeing needs, increasing demand for services and delivering innovative projects.



The 2016 Shark Tank information session as part of The Collaborative initiative

New clinic provides relief from chronic pain

Following the success of our back pain clinic, we have once again partnered with St Vincent's Hospital and North Western Primary Health Network to provide timely, non-surgical treatment as a first option for knee osteoarthritis.

The Brunswick-based clinic provides timelier access to osteoarthritis support, with a team of professionals supporting clients in a community setting.

Experienced musculoskeletal clinicians from St Vincent's Hospital and Merri Health assess and treat clients, using a non-surgical treatment as a first option.

Patients have access to an orthopedic surgeon, advanced practice musculoskeletal physiotherapist, dietician, and a GP experienced in musculoskeletal medicine. They can also access care coordination and other appropriate community services to help in managing their condition.

The clinic will continue to operate on a trial basis until December 2017.

Do you have osteoarthritis of the knee?

Our clinic accepts referrals from a GP or health professional.

 Fax (03) 9231 1072

This is a St Vincent's Hospital-led clinic in collaboration with Merri Health and North Western Melbourne PHN, and funded by the Better Care Victoria Innovation fund,

The Collaborative

The Collaborative is a partnership between North Western Melbourne Primary Healthcare Network, Melbourne Health, cohealth and Merri Health. We bring our resources together to change local health outcomes.

In 2016/17, The Collaborative has:

- > Seen ongoing results with the community back pain. Through timely, community-based assessment and management of back and neck pain, we've had:
 - 400 patients removed from specialist hospital waitlists in first six months.
 - A reduction in neurosurgery waitlists from 1501 to 621 patients at 18 months to six months.
 - A reduction in orthopedic spinal surgery from 139 to 35 patients.
 - Nearly 50% of clients referred to Merri Health's physiotherapist for non-surgical management of their back pain.
 - 1,267 clients treated over three years (since inception), with 94% reporting being very satisfied with the service.
- > Introduced the knee osteoarthritis clinic in a community setting
- > Set up a chronic heart failure program, facilitating care transition from hospital to the community.
- > Introduced Stepping Up, a model of care reorienting clinical roles to use resources more efficiently.



iHeal

iHeal is a new recovery program for and driven by victim survivors of family violence from diverse backgrounds, including culturally and linguistically diverse, same-sex attracted and gender diverse, and people living with a disability. It provides victim survivors with case coordination, individual and group peer support, and peer recovery.

Key to the model is a strong focus on lived experience peer support and peer learning. We use the expertise and knowledge that survivors' lived experience brings to the recovery process.

Under this model, 12 support workers with lived experience of family violence from diverse backgrounds will undergo professional training. They will work alongside case coordinators in developing and delivering programs and activities that support the recovery needs of their peers. The support workers will be drawn from past and recent victim survivor clients of the consortium agencies.

While we are still in the early stages, as of 30 June 2017, Merri Health has employed one coordinator and is employing 4 recovery support workers.

iHeal is being delivered from three trial service agencies; drummond street, Victorian Aids Council and Merri Health, across multiple sites in metropolitan Melbourne. The trial covers areas based on our existing geographic footprint and infrastructure, including the Local Government Areas of Melbourne, Yarra, Darebin, Moreland, Hume, Whittlesea, Brimbank and Stonnington.

► More info

iHeal is being delivered by drummond street services in partnership with Merri Health, Victorian Aids Council, Transgender Victoria, Switchboard and Blue Knot Foundation. It is funded by the Department of Health and Human services under Demonstration Projects: Therapeutic Intervention for Family Violence Victim Survivors.

QHealth for **better** health

Our initiatives are designed to deliver the most appropriate care in the most appropriate setting.

A new drug and alcohol intervention service is helping hundreds of vulnerable people in the north.

Q Health opened in March 2017, providing individual, couple and family counselling to anyone that identifies same-sex attracted and gender diverse, and is experiencing alcohol and drug issues. It is free and confidential and available to anyone living in Brimbank, Darebin, Hume, Maribyrnong, Melbourne, Moreland, Wyndham and Yarra.

Drummond street services chief executive Karen Field said partnering with Merri Health will help support a large group of at-risk people across the north and west.

“We know that there are minimal alcohol and drug specialist services for the queer community and yet, they are among the most disadvantaged groups. Discrimination, homophobia and transphobia all play a part and we’re here to address that. One size does not fit all when it comes to support; they face unique challenges – Q Health will look at the root causes of substance misuse,” Ms Field said.

The initiative will build on the many alcohol and drug services offered by Merri Health, including group education, early intervention for young people, counselling and drop-in support.

Do you need support?

Anyone can self-refer to **QHealth**.

 **1800LGBTIQ (542847)**

 **info@queerspace.org.au**

Q Health is a partnership approach to meeting emerging needs of marginalised groups, by Merri Health and founder of Queerspace, drummond street services.

► Facts

A report of almost 4,000 people, *A Closer Look at Private Lives 2*, found that 9% of people identifying as same-sex attracted and gender diverse, used methamphetamine in the past year, compared with 2% nationally.



16%

drug use increased from 14% to 16% in people aged 40+ from 2013–2016

– National Drug Strategy Household Survey

Count me **in**



“It’s fun and it’s good for your body. It helps you get active and increase stamina and get fit.”

– Count Me In participant

Count Me In improves the physical and mental wellbeing of children and young people from refugee and migrant backgrounds by linking them into sports clubs.

Since the project began in September 2016, **Count Me In** has reached 172 children from 28 different schools and nine countries.

In late 2016/17, we were fortunate to receive two research grants which will support us to further develop and evaluate the program, allowing us to reach more children and their families for better wellbeing.

Children have become involved in a variety of different sports, with families given the opportunity to meet and connect with new people.

Count Me In is a collaboration between The University of Melbourne, Moreland City Council, Merri Health, local schools and local sports clubs and associations.



Continuity of **care**

Wellness clinic goes mobile

Merri Health looks at opportunities to bring our services to where they're needed most. Most recently, this resulted in the development of the Wellness Clinic.

The Wellness Clinic is an initiative of our health services team, which takes a mobile health clinic out to community settings.

Since May 2017, our community nurse has been visiting key sites in Fawkner and Coburg, providing health checks for vulnerable communities and those that are isolated, with referral to appropriate services.

We know that Fawkner is one of the most disadvantaged suburbs in Melbourne¹. Our nurse is seeing lots of people with high blood pressure and obesity.

What we know so far:

While the clinic is only a few months in, clients report knowing little about:

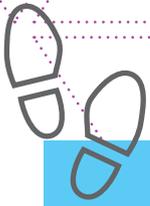
- > Medication
- > Diabetes
- > Women's health issues
- > How to navigate health system

The clinic will continue throughout 2017, taking any learnings to help improve how we provide services to those most in need.



We keep a close check on our clients' health progress

¹Australian Bureau of Statistics [2012]. Socio-Economic Indexes for Areas (SEIFA), Index of Relative Socio-Economic Advantage and Disadvantage. Available at: <http://www.abs.gov.au/websitedbs/censushome.nsf/home/seifa> [Accessed 18 Apr. 2017].



In my shoes

I quit for good

After many failed attempts at quitting cigarettes, Fernando* gave it one last shot, with a referral to our stop smoking service via his doctor.

Fernando was a heavy smoker, smoking about 25 cigarettes a day, with many underlining health issues that were made worse with cigarettes. Looking to take charge of his health and begin exercising again, Fernando knew it was time to try again.

Having previously trialled other methods such as gum, patches, hypnosis, cutting back on cigarettes and acupuncture, Fernando felt lost.

An assessment by our team found Fernando was highly addicted to nicotine. Fernando was given an individualised program that took his needs and results into consideration to ensure he was set up for success.

While Fernando has trialled a particular medication in the past, he had stopped too early as it had made him feel sick. While Fernando was hesitant to use it again, our team explained to Fernando how to use the medication correctly.

Fernando also learnt about the triggers to smoking. He learnt that for him, there was an association between caffeine, alcohol and nicotine, and learnt to minimise these situations.

After many weeks on the program, Fernando reports he is now smoke free and has regular checks to stay on track and supported.

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



Client Garry is another client that successfully quit smoking after working with our team.

Healthy eating and lifestyle

Data shows Moreland has above average prevalence of many chronic diseases. In 2011, it was named a 'diabetes hotspot' by Diabetes Australia after diagnoses increased by 161% between 2006 and 2011.



280

Australians develop diabetes every day.

That's one person every 5 minutes.

Addressing increasing diabetes in our catchment, Merri Health introduced the Healthy Eating and Lifestyle program known as HEAL.

Now in its third year, the lifestyle education program supports people with diabetes or cardiovascular disease, to implement a healthy diet and exercise, to manage their condition and limit avoidable hospital admissions.

Why is diabetes management important?

> People with diabetes are at an increased risk of developing complications such as cardiovascular disease, chronic kidney disease, blindness, and foot problems.

- > According to Diabetes Australia, there are more than 4,400 amputations every year in Australia as a result of diabetes
- > Diabetes is now the single most common cause of end-stage kidney disease [ANZDATA, 1980-2009]

How are we tracking?

In first 3 years, HEAL participants have:

- > Decreased waist circumference by 1.32%
- > Increased physical activity by 24.95% per week
- > Decreased average daily sitting by 19.7%
- > Increased daily vegetable servings by 24%

Do you have diabetes?

We have lots of support services to help, including one-on-one and group activities.

64 years and under:

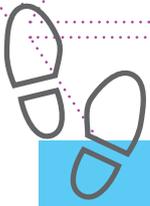
 **(03) 9388 9933**

65 years and over:

 **My Aged Care on 1800 220 422**

Tell them you want Merri Health as your preferred provider.

 **info@merrihealth.org.au**



In my shoes

Ronaldo stays active

Ronaldo* was first referred to Merri Health's respite services as he was finding it difficult to get around on his own, with his wife Maria* not comfortable leaving him alone.

At first consultation, our staff went out to talk to Ronaldo and Maria so that they were both actively involved in the planning of services and supports implemented. We wanted to know more about Ronaldo's interests, his health conditions and what help he might need if someone else came to spend some time with him. Ronaldo and Maria also shared their goals and what they wanted to achieve from the respite.

Following the initial discussion, we planned a regular time each week for a respite worker to come to the house and do some activities with Ronaldo. This met Ronaldo's goal of having someone to chat to and join for a walk once a week. The respite worker had sufficient background information about Ronaldo and could plan interesting topics and activities. It also gave Maria time to go out and do the shopping with her daughter.

As time went by, Ronaldo became comfortable with the respite worker, which provided the opportunity to suggest trialing a centre-based program. Both Ronaldo and Maria agreed and were keen to try a group together.

Ronaldo and Maria were introduced to our social groups known as the Social Support Program not long after. Here staff were able to connect them with other services available at Merri Health.

The social groups have given Ronaldo and Maria the opportunity to meet new people, make new friends, enjoy a chat, join in activities and continue to have fun in a safe and welcoming environment.

Both continue to attend a weekly program and report looking forward to the activities each week.



One of our clients enjoying indoor Bocce as part of our social group activities

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

Food security **for all**

Now in its second year, The Community Grocer continues to grow with more than 100 visitors per week and 75 markets held.

The Community Grocer Fawkner is a social enterprise model that looks to improve food security through access to a low-cost healthy produce market in Fawkner. The market was created in response to a 2015 needs assessment by Merri Health, which showed food security was a significant issue in Fawkner.

Partnering with The Community Grocer Carlton to form The Community Grocer Fawkner, we address food security through access to fresh, seasonal and healthy produce in an area with limited fresh food options, and lacking public transport.

Since it first opened its doors, the market has supported:

- > 35 local residents with volunteering opportunities.
- > Affordable food options for the 68% of people identifying as low-income.
- > An increase in reach, growing from an average of 69 customers per week in April 2016 to 97 in April 2017.
- > More locals to attend with a 40.5% increase in customer numbers from 2016 to 2017.

► Where to for The Community Grocer Fawkner?

We will explore:

- > Trialling a delivery system so residents can receive fresh produce even if they can't get to the market.
- > Expanding our 'mystery box' program to community groups.
- > Launching a weekend market to create more shopping options for local residents.



“ The market caters to different communities. For example lots of Pakistani families use okra so we have it available. Being responsive to community needs, such as affordability and variety is key.”

– Lina, market manager

Volunteers help us run The Community Grocer Fawkner, including the weekly vegetarian barbeque.

Carer support

In 2016, our carer support program revisited their model of care to better support carers in the northern metropolitan Melbourne.

► Our difference

Equipped with statistics, feedback and information from co-design sessions with carers, we updated our carer services to include:

- > Carer engagement
- > Counselling
- > Dementia care consultants
- > Education and advice
- > Health and wellbeing coaching
- > Peer support
- > Respite
- > Support for young carers
- > Support for Aboriginal and Torres Strait Islander carers



Outdoor support for carers

Our new program is challenging service delivery as it takes its work to the park.

Carer health and wellbeing coaches at Merri Health came up with an innovative model to service delivery. Carers are invited to join free monthly walking sessions, where they take part in light exercise while learning more about support services.

Carer Lynne* said the walks were a welcome change to supporting her in her caring role.

"I liked the idea of having a coach join me on a walk. By the end of my first session, I had some new tips to better manage in my role and was able to chat with other carers as to how they are coping. It saved me so much time as I got help with services and exercise at once and was able to connect with others," Lynne said.

Carers join coaches on a 45-60 minute walk around their local area, with an opportunity to talk through their current challenges. Additional support is provided with in-home respite to help everyone attend.

"I felt safe knowing my mum was being taken care of and was able to better enjoy the session," said Lynne. >>

“ I liked the idea of having a coach join me on a walk. By the end of the first session, I had some new tips to manage my role...”

– Lynne, Carer



Our team regularly consult with the carer engagement working group on issues relevant to carers.

Carer health and wellbeing coach and dietitian Collette said the new approach was proving to be a hit.

“We’ve taken the idea of walking meetings and applied it to our services. We thought about the best way to support a carer’s wellbeing and fitness and knew this was it. We’re there to support them through the 60-minute walk, while providing information about services and coping techniques,” Collette said.

The monthly walks take place in the northern region.

Would you like to join in on our walking sessions?

All carers are welcome to attend.

 (03) 9495 2500.

 carerlinksnorth@merrihealth.org.au

*Stories and quotes have been included with the permission of the client

A year of support

Every carers’ experience is unique. Our carer support services engages with all types of carers, finding new ways to support their needs.

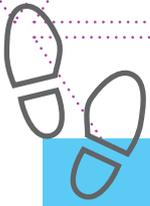
Our carer support service CarerLinks North, has had a busy start to 2017 with a number of events, forums and consumer engagement exercises.

In 2016/17, we:

- > Visited Coburg Special Developmental School and Interchange North West to talk to parents about their concerns in regards to the National Disability Insurance Scheme (NDIS). We talked about preparing for the NDIS, hints and tips for the planning phase, carer support, and others supports they can access. Some parents in attendance were already accessing the NDIS and were able to share their experiences.

The event received positive feedback as parents found it useful in the lead up to the NDIS roll out in Hume and Moreland.

- > Attended a morning tea for Merri Health’s Wellness at Home program. Attended by our health and wellbeing coach and peer support facilitator, clients and their carers were invited to learn about services on offer.
- > Supported 100 people from the community to attend a day-trip to the Mornington Peninsula, in partnership with Wandarra. The group enjoyed the beautiful countryside with lunch in Rosebud, followed by a ride on the Eagle Skylift at Arthur’s Seat.
- > Joined the Merri Health team at February’s Midsumma Festival, celebrating inclusivity and rainbow pride.



In my shoes

My first name

Client Fauzia*, wrote **My First Name** in a recent group activity to help women build healthy relationships with their family.

*I am a person I am a woman,
an Introduction all on its own.*

*I have my own thoughts, thinking and mindset,
I am unique and I'm not a clone.*

*I am the warmth and the cheer and the sunshine,
to help everyone through this world made of stone.*

*Whether I'm Indian, Asian or Spanish,
my nationality is defined by my home.*

*If I'm respected, valued and cared for,
you'll find me happier than a queen on a throne.*

*Much I don't ask for, few are my needs,
but I have some birthrights upon me bestown.*

*My freedom to speak, sense and act as I deem right,
you should give me as gifts and not as a loan.*

*All the pain and the hardships the tears and the toil,
with resilience and silence, I have always borne.*

*Yet torment and torture abuse and neglect
have left me all broken tattered and torn...*

But! Enough is enough! Now it'll all be tit for tat.

*'Coz I have become a bit of a brat
I will take this, and I won't take that.*

*I'm now wearing work wear
I've thrown off the hat.*

*If you so much as tease me or taunt me or hurt me,
I'll punch you in the ego till it's empty and flat.*

*For decades and centuries I've bowed low before you,
I served you only to be treated like a doormat.*

*Now you'll be opening doors for me,
and watch me make a brand new start.*

*I'll no longer be leaning on anyone,
now I'll feel with my mind and think with my heart.*

*I've evolved and grown and I'm smarter than smart,
I've learnt that living is simply an art.*

*I'll earn my own money so you don't worry honey,
I'll go buy my own pastry and tart.*

*To defend myself and to fend for myself,
I won't bend myself anymore.*

*I don't want any dictation,
to build my skills and my craft.*

*So Hello! World! Here's me again,
ready to play the game.*

*I'll set the rules and the Ts and Cs,
I'm the picture and I'm the frame.*

*And don't you ever forget who I am,
I'm a woman and that's my claim to fame.*

*I don't need my surname to say I'm tame,
my introduction completes with my first name.*

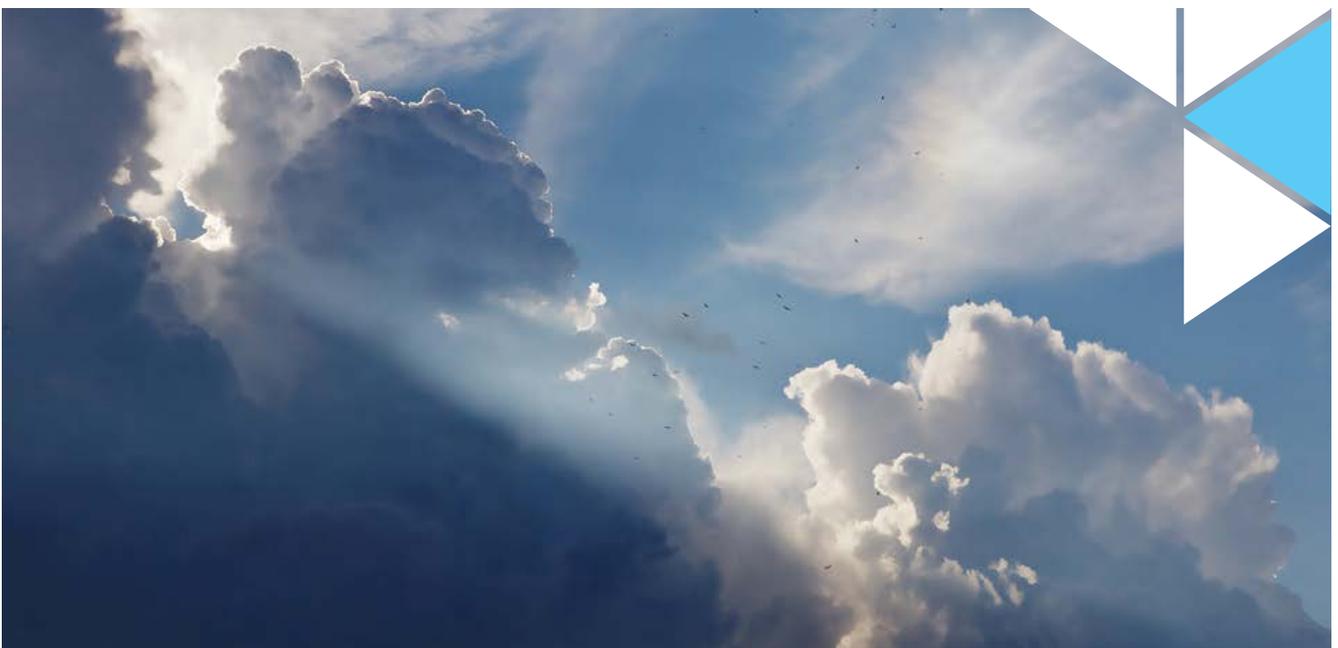
“ I wrote the above lines in my humble tribute to the women who have always surrendered and submitted to social and family obligations and pressures at the cost of their own dreams and self-realisation. It is now time for their awakening, to assume their dignity and true identity and above all, their self-respect.”

– Fauzia

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

End of life care

In 2016, Merri Health participated in an advance care planning project as a member of the Inner North West Melbourne Health Collaborative.



Merri Health worked with our health sector partners in a project led by Melbourne Primary Care Network, to discuss end of life care and systems that could be introduced to record and activate clients' preferences.

We undertook a mapping exercise of several of our teams, examining what is currently being done and what could be done in the future to move our services towards actively having conversations with clients around end of life care.

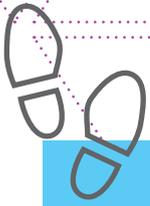
To date, we have:

- > Worked with our collaborative partners to develop a document which defines how advance care planning can be implemented across the different health sectors.
- > Defined Merri Health's staff roles and responsibilities relating to different aspects of the advance care planning process.
- > Developed an organisation-wide policy with procedures tailored to individual teams.
- > Developed an advance care planning education plan, identifying the varying levels of training required to support staff in their different roles.
- > Submitted a response to the Department of Health and Human Services draft bill, Simplifying Medical Treatment Decision Making.

End of Life Care and advance care planning has become a priority item on the Government's agenda and community health services are in constant contact with clients and their carers who would benefit from these conversations.

An internal Merri Health Working group will continue to meet twice a year to facilitate the implementation process.

The project is led the Melbourne Primary Care Network.



In my shoes

Building relationships

We attend a MerriKids playgroup at Merri Health, Thornbury. Over the two terms we've seen real improvements in our son's behaviour and development. We appreciate the clear routines and structure of these groups, appreciate the continuity of the staff, and feel supported each week – our son also enjoys attending.

I've enjoyed meeting other families. We're all here for different reasons and each of the kids has different strengths so I've never felt judged or that my son is different – something that I've felt in non-therapeutic playgroups. Our son likes each of the staff and has established individual relationships with them.

In the fifth and sixth week of the playgroups is when we saw the most significant changes. Our son has been willing to participate in group activities, and engages with other children as well as Merri staff. We couldn't be happier – we just wish the playgroups ran for longer than 6 weeks per term as we are not confident the reduction in his anxiety will tolerate the long break until next term.

We also have a one-on-one relationship with Kate, our key worker from Merri. Every family needs a Kate; warm, friendly, professional, compassionate, and with a great sense of humour, she is unflappable – even when on the receiving end of a filthy look from our son. Kate comes to our house or to our son's childcare. He recognises her and tolerates her, the latter of which is not necessarily the case with other health professionals.

Kate gives us confidence to parent him to the best of our ability, helps us trust any instincts we have, and encourages us when we are feeling worn down. She's always able to see the best in a tricky situation and the best in him. She helps us differentiate between what is standard toddler behaviour and that which is a more particular to him. She has never labelled him or dismissed our concerns. Her guidance is clear and conviction is unwavering – what she says and does works. Our son might not like the changes at first, but slowly we are getting there, and that's all to do with her support. We would be lost, and lost within the system without her.



Ready, set, **prep**

Newly arrived and refugee children are benefiting from a new school-ready program in Fawkner.

Ready, Set, Prep addresses poor school-readiness and has commenced rolling out across four local schools; Fawkner, Moomba, St Mark's and St Matthew's primary schools.

"We know that there are many barriers to accessing early learning for families in Fawkner. Ready, Set, Prep will support a smooth transition into primary school. A good start to education can dramatically improve wellbeing outcomes," said Jackie Evers acting manager of Merri Health's population health unit.



“ We want to give our students the best start to school life and are very excited to be trialing the program here.”

– Peter Wilson, School Principal

The program includes weekly education sessions for parents and carers of pre-school aged children, and resources for families to support family engagement in a child's education.

School principal Peter Wilson said that more than 50 students start their first year of school at St Mark's primary school, and will benefit from the additional support.

"We want to give our students the best start to school life and are very excited to be trialing the program here. We have lots of newly arrived families that aren't familiar with the school system in Australia. Ready, Set, Prep will not only help the child but also the family as they settle into school life," Mr Wilson said.

In 2015, approximately 36.6% of Fawkner children were assessed as developmentally vulnerable in one or more areas, compared to the Victorian average of 22%, according to the Australian Early Development Census.

Fawkner is home to high numbers of newly-arrived refugee, asylum seeker and migrant families; many who are socially isolated and less familiar with the Australian educational system.

Does your child attend a Fawkner school? Would you like them to benefit from the program?

 **(03) 9355 9900**

 **readyssetprep@merrrihealth.org.au**

Rainbow support

Merri Health is one of the first community health providers to achieve Rainbow Tick accreditation, with services committed to LGBTIQ pride, diversity and inclusion.

Over the rainbow

Moreland played host to one of its largest rainbow events as part of International Day Against Homophobia, Biphobia, and Transphobia (IDAHOBIT).

The live art exhibition saw 500 Moreland students and locals take part in the large-scale event on Monday, 8 May 2017. Messages of support were projected via a choreographed exhibition using rainbow umbrellas, and captured via a drone.

Merri Health's YGLAM project officer Russ said that the rainbow procession showed Moreland's commitment to creating a safer and more inclusive community.

"It's an opportunity for the community to come together and show that they care about the wellbeing of queer people living in Moreland, creating safe spaces for all," said Russ.

The event was followed by a rainbow procession through Sydney Road to Victoria Street mall in Coburg, with the

official video released on Wednesday, 17 May 2017, as part of IDAHOBIT day.

IDAHOBIT is an annual celebration of sexual and gender diversities, raising awareness of the violence and discrimination experienced by this group.

The event was led by Merri Health's queer youth ensemble YGLAM and supported by Moreland City Council. It marks the anniversary of YGLAM's social media campaign This Campaign Is Queer, which supports young queer people via social media connections.

Midsumma fun

Merri Health once again joined in the Midsumma fun this January.

An annual celebration of queer culture, Merri Health takes part as a Rainbow Tick accredited provider, marching in the official celebrations and hosting a stall as part of the weekend fun.

The march is an opportunity to show our commitment to GLBTIQ pride and inclusivity, and an opportunity to talk to locals about their needs, and link them with services.

Our group keeps growing every year and we'd like to see more community members join in.

Would you like to march alongside Merri Health at the 2018 Midsumma festival?

 (03) 9355 9900

 info@merrihealth.org.au



Responding to queer health

In partnership with drummond street services, we set out to develop a new drug and alcohol support service for at-risk people identifying as same-sex attracted or gender diverse.

Launched in March 2017, **QHealth** delivers one-on-one, couple and family counselling, by queer staff in a safe and inclusive community setting, helping ensure clients are comfortable and responsive.

QHealth meets a health gap, addressing the high rates of drug and alcohol abuse among people that identify same-sex attracted and gender diverse.

The service will help people like 22-year-old Sasha who attends drummond street services.

"When I was stressed or fought with my family so they would accept me, I would take lots of drugs and it wasn't good for me. All we needed was a safe space to get help. We've now been able to sort through our issues a lot better," Sasha said.

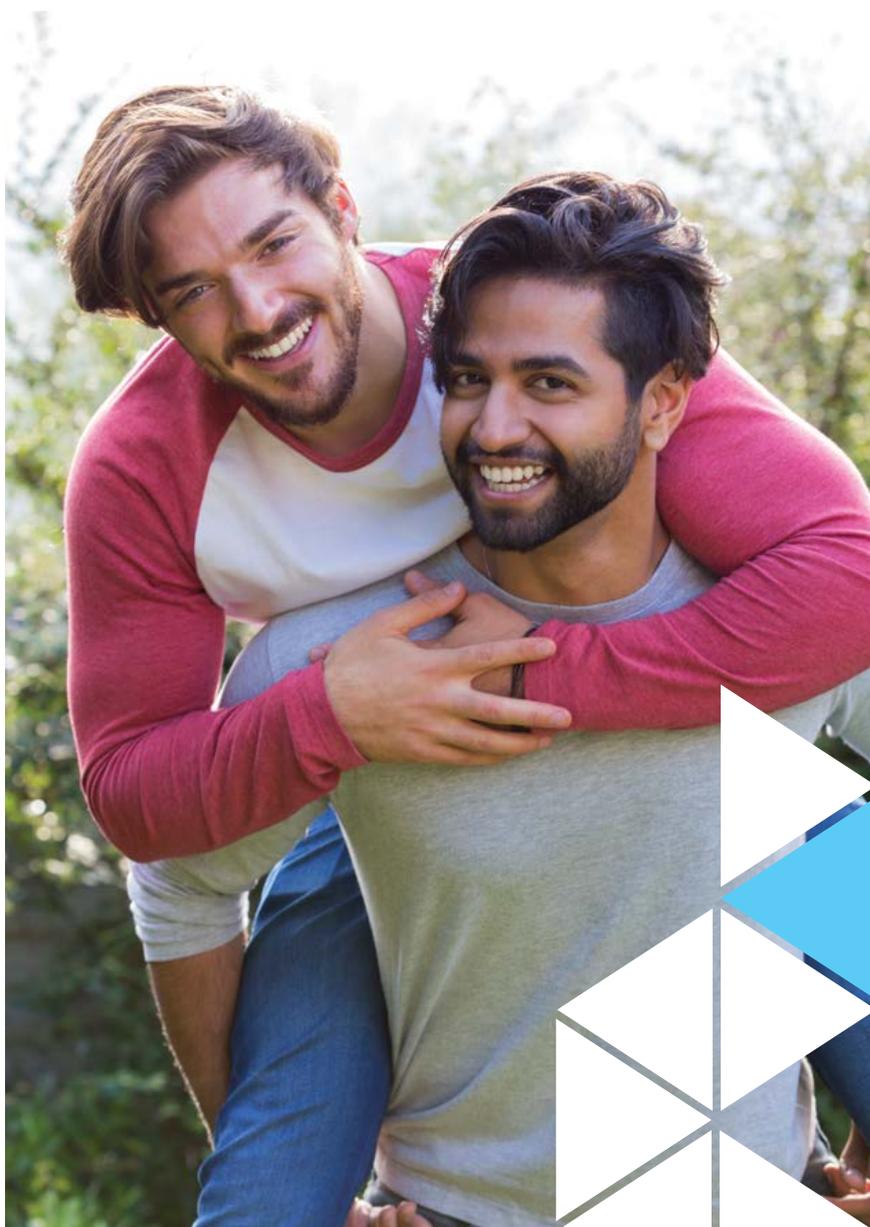
 **A partnership approach to better health. You can read more about QHealth under our partnership initiatives on page 67.**

Do you need support?

Anyone can self-refer to **QHealth**.

 **1800LGBTIQ**

 **info@queerspace.org.au**



Wellness at **home**

Supporting older people to stay living at home and their community for as long as possible.



Move your body

Throughout 2017, our Wellness at Home team ran fortnightly exercise sessions for clients 65 years and over. While participation numbers were low, clients who participated reported enjoying the sessions, with an opportunity to socialise and meet new friends. Clients told us the sessions were uplifting and helped reduce muscle stiffness.

While the sessions did not continue due to low uptake, there were many learnings which we will consider for future session planning:

- > The service was not cost effective as it required early starts and late finishes for the wellness advisors.
- > There were issues with a lack of medical clearance by GPs which resulted in ongoing follow-up.
- > The location needs easy access for pick-up and drop-off. While our Pascoe Vale site provided this option, the site is no longer available.
- > The word 'exercise' may have scared some clients, with incorrect expectations that it may be a high intensity class.
- > Trouble shooting with preferred class dates as we could not find a day to suit most participants.

Eating to good health

In late 2016, we worked in partnership with clients to create a recipe book.

A collection of recipes from clients and staff across the group, the book was an opportunity to share learnings, healthy recipes, and create a book unique to the group.

Clients reported being excited to see their recipes in print, with copies of the book sold to further support the program.

Would you like a copy of Wellness Recipes?

The recipe book includes 23 savoury and 10 sweet, easy-to-make recipes for \$10.

✉ info@merrrihealth.org.au

All proceeds are put back into the aged program to support older clients and their activities.



In my shoes



One of our clients enjoying our social groups for older people

Staying connected

Moira* was on a Linkages package with Merri Health for six years before being offered a Level 4 Home Care Package. Happy with the services and support she had received to date, Moira wanted continuity and asked to continue this service through Merri Health.

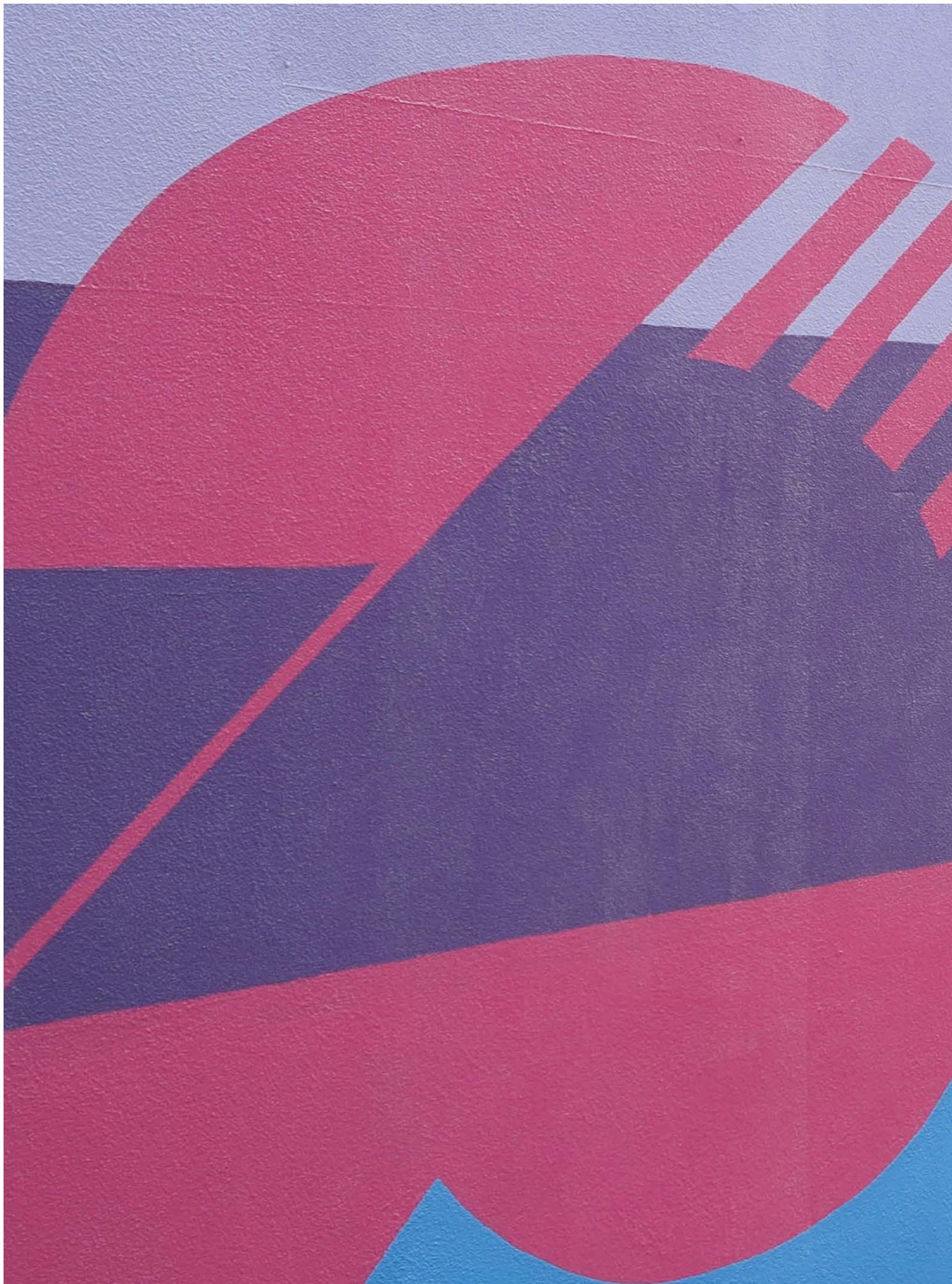
Staff met with Moira and her husband to discuss her goals. During these conversation, we identified:

- > Moira wanted to maintain existing services, including the same support workers and service providers.
- > It was important for Moira to be able to continue to help her husband with household tasks.

- > The family wanted respite help to give Moira's husband some time to go out and enjoy activities of his own.
- > Moira and her husband wanted help with meal preparation when he was unavailable.

Although there was a change in the case manager during the transition, continuity of care was provided due to our team's continuity approach, embedded in our Wellness at Home team. We ensured the service coordinator remained the same, and facilitated connections with other staff members. This allowed for a smooth transition to the new service.

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





Financial report

Board of Directors proceedings

Board attendance at meetings

July 2016 – June 2017

Board Meetings	Eligible to Attend	Attended
Carlo Carli - Chair	12	12
Darryl Annett	12	12
Marlene Raffoul	12	12
Michael Beahan	12	11
Michael Malakonas	12	10
Katerina Angelopoulos	12	12
Giuseppe Ardica	4	4
Julie McCormack	12	12
Hasan Erdogan	12	9
Joe Caputo	8	8

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 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.

Board engagement at subcommittees

2016/2017

Finance, audit & risk management	Attended
Michael Malakonas - Chair	6
Darryl Annett	6
Carlo Carli	3
Katerina Angelopoulos	6
Clinical governance	Attended
Julie McCormack - Chair	5
Hasan Erdogan	3
Marlene Raffoul	5
Community engagement	Attended
Michael Beahan - Chair	5
Joe Caputo	4
Carlo Carli	2

Community representation on Board sub-committees

Finance, audit & risk management	Attended
Geraldine Allen	5
Clinical governance	Attended
Cara Jane Millar	4
Deb Hill	2
Community engagement	Attended
Giuseppe Ardica	5
Sanjay Gund	4
Mairi Rowan	4
Mustafa Kouklan	3
George Jiang	4
Suzy Pinchen	4

Financial Statements

The following pages form 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.

The full audited Financial Report is available at www.merrihealth.org.au.

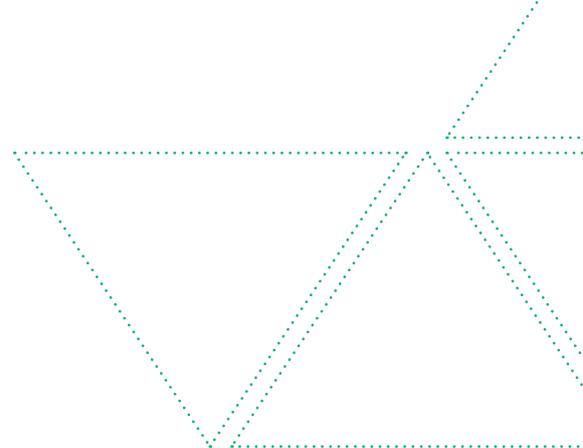
Statement of comprehensive income, For the year ended 30 June 2017

	2017	2016
Revenues		
State recurrent grants	18,976,397	22,333,051
Commonwealth recurrent grants	10,702,299	5,777,725
Other revenue from operations	1,896,874	1,464,876
Interest revenue	244,163	334,306
Profit on disposal of property, plant & equipment	21,463	131,039
Other revenues	371,212	245,256
Capital grants received for the acquisition of fixed assets	313,156	124,947
Total revenues	32,525,564	30,411,200
Expenses		
Employee benefits expense	21,267,363	19,874,339
Depreciation, amortisation & impairment expense	978,421	1,031,750
Finance costs	81,428	4,848
Supplies	273,762	263,248
Computer expenses	488,142	518,629
Consulting and legal costs	431,132	210,246
Client costs	4,028,924	3,580,629
Communication	263,735	366,079
Motor vehicle expenses	301,315	214,504
Occupancy costs	1,115,530	967,048
Payments to other agencies	1,576,585	1,391,955
Repairs and maintenance	239,227	225,658
Employment expenses	410,809	412,809
Other expenses	847,735	832,499
Total expenses	32,304,108	29,894,241
Total operating surplus for the year	221,456	516,959

Financial Statements continued

Statement of financial position as at 30 June 2017

	2017	2016
Current assets		
Cash and cash equivalents	11,831,381	10,952,490
Trade and other receivables	294,457	513,058
Other current assets	774,203	504,126
Total current assets	12,900,041	11,969,674
Non-current assets		
Property, plant and equipment	14,256,237	8,644,735
Total non-current assets	14,256,237	8,644,735
Total assets	27,156,278	20,614,409
Current liabilities		
Trade and other payables	5,960,026	3,347,665
Provisions	2,619,159	2,323,394
Total current liabilities	8,579,185	5,671,059
Non-current liabilities		
Provisions	883,634	1,083,847
Borrowings	2,852,500	-
Total non-current liabilities	3,736,134	1,083,847
Total liabilities	12,315,319	6,754,906
Net assets	14,840,959	13,859,503
Equity		
Reserves	2,922,989	2,162,989
Retained earnings	11,917,970	11,696,514
Total equity	14,840,959	13,859,503



Statement of cash flows for the year ended 30 June 2017

	2017	2016
Cash flows from operating activities		
Government grants received	34,993,316	30,339,697
Receipts from clients	470,046	503,485
Interest payments	(73,458)	-
Payments to suppliers and employees	(33,755,955)	(31,276,710)
Interest received	279,527	396,142
Other income received	1,839,674	1,384,869
Cash provided by operating activities	3,753,150	1,347,483
Cash flows from investing activities		
Proceeds from sale of property, plant & equipment	110,921	193,674
Purchase of property, plant and equipment	(5,837,680)	(1,384,978)
Net cash used in investing activities	(5,726,759)	(1,191,304)
Cash flows from financing activities		
Proceeds from borrowings	2,852,500	-
Net cash provided by financing activities	2,852,500	-
Net increase in cash held	878,891	156,179
Cash at the beginning of the financial year	10,952,490	10,796,311
Cash at end of the financial year	11,831,381	10,952,490

Statement of changes in equity for the year ended 30 June 2017

	Retained earnings	Asset revaluation reserve
Balance 1 July 2016	11,696,514	2,162,989
Surplus for the year	221,456	-
Transfer to reserves	-	760,000
Balance 30 June 2017	11,917,970	2,922,989

Contact us

Our sites

Brunswick

11 Glenlyon Road
Brunswick VIC 3056
t: 03 9387 6711

Brunswick West

382–386 Moreland Road
Brunswick West VIC 3055
t: 03 9386 3575

Coburg

93 Bell Street
Coburg VIC 3058
t: 03 9350 4000

Fawkner

79 Jukes Road
Fawkner VIC 3060
t: 03 9357 2444

Glenroy

5D Cromwell Street
Glenroy VIC 3046
t: 03 9304 9200

Pascoe Vale

9E Anderson Street
Pascoe Vale VIC 3044
t: 03 9350 4600

Preston

Level 1 and 2, 110 Chifley Drive
Preston VIC 3072

CarerLinks North
t: 03 9495 2500

Victims Assistance Program
t: 1300 362 739

Thornbury

298 Victoria Road
Thornbury VIC 3071
t: 03 9484 5314

Vic Place

21 Victoria Street
Coburg VIC 3058
t: 03 9355 9900

Wangaratta

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

Connect with us

 @Merri-Health

 @MerriHealth

 goo.gl/gWrGqi

Your feedback is important to us

Your feedback helps us improve how we do things and better meet your needs. Tell us what you think of this report.

You can provide feedback by:

 (03) 9389 2234

 quality@merrhealth.org.au

 www.merrhealth.org.au

Carer support 03 9495 2500

Complex care: cardiac and respiratory services 03 9350 4000

Dental services 03 9387 6711

MerriKids early childhood support 03 9484 5314

NDIS made easy 1300 637 744

Victims Assistance Program
1300 362 739

Aged care* 1800 200 422

Feedback 03 9389 2234

All other health services

New appointments (03) 9388 9933

Existing appointments (03) 9350 4000

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





Merri Health
Healthcare that moves with you