

# A healthy and connected community

Passion | Responsibility | Integrity | Diversity | Engagement | Excellence



**2014**

**Annual Report | Quality of Care Report**



Diversity



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Welcome

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Womin Jeka

# Welcome

Welcome to Merri Community Health Services Annual and Quality of Care Report 2014. Every year we produce two reports; our Annual Report and Quality of Care Report, which we have combined into one document to provide a central location where you can find out about our activities throughout the year. This report details our activities that took place from 1 July, 2013 to 30 June, 2014.



Above: The 'bad boys' gardeners and staff

## Who is our community?

Throughout this report we refer to 'our community' which includes current and potential service users and residents in our service catchment areas in the northern metropolitan region across seven local government areas. To find out more about this community group, go to page 8.

## Why do we have an Annual and Quality of Care Report?

The Annual Report provides you with information about our organisation, including how it is structured, Board of Directors and governance, our services and financial reporting.

The Quality of Care report informs our clients, community, funding bodies, partners and stakeholders about our services, systems, processes and outcomes over the last financial year. We provide this information to you by highlighting activities and projects we have been working on, as well as stories from our clients about their experiences.

Due to our commitment in responding to the changing needs of our community, we also provide you with research and evaluation outcomes, which help improve our knowledge-base and services.

## Acknowledgements

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

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

Your involvement is important as it shapes services for the community. We encourage your support and invite you to join our organisation. You can become a member or may contribute and have your voice heard as part of our Community Engagement Sub-Committee group. For more details, visit our website [www.mchs.org.au](http://www.mchs.org.au) and select Membership.

As a Victorian health service provider that receives funding from the Victorian Government, we are required to publish this report in line with the 2013/2014 policy and funding guidelines.

## How we gather this information

Our clients and many teams across the organisation were involved in the preparation of this report. This helps us to provide you with updates that are informative and relevant to our community.

Our Annual and Quality of Care Reports are reviewed by our Board, Executive Leadership team, Management Leadership team and the Community Engagement Board Sub-Committee for accuracy and relevance.

## Where to find this report

This report can be found in a number of locations and in various mediums. You can access a copy of our report at any of our 11 sites. See page 72 to find an office location near you.

The report is also available on our website, [www.mchs.org.au](http://www.mchs.org.au) which also provides information about our services and how you can access them, a calendar of events and program newsletters. To stay up-to-date with what we're up to, visit our website or like our Facebook page, 'Merri Community Health Services'.

 **Merri Community Health Services**

## How can you contact us?

We have 11 sites across the Northern Metropolitan Area. Go to page 72 for our contact details.



We acknowledge the support received by Health Workforce Australia and the Department of Health, Victoria, for our Student Hub Project. Read more about this project on page 46.

Our organisation is an accredited community health service provider with Quality Innovation Performance (QIP). QIP is a body of the Quality Improvement Council. Find out more about our accreditation status on page 52.

We provide interpreter services and have information flyers in many languages. Visit [www.mchs.org.au](http://www.mchs.org.au) to access these flyers.

# Chair's Report

On behalf of the Board of Directors I would like to thank the staff and the management team of Merri Community Health Services (MCHS) for their efforts in what has been a challenging year. As a result of their work we are better positioned to confront the challenges of changing Government policy and new funding models.

The Board has many positives to report. The Bell Street, Coburg facility has undergone a \$1.4M upgrade and it is a better and more productive facility for staff and clients. We are currently examining various options for further future investments in our buildings and we have strong financial reserves to fund such upgrades.

Overall the finances of the organisation are very healthy. This strong financial position means we have been able to allocate resources on service improvements and increasing access to services, while also improving our marketing and information services to our community.

The main challenge for MCHS is a consequence of being predominantly a government-funded organisation. Current changes in Government policy are having a major impact on our ability to deliver services to our community and we need to change to sustain our services.

Increasingly public funds for health care are becoming more competitive. We are positioning ourselves so that we remain competitive and a quality provider. We are responding to these challenges while maintaining our commitment to provide appropriate and locally based services to our community. The Board is ensuring that the community is involved in the running of our organisation.

This year we have had to tender for services that MCHS has delivered for many years. The Victorian Government decided in a competitive tender that they would cease funding our community based mental health services. We have delivered these valuable services for over 30 years and we are disappointed with the decision. The closure of this service has been distressing for our clients, many who live in the local community and have a strong connection MCHS. The staff have been working closely with clients to support them in this difficult time of change.

The Board and all the staff of MCHS appreciate and thank you for the significant level of support received from the community, our clients and supporters against

this decision. Unfortunately we have not been able to change this decision. The Board wishes to thank the staff that have lost their job as a result of this decision and acknowledge their commitment and the work they have provided over numerous years.

In response to this changing funding environment the Board has decided to pursue a strategy of creating partnerships with organisations that share our values and our view of community health. The Board and Management team is working closely with a number of community health services to look at ways we can work cooperatively together. As a result, the Board has signed a memorandum of understanding with Darebin Community Health to explore the benefits this cooperation can have for both our organisations.

Working together we can support our objective to provide services that support and benefit our communities.

**Carlo Carli**  
Chair



# Chief Executive Officer's Report

In preparing our Annual and Quality of Care Report for the community, it is a strong reminder of the extent, quality and nature of the diverse range of services we deliver across the inner north west region, supporting people and families with their health and wellness.

Our staff team across the organisation have delivered in excess of 110 different types of services to clients across 20 different programs that we deliver across Moreland, and indeed many services across the seven northern metropolitan local government regions of Melbourne.

As our Chair has reported, the past year has been a period of significant change associated with new funding models from both the State and Commonwealth Governments. I would like to acknowledge and thank our dedicated staff that throughout this time has continued to work tirelessly to respond to these ongoing changes and advocating for our community.

A focus this past year across the organisation has been on innovation and responding to increasing demand whilst aiming to also improve access to our services for the community. We have instigated many new initiatives that have responded to specific health and wellness needs across the community and also extended our reach with target groups who face challenges or disadvantage. Our local connectedness and engagement with our community remain an important philosophy to ensure we respond to local needs.

In addition to the ongoing changes occurring across the sector associated with government funding changes, we have been very active in the establishment of new service models and our preparedness for further changes that will be implemented over the next 12 – 18 months as part of broader government reforms. It is important we respond to a changing workforce and to increasing chronic disease in our community. The work we have been driving to respond to these emerging challenges, are part of our strategy to ensure we can respond to the changing environment and meet the expectations of funders and importantly, our community.

The continued strong performance of the organisation has been pleasing and a result of dedicated efforts to ensure our ongoing sustainability and positioning for further growth.

As acknowledged by our Chair, as part of government reforms we ceased being a service provider of community mental health services in July of this year. I would like to acknowledge current and past staff that have worked with the organisation and our predecessor organisations in the delivery of community based mental health services. Having delivered this service for in excess of 30 years, there is a strong and enduring legacy that will remain in recognition of the quality of the services and our connectedness with the local community. We will continue to deliver a range of ongoing mental health programs that will continue to support people to remain independent in their community.

I would like to thank the Board of Directors for their unwavering commitment and stewardship of the organisation at such a challenging period, and for their determination to ensure the ongoing sustainability and growth of the organisation as a key service provider across the northern metropolitan region.

## **Nigel Fidgeon**

Chief Executive Officer



# Our Catchment at a Glance

**Merri Community Health Services is a key community health service provider delivering a range of services across the northern metropolitan area including the local government areas of Moreland, Hume, Whittlesea, Nillumbik, Darebin, Banyule, Yarra, Melbourne and Moonee Valley.**

In addition to being the community health service provider for the City of Moreland, Merri Community Health Services is also a major service provider across the northern metropolitan region, with selected services also extending to parts of the western metropolitan region including Melbourne and Moonee Valley.

## About the City of Moreland<sup>1</sup>

The City of Moreland is a primary catchment area for the majority of our services and has an estimated total resident population of **160,089** (as at 30 June 2013). It has grown by 3372 people since the previous year. The City of Moreland covers the suburbs of Brunswick, Brunswick East, Brunswick West, Coburg, Coburg North, Fawkner, Glenroy, Gowanbrae, Hadfield, Oak Park, Pascoe Vale, and Pascoe Vale South. Small sections of the suburbs of Fitzroy North and Tullamarine are also located in the catchment.

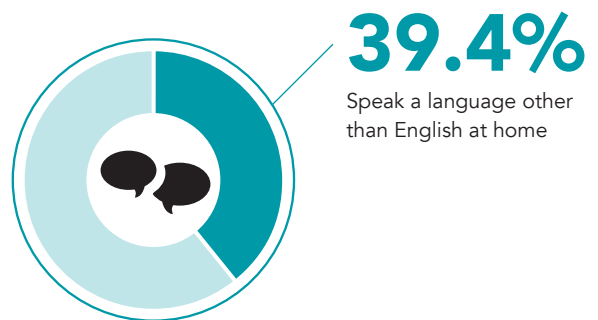
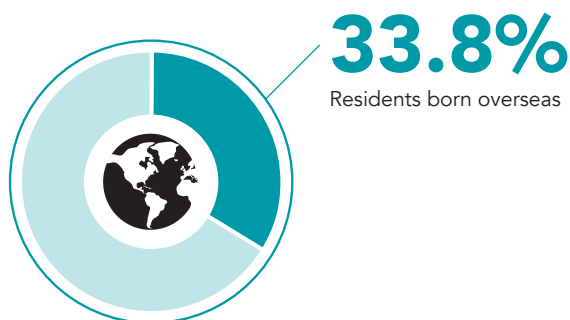
## Diversity

Moreland is culturally diverse with **33.8%** of residents born overseas. Compared to the Greater Melbourne area, Moreland has a small percentage of Australian-born residents (60.1%).

## Languages spoken

Moreland has a large percentage of residents who speak a language other than English at home with 39.4% compared to 29.1% for Greater Melbourne. Only 55.2% of residents speak English only at home, which is a small percentage in comparison to 66.3% for Greater Melbourne.

Other than English, the top 10 languages spoken at home are Italian, Arabic, Greek, Turkish, Mandarin, Urdu, Nepali, Vietnamese, Punjabi and Hindi.



**The top 10 countries of birth for residents in Moreland excluding Australia are Italy, India, Greece, United Kingdom, Lebanon, China, New Zealand, Turkey, Pakistan and Nepal.**







Above: Residents of Brunswick Lodge explore the new edible garden

### Age groups

In 2011, the City of Moreland had a higher proportion of persons at post retirement age than Greater Melbourne. The median age group (35 – 44 years) made up the largest age group in the City of Moreland, which is the same for the Greater Melbourne area.

### Disadvantage<sup>2</sup>

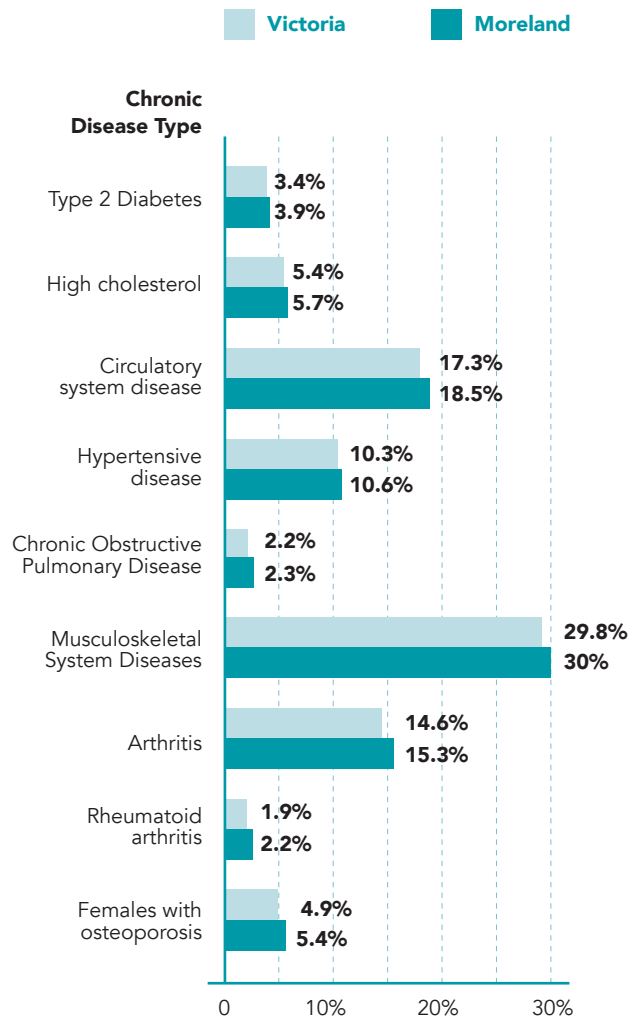
According to the SEIFA Index of Disadvantage, the socio-economic disadvantage is higher in the City of Moreland in comparison to the Greater Melbourne area.

The most recent statistics from 2011 place City of Moreland at 998.1 on the index scale, while Greater Melbourne sits at 1020. A lower score on the index means a *higher* level of disadvantage.

### Health<sup>3</sup>

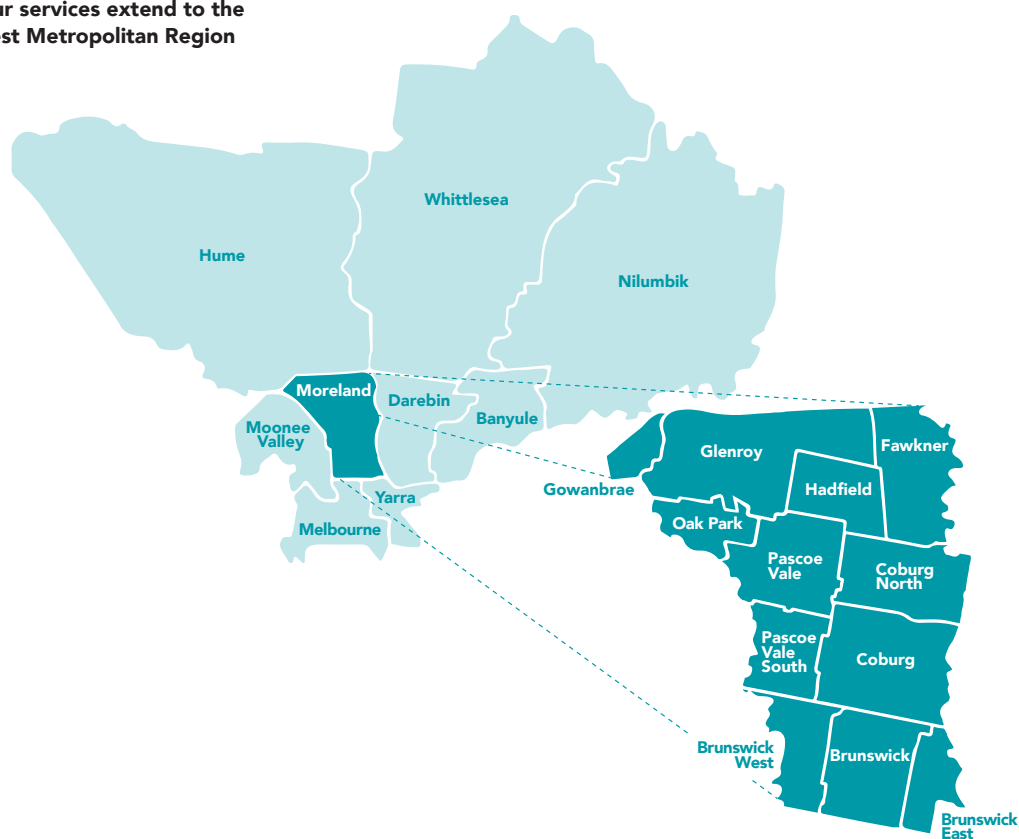
Moreland has above average figures for most chronic disease, compared to Victoria as seen in graph 1.

Graph 1 – Chronic diseases in Moreland



**What is SEIFA? The SEIFA Index of Disadvantage measures the relative level of socio-economic disadvantage based on a range of Census characteristics, such as low income, low educational attainment, high unemployment and job types.**

**MAP – Our services extend to the North West Metropolitan Region**



**About the North and West Metropolitan Region**

The North and West Metropolitan Region spans from Melbourne CBD to the outer northern and western suburbs.

The North and West Metropolitan Region<sup>4</sup> is characterized by:

- Over one third speak a language other than English at home, with Italian the most common language

**Diversity<sup>5</sup>**

Cultural diversity is a defining characteristic of the North and West. The greatest cultural diversity is found in Brimbank, Melbourne, Maribyrnong, Whittlesea, Moreland and Darebin.

The proportion of people in the Northern and Western Metropolitan Region who were born in non-English speaking countries is above the state average in all age ranges.

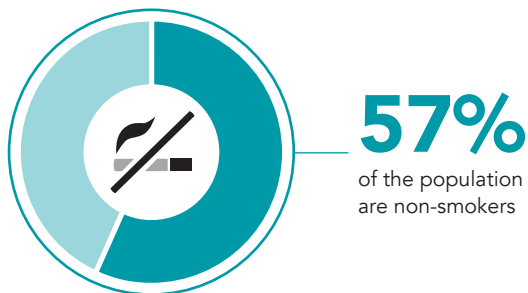
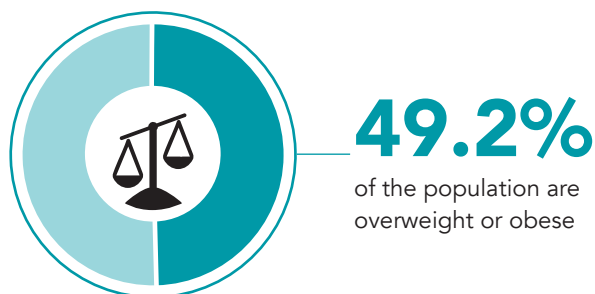
**Disadvantage**

The region includes affluent areas as well as a number of disadvantaged areas.

There are 31 Melbourne municipalities rated on the Index of Relative Socio-Economic Disadvantage. There are a total of 14 municipalities that are among the most disadvantaged and 11 of those are within the North and West Metropolitan region.

The municipalities with the highest levels of disadvantage in the region are Maribyrnong, Brimbank, Hume and Whittlesea.

We specifically respond to some of these health challenges through delivery of locally responsive services.



# About Our Organisation



**Above:** Our team were on hand to help residents with a health check-up at the 2013 community fete

## Equal Opportunity (EO)

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

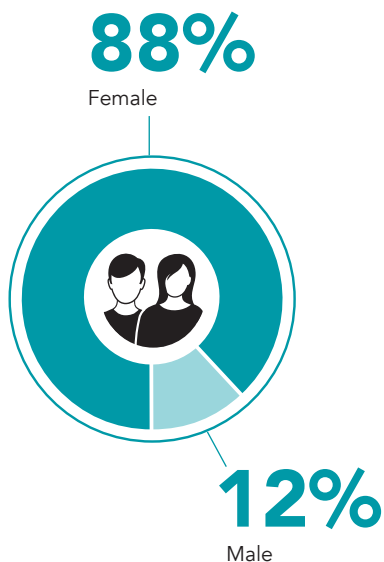
## Police Checks & Working with Children Checks

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

We have an electronic Human Resources Information System that captures this information and supports our continual monitoring and compliance.

## About our workforce

We aim to recruit, develop and retain a competent, committed and diverse workforce that provides high quality services to our clients, their families and the wider community. Ongoing support is provided to our employees through education, training, regular appraisals, clinical supervision, good employment provisions and flexible working options, to ensure all employees are given every opportunity to succeed in their roles. Our success is very much attributed to the performance and contributions of all our employees.



### Workforce Profile

	No. of employees	% of total workforce
Male	42	12%
Female	311	88%
Full-time	116	33%
Part-time	166	47%
Casual	71	20%
Executive	4	1%
Management	17	5%
Team Leaders	29	8.2%
Allied Health Professionals	32	9%
Dental	40	11.4%
Early Childhood	6	1.7%
Nursing	12	3.4%
Social & Community Service Workers	152	43%
Support Services	61	17.3%
<b>Total Employees</b>	<b>353</b>	

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

### **Occupational Health & Safety**

Our organisation and 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. We encourage all associated individuals to regard accident prevention and working safely as a collective and individual responsibility.

Our Occupational Health and Safety (OHS) Committee is made up of 14 representatives from across various designated work areas. All health and safety representatives complete accredited OHS Representative training within the first 12 months of appointment.

This year, we introduced an OHS Strategic Safety Plan 2013-2015 with annual objectives and performance indicators, for the Committee to monitor and report on a quarterly basis.

### **Workers' Compensation**

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

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**We are committed to fostering a safe workplace culture free from discrimination, harassment and bullying.**

## **Highlights and Achievements**

- We celebrated the launch of our refurbished Bell Street, Coburg site on Wednesday, 31 July 2013, which was launched by Minister for Health, Mr David Davis MP
- We have been working towards enhancing existing services for gay, lesbian, bisexual, transgender, intersex and queer (GLBTIQ) people and are seeking accreditation against the Rainbow Tick Standards in November 2014. As part of this commitment, our organisation has provided GLBTIQ training to staff and students
- In May 2013 we committed to the Women's Health in the North (WHIN) regional strategy for preventing violence against women in May 2013. This complements our organisation's family violence organisational strategy and supports this key priority within the Population Health Unit
- We implemented a new Payroll and Human Resource Information System (HRIS), providing greater accuracy, efficiency and reporting in managing pay and personnel records
- We introduced a newly developed Recruitment and Selection Framework providing end-to-end support through toolkits and training for hiring managers across the organisation
- We launched our new Probation and Annual Review Frameworks through the ePerformance module of our HRIS. This incorporates a values based capability framework, online reviews, electronic development plans and increased reporting capability
- We have an ongoing commitment to the development, training and education of the health and community workforce through student placements undertaken across multiple disciplines. Through centralised coordination we have managed to increase student intake by 82% since its establishment in 2012, with an increase of 43% over the last financial year. We are now using an evaluation tool for continuous improvement in the quality of placements we provide
- We reviewed and developed our Employment Separations Framework including a more comprehensive evaluation of why people leave the organisation, so we can analyse the data and continue to make improvements to the working environment

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**We have increased student intake by 43%**

# Volunteers

**Volunteers are an integral team within our organisation. They are highly valued and support us to provide countless hours of care to families, people and residents in need.**



**Above:** Sian, one of our volunteers. Picture courtesy of Fawkner Postcard Project: Our Place, directed by Clare McCracken with Moreland City Council and NorthWestern Mental Health, picture by Pia Johnson

Led by our Coordinator of Volunteers, our volunteering team was made up of 95 'active volunteers' throughout 2013/2014, however we also had many one-off volunteering opportunities, such as during events, which brings the total to over 100 volunteers.

We had many great wins for our volunteering team over the financial year which included:

- Our volunteers and staff playing an active role in the planning and involvement at the Fawkner Community Get Together which helped us promote our services
- The successful streamlining of processes to include volunteers into the new staff data base. This now provides improved and direct access to important volunteer information for Team Leaders and Managers in programs where volunteers are working
- National Volunteer Week celebrations in May which saw many of our volunteers attend a dinner in their honour. Our Minister for Health Award nominee this year

Chauntelle, who has made some fantastic contributions to our Young Carers Program, attended the event held at the Melbourne Cricket Ground

- For the very first time in our organisation, volunteers sat alongside paid staff at our annual celebration in December. This financial year, our organisation truly led the way in demonstrating and recognising that the very fabric of our workforce includes the support of our volunteers
- The establishment of five new volunteer positions in 2013/2014

We strive to provide high quality services by utilising a holistic and responsive approach to the needs of our community – the volunteer program is no exception. Some common threads in all of our new volunteer positions, is our commitment to ensuring members of our community have the opportunity to be engaged in meaningful ways. As we endeavour to address potential barriers, this year we have:

- Had an increased focus around culture and religion where we have been able to create additional spaces for women to be involved in programs
- Helped our female clients participate in workshops, with our volunteers helping to address the lack of childcare
- Introduced more accessible information – a volunteer has been working on a project to compile and categorise our local community services to help in the dissemination of information to community members

## Pathways for volunteers

The importance of our selection process and how we 'match' volunteers to specific positions within our organisation is an essential component to the success of our volunteer workforce. We understand that each volunteer has different reasons for choosing to volunteer and where possible, we try to support them in meeting their desired outcomes.

This year, we had many volunteers gain paid employment, with their volunteer work serving as the catalyst for a successful career opportunity. Our successes in this area were also 'closer to home' with six volunteers being employed and one offered support to further her studies at the Certificate Level. These instances highlight our holistic approach in the engagement of volunteers by supporting their individual needs.

# Our Board

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

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

The Board includes:

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

The Specialist Directors must represent one of the following professions:

- Lawyer
- Accountant
- Health professional

As of the 30 June 2014, the members of the Board were as follows:



**Carlo Carli**  
Deputy Chair

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

Carlo has been a public advocate for access and equity, multiculturalism and broader human rights issues in the community and Government 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.

Carlo is currently President of the Brunswick Zebras Soccer Club and Chair of the Legislative Leadership and Governance Group.



**Marlene Raffoul**  
Deputy Chair

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.



**Darryl Annett**  
Board Member, Lawyer

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

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



**Sanjay B. Gund**  
Board Member

Sanjay has over 16 years international experience in chartered accounting firms, ASX listed companies and public sectors companies.

Starting his career with a chartered accounting firm, Sanjay has been a Finance Manager with Transport Ticketing Authority – Department of Transport. Prior to this he was a senior financial analyst and senior business analyst with CGU Insurance Ltd and a Funds/Systems Accountant with State Trustees Ltd.

Sanjay is a Chartered Accountant, Chartered Secretary and a graduate member of AICD.



### **Michael Beahan** Board Member

Michael is currently a government relations consultant, providing strategic advice to the Pharmacy Guild of Australia and the community sector. He has been a Brunswick resident for the past six years and serves on two committees; 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.



### **Michael Malakonias** Board Member, Accountant

Michael has over 24 year's finance and management experience, with over 18 years of service within the Financial Services Industry.

Michael is currently Chief Operation Officer and Chief Finance Officer for Macquarie Premium Funding, part of the Macquarie Bank Group. Prior to his current role he was Head of Strategic Risk and Enablement at ANZ Bank, partnering with the Chief Risk Officer of Australia.

Michael has worked for large multinational organisations, in various Finance, Risk and Operational roles, predominantly in financial services, such as GE Capital, Mercedes-Benz Finance, Caterpillar Financial, Transfield Services and began his career at Melbourne Water Corporation as a Commercial Graduate.

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



### **Katerina Angelopoulos** Board Member

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

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

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



### **Giuseppe Ardica** Board Member

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

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

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



**Julie McCormack**  
**Board Member,**  
**Health Professional**

Julie is the Manager of the Clinical Training Unit at Dental Health Services Victoria.

Her previous role was with the Australian Dental Association (ADA), Victoria Branch, as the Manager of Continuing Professional Development and Training and the Manager, Industry Partnerships.

Prior to joining the ADA, Julie was the General Manager of Education at the Law Institute of Victoria and Secretary to the Accredited Specialisation Board. Before commencing at the Law Institute, she was National Manager Quality Assurance and Continuing Professional Development with The Royal Australian College of General Practitioners where she also project managed the implementation of the Mental Health item numbers. Julie has a background in Education and Public Health. 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.



**John Orr**  
**Company Secretary**

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

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

**Joan Wilkinson**  
**Board Secretary**

## Governance

### Strategy to the fore

The Board and Executive team attended a weekend retreat in February 2014 that focused on preparing for the review of the Strategic Plan due in 2015. The Board was mindful of the rapidly changing environment and the need to position our organisation for what may lie ahead.

The following new vision statement was developed that more accurately reflects our position as both a regional and sub-regional service provider, while still maintaining our close links to our community:

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

During the rest of the retreat weekend the Board and Executive Leadership Team focused on our core service clusters and priorities after taking into account emerging reforms from both the State and Commonwealth Governments. It was agreed that the key service clusters should be the focus for our organisation, both now and into the future. These priorities are closely linked to the philosophy of our organisation as a community based service provider.

Future strategies are focused on sustainability and growth with any potential partnerships being based on opportunities that support and strengthen these core services. Opportunities to diversify in support of the agreed core services was also seen as a priority. A critical requirement for any partnering initiatives was that organisations are like minded, committed to the community they serve and a strong value proposition that underpinned this philosophy.



**Above:** The Merri Community Health Services Board at their monthly meeting



# Executive Leadership Team

The Executive Leadership team lead our staff to achieve common goals that are in line with our vision and purpose.

Members of this team include the Chief Executive Officer and three General Managers.

## Nigel Fidgeon

### Chief Executive Officer

MHA, BN, GAICD,  
FCNA, FCHSM

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

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

## Dr Antoinette Mertins

### General Manager, Primary Care and Carer Services

DrPH, PDipHRM,  
BBS, AFCHSE

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

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

## Tassia Michaleas

### General Manager, Family and Community Support Services

BEC, BSW, MBA, AFCHSM

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

Tassia has strong skills in advocacy, streamlining of systems and processes, effective engagement of stakeholders and developing partnerships.

Tassia has a Bachelor of Economics, a Bachelor of Social Work and a Master of Business Administration.

## John Orr

### General Manager, Corporate Services

B.Bus (Accounting), CPA

John has been a Certified Practising Accountant (CPA) for over 25 years and has predominately worked in the not for profit sector, in diverse areas including education, welfare, home care and the arts. He held the position of Company Secretary with The Australian Ballet, the Queen's College Endowment Fund, Queen's College (Melbourne University) and St Margaret's School.

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

#### From Left to Right:

John Orr, Tassia Michaleas,  
Nigel Fidgeon and  
Dr Antoinette Mertins



# Our Services

Merri Community Health Services provides a range of services across seven local government areas to the Northern Metropolitan region, including services for:

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

Our services are grouped into two divisions; Primary Care and Carer Services and Family and Community Support Services.

We also have a Corporate Services division that provides internal support to our services and overall organisational support.

## Primary Care and Carer Services

### Commonwealth Respite and Carelink Centre/ CarerLinks North

The service provides support, information, respite and advocacy to carers of all ages who reside in the Northern Metropolitan Region of Melbourne covering the seven local government areas of Moreland, Hume, Banyule, Darebin, Yarra, Whittlesea and Nillumbik.

#### Aged and Disability

- Activity Programs (Planned Activity Groups) - fun and engaging group activities for older people and people with disabilities to help them stay active
- Interchange North West - recreation and respite opportunities for children and young people with disabilities, as well as for their family

**We provide community-based health services across the northern metropolitan region.**



**Above:** Our clients helping to maintain their garden at our Moreland Road site

- Volunteer Host Program – regular individualised respite care through specially trained volunteers for families that have children with disabilities
- Case Management Services – helps frail older people, people with dementia and younger people with disabilities to stay living in their home and community for as long as possible

### Primary Health Care Program

This program is grouped into three teams; the Independent Living Team, the Wellness and Preventative Care Team and the Chronic and Coordinated Care Team.

The teams provide services such as community nursing, diabetes education, dietetics, occupational therapy, physiotherapy, podiatry, speech pathology and short-term education and exercise groups.

### Hospital Admission Risk Program

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

### Special Projects

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

# Family and Community Support Services

## Children and Family Services

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

## Counselling and Support Services

- Victims Assistance and Counselling Program
- Generalist Counselling including Integrated Family Violence Counselling and Youth Alcohol and Other Drugs Counselling and Outreach SAVVI Supporting Connections
- Personal Helpers and Mentors and Day To Day Living

## Population Health Unit

- Research and Evaluation
- Youth health and same-sex attracted youth performing arts project, YGLAM

- Human relations education
- Garden support worker
- Koorie Community Engagement
- Home Interaction Program for Parents and Youngsters (HIPPY)

## Dental services

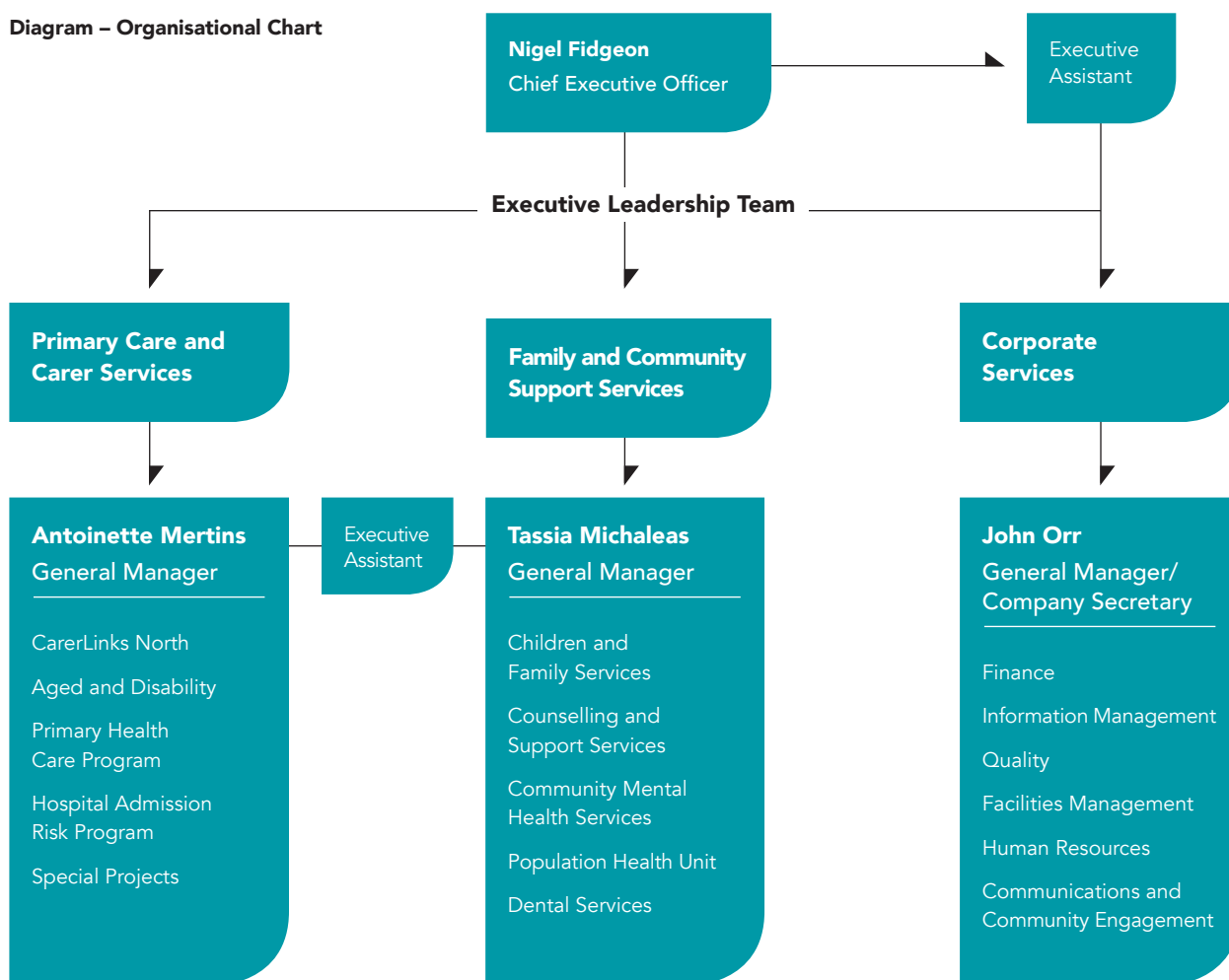
Provision of dental treatment under the guidelines of Dental Health Services Victoria.

## Corporate Services

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

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

Diagram – Organisational Chart





Above: Clients and our team celebrate many wonderful years of support during our Community Mental Health farewell

# Thank You and Farewell

## Community Mental Health funding

The Victorian Government earlier this year undertook a 'recommissioning' process for both community based mental health and alcohol and other drugs services. As a result, Merri Community Health Services (MCHS) was unfortunately not refunded and will cease to be a provider of these programs.

Our organisation has provided community based mental health services for over 30 years and leaves behind a strong legacy of client centred and holistic healthcare to this vulnerable client group. The Alcohol and Other Drugs, RAFT program has been providing family counselling across the northern metropolitan region for over 20 years and will also cease operation later this year.

We would like to take the opportunity to formally acknowledge and thank all the staff that work, or have worked over the many years in the delivery of services in these programs to the Moreland community.

We specifically and sincerely thank the current staff for their leadership, dedication and commitment to our clients as we have sought to transition the clients to new services. We extend a fond but sad farewell to the many clients we have worked with and supported.

Our organisation has been caring for 196 clients in this program and the staff have worked with these clients to help them 'navigate' to new service providers, advocating and supporting them in this time of change.

Our organisation will continue to run a range of mental health services as we see this service provision pivotal to the health and wellbeing of our local community.

On behalf of the Board and all MCHS staff, we wish the staff leaving us all the best, both personally and professionally in their future endeavours and the new opportunities that will present for them.

# Strategic and Activity Planning

## Strategic Plan

The strategic plan sets the overall direction and goals for our organisation and in turn, directs the allocation of resources so that we can action this strategy. The plan is developed by the Board of Directors in consultation with our Leadership Team that adopt the plan. Outlining the goals for the organisation over a three-year period, the current plan outlines strategies for the 2012 - 2015 period. The strategic plan includes reference to some key priorities including Diversity and Communications.

## Diversity Plan

Diversity is a defining characteristic of the North and West region<sup>6</sup>. Our Diversity Plan sets the overall direction and goals for our organisation, in relation to diversity planning and practices for hard-to-reach groups.

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

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

In developing the plan, we received input from teams across the organisation and the Community Engagement Internal Reference Group. We also considered results from the Cultural Competency Organisational Review survey from 2012 and the information was fed-back to the Community Engagement Sub-Committee. In late May 2014, we completed an annual review of the plan. This was to ensure that we captured the varying needs of all clients.

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

- Development of a Reconciliation Plan with input from the local Indigenous community and membership in Closing the Health Gap Steering Committee

- Our commitment to being an inclusive organisation working towards Rainbow Tick accreditation
- We are the lead agency across the Northern metropolitan region within the Dementia Alliance
- We have developed an Access and Equity Policy that states our commitment to providing culturally proficient services

The current plan outlines diversity priorities for the 2012 to 2015 period.



**Above:** Children received dental information and kits as part of the Little Smiles dental screening

## Communications Plan

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

The communications plan sets the overall direction and goals for our organisation, establishing a coordinated approach to community engagement. The plan was developed with input from staff, the Community Engagement Internal Reference Group and Community Engagement Sub-Committee. The current plan outlines our strategies for the 2013 to 2014 calendar year period.

**We embrace the diversity of our people and the community we serve.**

# Research and Partnerships

Merri Community Health Services (MCHS) is an active participant and contributor in ongoing research and evaluation. By conducting ongoing reviews of our programs and services, we can ensure our services are based on best practice, are evidence-based and aligned to the population health needs of the communities we deliver services to.

We have a strong organisational commitment to community focused and evidence-based health promotion and addressing the social determinants of health.

The key principles supporting this are partnerships, community participation, responsiveness, effectiveness and sustainability. The majority of the research within the organisation is coordinated by the Population Health Unit. In addition, this team provides support across the organisation to the range of services we deliver.



**Above:** Dental screening at a playgroup session as part of the Little Smiles project

## Consulting with Our Community

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

### Carer Consultative Committee

This group is made up of carers of all ages that take part in service planning, advocacy and identification of system gaps. The group promotes the value of the caring role and has provided feedback for many services throughout the year. You can read more about this sub-committee's role on page 36.

### Community Engagement Sub-Committee

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

### Accessible Information for our Community

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



**Above:** Carers take part in a housing forum workshop

In 2013/2014, we simplified health information by:

- Introducing plain English for our marketing materials
- Collecting feedback from our clients about whether they could understand information included in our flyers
- Collaborating with SCOPE, to develop the 'Your Rights, Privacy and Feedback' booklet in 'Easy English'. This booklet includes images to help explain the information.

## Marketing Materials

When producing marketing materials, we consult with clients to seek their input and advice in ensuring their relevance, content and format. We consult with clients waiting in reception by asking them a few questions in relation to the information, format and images used. This feedback is recorded and we take on as much of the feedback as possible to update our documents.

We also ensure that we have client feedback into all of the materials that we produce, in addition to generalist marketing materials, where the information provides clients with details about their care.

## Cultural Site Audits

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

Ensuring our sites are culturally appropriate and inviting is important for our organisation. Our Koorie Community Engagement Officer, Liz Phillips, visits all sites and conducts regular site audits that identify ways to make sure that Aboriginal and Torres Strait Islander

people feel comfortable using our buildings. While conducting the audits, Liz discusses ways to make our services culturally inclusive for the community.

## Service Planning

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

## Newsletters

We provide two community publications throughout the year. *MerriNews* highlights all the work we do across the organisation and is distributed to all stakeholders including community groups, clients, members, funding providers, partners and local schools. *MerriNews* is released three times per year.

*Research and Evaluation* is a biannual publication that highlights some of our recent and current achievements in the areas of research and evaluation.

Community feedback on content is encouraged with details about how to provide feedback included in every edition. The newsletters are distributed via mail to members and are available at our reception sites and website.

# Victorian Carers Recognition Act

The Victorian Carers Recognition Act 2012 came into effect on 1 July 2012 and seeks to recognise, promote and value the role of carers in the community. The Act sets out principles that recognise and support people in care relationships, including the responsibilities of organisations that support people in care relationships, such as Merri Community Health Services (MCHS), as a major service provider supporting carers across the northern metro region.

This Act complements the Federal Government's Carer Recognition Act 2010 and is supported by the Victorian Charter supporting people in care relationships. Every year we re-evaluate our strategies under each principle. The following details how we have progressed over the last financial year.

## Our responsibilities

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

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

- Principles of the Act are reinforced at staff meetings and supervision
- Staff are aware of privacy and confidentiality requirements and principles of informed consent
- Staff are familiar with organisational policy and procedures regarding advocacy and complaints processes
- Carers are actively involved in developing goal-oriented care plans that are appropriate for their needs and the needs of the person in their care
- Membership of the Carer Consultative Committee has increased significantly, with formal induction and ongoing training provided. This includes funding for representatives to attend the Health Issues Centre Consumer Leadership Course in June 2014, as well as members representing and formally advocating for the needs of culturally and linguistically diverse and Koorie carers

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

- Carers are provided with information in a language that is appropriate and accessible
- Carers are given timely information and support that focuses on individual care situations, such as emergency and short term respite through the Information and Response Service
- Information and advice is provided at key life stages via the Carer Support teams
- A continued commitment to improving access for culturally and linguistically diverse carers, including partnerships with key regional stakeholders and strengthening relationships with providers. The CarerLinks North Community Development Working Group has focussed on capacity building for culturally responsive practice using a community development framework
- Continue to strengthen relationships with Aboriginal and Torres Strait Islander agencies as an entry point to communities, including strengthening relationships with Wandarra Gathering Place, Hume Aboriginal My Time Group, Connecting Home, Service Access for Koories and the Aboriginal Liaison Officer at City of Darebin and City of Whittlesea. A member from the Hume Aboriginal My Time Group has also joined the Carer Consultative Committee. It also includes representation on key working groups and committees including the Aboriginal Disability Working Group for the Northern Metropolitan Region



**Above:** Local residents go bargain hunting during our 2013 community fete





**Above:** Carers visit partner stalls during the 2013 Dementia Awareness Expo, led by our carer support teams

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

- Carers are provided with information about their rights and responsibilities, privacy as well as our feedback and complaints process
- Carers are encouraged to provide feedback on their level of satisfaction of the services they receive via annual Carer Satisfaction Surveys and evaluations of key activities and forums. Feedback provided from carers is used for future planning and to improve service delivery
- The Information and Response Service has reviewed the intake process and identified opportunities to improve access and referral pathways, including reduction in red tape for returning referrals and dedicated portfolios to access hard-to-reach and disconnected carers. This may include carers from Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, gay, lesbian, bisexual, transgender, intersex and queer communities, people at risk of or experiencing homelessness and carers of people with dementia. There are plans to strengthen and expand this model in 2014-2015. The review has also supported improved communication with service providers including a contact database of referring agencies



Engagement

# Consumer, Carer and Community Participation

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# Cultural Competency Organisational Review

**Our catchment across the northern metropolitan region has a culturally and linguistically diverse community and our primary goal is to meet their needs. The Cultural Competency Organisational Review (CORE) tool has allowed our organisation to improve access to family and dental services for refugee and migrant families.**

Developed in partnership with The University of Melbourne, CORE is a tool that was initially developed for the Teeth Tales research project; a nine-year research study that has just been completed by the University of Melbourne with our organisation as a key partner. You can read more about Teeth Tales on page 43.

Used by many organisations to review their cultural competence, in 2011 and 2013 we used CORE to review our own organisation. The results were positive showing that we have several strengths as a culturally competent service provider. In continuing to build on our strengths in this area, an action plan was drawn up that identified opportunities for further service improvements and this is currently being implemented as an evidence-based tool.

CORE was developed with the help of the Centre for Culture, Ethnicity and Health and other community organisations. It will continue to be a key part of our diversity planning, ensuring people from all backgrounds can continue to access and receive culturally appropriate services.

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**MCHS committed a total of \$460,000 to the Teeth Tales project, which have recruited 688 children from 521 Lebanese, Iraqi and Pakistani families in metropolitan Melbourne to receive a community-based dental screening. Prior to the project, 89% of these children had never visited the dentist.**



**Above:** Children learn to brush their teeth using toys during a Little Smiles dental session

# Staff Training

## Aboriginal Cultural Awareness

Ongoing support and training is provided to our employees to ensure they are given every opportunity to succeed in their roles. Merri Community Health Services has a long standing commitment to engaging with our Aboriginal and Torres Strait Islander communities in Moreland and we have employed a Koorie Community Engagement Officer since 2007, to help us in supporting our work with these communities.



**From left:** Tia and her mum, Aunty Gloria during a photoshoot for our Koorie carer flyers

### 'Asking the question'

Our Koorie Community Engagement Officer, Liz Phillips, continues to deliver training to our staff on 'Asking the Question – Are you of Aboriginal or Torres Strait Islander descent?' The focus of this internal training has been to help frontline staff to record whether clients are of Aboriginal or Torres Strait Islander descent when presenting at our sites. Staff can then use this information to ensure we respond to the specific needs of these clients in a culturally appropriate manner and also to see how we can continue to improve our service delivery for this community.

Liz has also worked closely with the Inner North West Primary Care Partnership (INWPCP) in developing an online training module for health workers across the Inner North West Metropolitan region.

The 'Asking the Question' training module is an INWPCP Closing the Health Gap initiative supported by our organisation, and will be available for use by our staff towards the end 2014.



**Above:** Our Italian Activity Program group took part in the Reform Ready Review filming for aged care services in February this year

## Working with culturally and linguistically diverse communities

Merri Community Health Services has an active commitment to ensuring staff have high level skills to work with the culturally diverse communities in Moreland and neighbouring areas.

In 2013, over 30 of our staff took part in a training pilot, Introduction to Cultural Diversity, delivered by the Centre for Culture Ethnicity and Health.

Providing staff with knowledge and skills to be able to work with our culturally diverse community, the training covered many topics including, understanding the impact of culture in health service delivery, working effectively with clients from a culturally diverse background and cross-cultural communication.

Post training feedback from staff indicated that they wanted training to build knowledge around health beliefs, specific cultural practices, religion, the experiences of newly arrived communities and issues associated with ageing and mental health.

This feedback will build on future ongoing training for our staff and will enable us to continue to provide opportunities to build knowledge and skills in working with culturally diverse communities. The outcomes of the training are currently being reviewed along with a proposed training model for how we offer this training in the future.



**Above:** MCHS staff get into the spirit of Wear it Purple day to support and empower rainbow young people

# It's been 10 Years! Smiles 4 Miles Milestone

**Oral health is an important part of a child's wellbeing, alongside their development and learning. The first years of life, provide the greatest opportunity for these health messages to be carried into lifelong habits.**



**From left:** Our Chief Executive Officer, Nigel Fidgeon, Chief Executive Officer of Dental Health Services Victoria, Deborah Cole and Marni Newman from Bell Vue Park Kindergarten at the Smile4Miles 10-year celebration

Merri Community Health Services (MCHS) has been working with local kindergartens and childcare centres to offer the Smiles 4 Miles program for the last 10 years with continuing success.

Smiles 4 Miles is a preschool oral health project that is run in Moreland, teaching young children oral health skills so they can take care of their teeth. It targets all pre-school aged children in participating kindergartens and childcare centres.

Initially offered in only five kindergartens, the program is now providing support to 12 kindergartens and childcare centres across Moreland, reaching a total of 835 children.

In order to reach the children most at risk of oral health disease, the kindergartens and childcare centres are offering the program on a needs assessment, providing educators with the language, resources and confidence to speak with families regarding oral health practices and healthy food choices. This is an important part of our work as our team endeavour to support the local community with health promotion activities that are preventative rather than responding to problems or illness associated with poor oral health.



Above: Children at the 10-year celebration of Smile4Miles

Linking in with the work of our dental service that is based in Brunswick, the Smiles 4 Miles Program has:

- Delivered public dental health services from our Brunswick site with priority access to children
- Implemented the Children's Dental Benefits Scheme, a federal government funded scheme that allows children free access to dental services through the Medicare system
- Invested in 'Teeth Tales', a research project in partnership with The University of Melbourne which explores factors influencing oral health in newly arrived and refugee children in Moreland, supporting evidence-based change to our service delivery models for these hard to reach communities
- Introduced *Little Smiles*, a playgroup dental screening project in 2013, in partnership with and funded by Moreland City Council to educate children at an early age of the benefit of caring for their teeth

This was an important year for the program as it celebrated its 10th birthday, bringing together representatives from our organisation, Moreland City Council and Dental Health Services Victoria with local children at Belle Vue Park in Glenroy.

MCHS is funded by Dental Health Services Victoria to operate the program and supplies many useful resources that promote oral health to children.



Above: The Smile4Miles 10-year celebration calls for a healthy treat

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**Smiles 4 Miles is providing oral health support for 835 children in Moreland.**

# Providing Gay, Lesbian, Bisexual, Transgender, Intersex and Queer Inclusive Services



**Above:** Rainbow flag

In responding to service demands, we have been consulting with the community to review how inclusive our services are for gay, lesbian, bisexual, transgender, intersex and queer (GLBTIQ) clients. We asked GLBTIQ consumers about our services, how they found them, what would stop them from using the services and what would encourage them to use them. We also asked about what additional services would help meet the needs of GLBTIQ consumers.

**Some GLBTIQ people experience discrimination on the basis of their sexual orientation or gender identity which directly contributes to poorer health and wellbeing outcomes, particularly mental health.**

(Well Proud, 2009)

## What did we do?

We ran face-to-face sessions with consumers and an online anonymous survey. The sessions and survey were promoted via our staff, website, posters at our sites, key community locations and the Merri Community Health Services' Facebook page. We had 35 people respond to the consultation and give their feedback and we are using this information to improve our services.

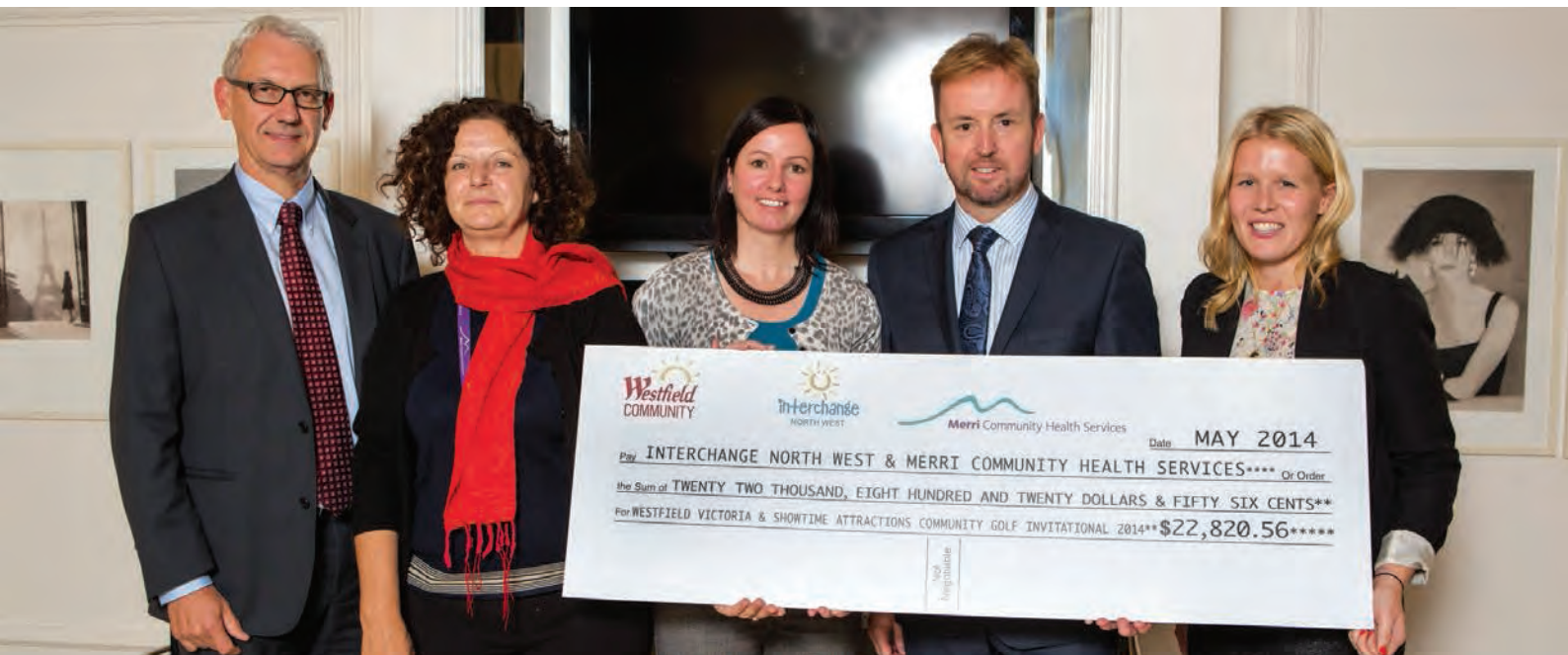
Based on staff feedback, we also ran two sessions in May and June 2014 for staff provided by *Gay and Lesbian Health Victoria*. These sessions explored GLBTIQ people's everyday lives and the ways in which systemic discrimination, including homophobia and transphobia affect their health and wellbeing.

This work will help support our staff to provide better and more responsive services for GLBTIQ clients and will formalise all the work we have already completed in this space in supporting GLBTIQ clients. Merri Community Health Services is one of the first community health service providers seeking Rainbow Tick accreditation.



**Above:** Our Diversity Out North support group held a workshop on creating a mask about something that represents you





**Second from left:** Leanne and Dawn representing our Interchange North West program with our CEO, Nigel and Westfield Victoria team (far left and right)  
Photo courtesy of 2 Vue Imagery

# Your Story

## Yoko's story

**Yoko\* is the mother of three children who has been receiving help from our Interchange North West Program**

Interchange North West is a program that helps children with disabilities and their family, across the Hume/Moreland local government areas. Yoko's eldest and youngest children have a disability.

Yoko's daughter, Aiko\* joined the program in May 2003 when she was 8 years old followed by Haro\*, her son, in March 2006 when he was 5 years old. Both children have attended regularly over the years, experiencing day outings, overnight and two-night camps, family days and family camps. The regular outings have allowed both parents and sister Kaya\* to take some time to look after themselves and spend more time together.

Yoko first heard about the program from a friend who had a child with the Interchange North West Recreation Program. When the family first entered the program Yoko was unsure of what to expect. Today, Yoko feels very different about the program; she feels confident knowing that her children are in good hands when away on respite opportunities, they have a great time and she is comfortable that they are not discriminated against because of their disability.

Looking back, Yoko reflects on her expectations of the program and is happy that all her expectations have been exceeded. Before entering the program, Kaya was feeling left out and neglected as her parents were spending so much time with Aiko and Haro. After a discussion with

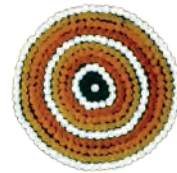
one of our workers that suggested Kaya enroll in the Girl Guides, Yoko went ahead with this suggestion and she is happy to report that Kaya's feelings of being left out are no longer there. Yoko is extremely happy as she never imagined this issue could be resolved.

Watching Haro grow up within the program has been a memorable experience. When Haro first entered the program he was in the same group as his sister as he felt secure and safe. After a few years, in consultation with Yoko, Haro was moved across to a group where participants were closer to his age, had similar interests and model social skills appropriate to his age. Yoko is pleased to see Haro become his own person and no longer hiding behind Aiko.

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

**This has been the best thing for Haro whose behaviour has changed; he is calmer, talking a lot more, actively socializing and looking to interact with his peers.**

# Working in Partnership with the Koorie Community



In our commitment to Closing the Health Gap, we have been working with local Indigenous organisations and representatives to develop strategies that meet the needs of Aboriginal and Torres Strait Islander people in the northern metropolitan region. The work is being captured in our Reconciliation Plan that will be released later this year.

## Koorie postcards provides first steps

Identifying the increasing need to improve access to Aboriginal and Torres Strait Islander people in our catchment, our Victims Assistance and Counselling Program team set out to find a new way to engage the community in 2013.

Our team consulted with local Indigenous members and service providers and were interested in finding out how they prefer to receive information. We identified the need to create postcards that are discreet, informative and culturally appropriate.

Developed throughout 2013, the Indigenous VACP postcards include simple messages and uses culturally appropriate images from *Making Two Worlds Work*, depicting family, kinship, partnership, spiritual and mental health. The cards were launched in late 2013 and are currently in circulation among various Indigenous and non-Indigenous organisations.

Aiming to improve engagement with the Koorie community and support access to the justice system, the team also established linkages with the Koorie Liaison Officers at the four Magistrate's Courts in the region. Our staff are now present at the Heidelberg Court on Koorie Hearing Days and will attend the Broadmeadows Court when the Koorie Hearing Day program commences.

**The Victims Assistance and Counselling Program (VACP) provides help for people who have experienced violence, to help them cope with the effects of the crime.**



**Above:** Postcard developed for the use by our Victims Assistance and Counselling Program, with artwork courtesy of Making Two Worlds Work project

To further strengthen our commitment to improving our responsiveness to the Indigenous community, we arranged for the Koorie Liaison Officers from the Courts to present at a lunchtime seminar for our staff, at MCHS. Discussions included information about:

- Barriers and challenges for people of the Aboriginal and Torres Strait Islander community in engaging with the justice system
- Services available to Koorie victims of violence and family violence
- Koorie court
- Koorie hearing days
- Koorie list at the Victims of Crime Assistance Tribunal

This information will be used to improve how we promote services to the Koorie community and improving entry points.

Indigenous artwork courtesy of the Making Two Worlds Work project, developed by Mungabareena Aboriginal Corporation and Women's Health Goulburn North East, 2008.

VACP is a free service for anyone that lives, works or studies in Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea or Yarra and has been a victim of crime. If you would like a copy of the postcard to display at a local site, contact [communications@mchs.org.au](mailto:communications@mchs.org.au)

You can also find more information about this service on our website [www.mchs.org.au](http://www.mchs.org.au)



## Walkabout in Alice Springs

On Saturday, 24 May 2014, our Home Interaction Program for Parents and Youngsters (HIPPY) team were up bright and early as they boarded a plane to Alice Springs. On their way to meet the team at HIPPY Alice Springs, our HIPPY Coordinator, Amy and three of our Home Tutors took part in a five-day cultural learning exchange based at Yipirinya School.

This wasn't the first time the two HIPPY teams had met, as HIPPY Alice Springs had made the journey to Fawkner in July 2013, to share and experience how we work. HIPPY Alice Springs were particularly interested in how we engaged our Muslim community and were keen to learn about our culture. In sharing information, we realised that there was a lot of 'sameness' with both cultures.

Following the trip, our HIPPY team were keen to share their journey and stories with our other Home Tutors and families of the HIPPY program. On Tuesday, 3 June 2014, the HIPPY team held a 'Walkabout in Alice Springs' group session and art workshop facilitated by Margaret McNally, a well-known local Aboriginal Artist. Margaret spoke not only about her art and the symbolism within her art, she also shared with us her experience of being a parent and some of the hardships experienced as an Aboriginal person. The Home Tutors and the parents were deeply touched by Margaret's experience of the Stolen Generation and the fight to keep her family together.

This cultural learning exchange with HIPPY Alice Springs has provided innovative ways of engaging children in learning and literacy, enabling us to further develop relationships across the two teams and adopt them as 'our sister site'.

The cultural exchange with HIPPY Alice Springs was possible due to a Warrawong Professional Learning grant from the Foundation of Graduates in Early Childhood. HIPPY is funded by the Department of Education, Employment & Workplace Relations (DEEWR). The Brotherhood of St Laurence oversees and operates HIPPY across Australia.

**HIPPY Moreland is a home-based literacy, parenting and early childhood enrichment program that works with families with four and five year old children, supporting parents to see themselves as their child's first teacher and prepare them for school transition.**

**"Through HIPPY, my child has had the chance to learn a lot and it has helped him start school with confidence... A very big thanks to all of you – you are doing a great effort!"**

**HIPPY parent, 2014.**



**Centre:** Our HIPPY home tutor, Lina learns to cook outdoors during our Alice Springs cultural exchange

## National Reconciliation Week

Merri Community Health Services celebrated National Reconciliation Week this year by launching our Koorie Carer brochures. Developed by our Carer Services Team in consultation with local Indigenous groups, the postcards were launched by our Chief Executive Officer, Nigel Fidgeon on Thursday, 29 July 2014, at our Brunswick West site with the help of guests from local Aboriginal and Torres Strait Islander community groups. National Reconciliation Week took place from 27 May to 3 June, 2014.

**HIPPY Moreland has five Home Tutors who between them speak six different languages - Urdu, Hindi, Punjabi, Marathi, Arabic and English.**

# We have a Voice

## What is the Carer Consultative Committee?

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

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

**We ensure that carers' voices are heard. We care for people with a mental illness, disability, who are ageing, have dementia or are from an Aboriginal or Torres Strait Islander background. We are diverse and come from a range of ethnicities and cultures. We are carers and are part of the Carer Consultative Committee.**

## Supporting their role

The Committee undertakes a range of training to enhance and develop their roles as community leaders and successful advocates. This year the Committee received 'Using Human Rights for Advocacy' training from the Victorian Equal Opportunity and Human Rights Commission. Two members of the Committee also completed the three-day course in Consumer Leadership through *Health Issues Centre*.

## Having our voices heard

In 2014, 11 new Committee members were recruited and orientated, with the Committee involved in the improvement of our services by consulting and contributing in the following ways:

- Members have written articles for the Carer Column in the *MerriNews* newsletter
- The Committee has provided feedback about promotional and communication material including Merri Community Health Services' website content and the development of a promotional Committee brochure
- The Committee has participated in consultations for service planning, including the Information and Response Review, ways in which the Aged Carer Support team can engage with male carers, how to improve or replace the carer recognition program and contributing ideas for forums for carers of people with a disability



Above: Sue Pieters-Hawke shares her story at the Memory Matters: Managing Better at Home expo.



Above: Residents join in the fun and bargain hunting at our 2013 community fete

## Diana's Story

**Introducing myself feels odd, however there is no one else here to do it!**

My name is Diana Trimble and I'm the Chair of the Carer Consultative Committee (CCC). I feel privileged to try to represent those of you in the Northern Metropolitan Region who now find yourselves in the 'carer' role.

I don't use the word 'find' lightly - many of you will have been presented with a no-options detour at some stage of your life. I too found myself in this position 15 years ago with my sister Margaret. In that time she has gone from needing 24-hour care to working three days a week in a supported environment. Her epilepsy is controlled, the schizophrenia harnessed and her intellectual impairment working to its max. I consider her a 'good news story'.

Being a member of the CCC has allowed me to look beyond mine and Margaret's own pressing needs. Our load has lightened and as a result I try to represent the concerns of carers to decision-makers and service providers.

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**"With these outcomes I can now exercise my needs and fulfil some of my potential and obligations."**

Should you be interested, your participation in the Carer Consultative Committee is welcome. This will help increase individual and community awareness, and influence better support for carers.

### Are you a carer?

Would you like to join our Carer Consultative Committee?

Call our team on **(03) 9495 2500**.



Above: Locals join the band and staff on stage at our 2013 community fete



Excellence

**Quality  
and Safety**

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# Everyone is Welcome Here

## Preparing for our Rainbow Tick Accreditation

Merri Community Health Services is working towards providing services that are more inclusive for gay, lesbian, bisexual, intersex, transgender and queer (GLBTIQ) clients. This is important work as we want to make sure that GLBTIQ people are not discriminated against when accessing services, upholding their rights that are protected by Federal Law.

We have a working group that meets every month to look at how we can improve our services for GLBTIQ clients. This is what we've done so far:

- Provided training for our staff, students and volunteers to help them better understand the experiences and needs of GLBTIQ clients
- Included a list of services that cater specifically for GLBTIQ clients to our website – as requested by staff
- Asked the community about how we could improve our services for GLBTIQ clients, using a survey
- Added to our 'Your Rights, Privacy and Feedback' brochure that all clients have the right to be respected and that they need to respect all other clients, regardless of their gender identity or sexual orientation
- Developed a policy and procedure to help staff know how to provide inclusive services
- Started reviewing our waiting rooms and sites to see how welcoming they are for GLBTIQ clients
- Looked at our intake forms to make sure we use inclusive language in relation to gender identity, parents and partners
- Started considering what other services or groups we can provide to meet the needs of GLBTIQ clients

In November 2014, we will be formally reviewed against the Rainbow Tick Standards. There are six standards that require us to:

- Have the right policies and procedures
- Consult with our community
- Ensure staff receive ongoing training
- Have inclusive forms and appropriate assessments



**Above:** Seb from our Brunswick site preparing for Wear it Purple day to support and empower rainbow young people

If we receive accreditation against these standards, we will be one of the first community health services in Victoria to achieve this accreditation level, demonstrating to our clients that they can feel confident and safe in accessing our services.

If you would like more information, have suggestions or would like to be involved, call Lara Watson on **(03) 9389 2234** or **laraw@mchs.org.au**.



# Dental Services

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

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

- How we are using our resources by measuring how often our dental chairs are in use
- How long clients are being kept on waitlists

## Chair Utilisation

Chair utilisation shows how often our dental surgeries are being used every month. We are able to use this data to compare our chair utilisation to previous years, to assess where there may be service gaps or where we have increased capacity to deliver more services.

From 1 July, 2013 to 30 June, 2014, our dental service provided 7,997 appointments, with chair utilisation at full capacity from September 2013, as seen in graph 1. The figures over 100% are representative of the introduction of the fourth dental chair which allowed us to exceed our chair utilisation target.

Chart 1 – Chair Utilisation

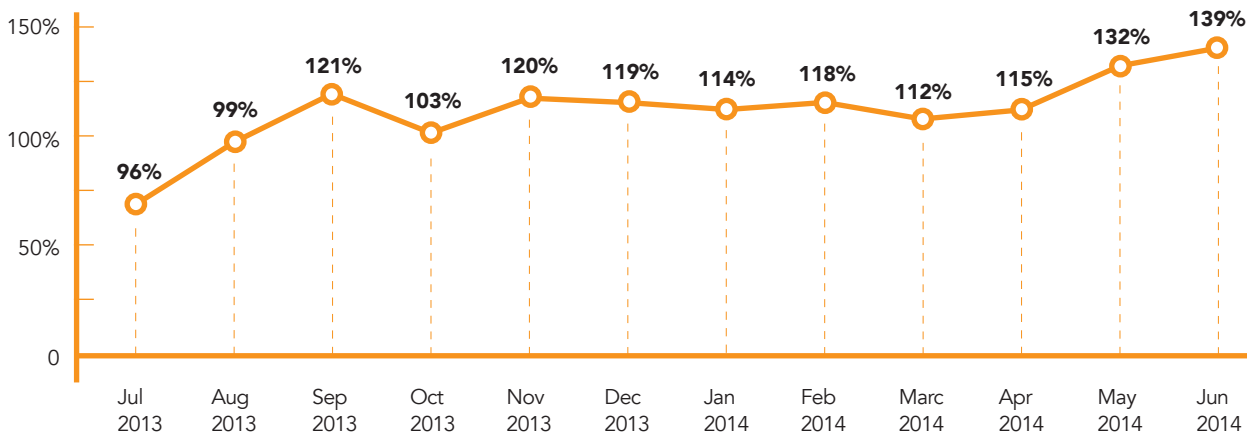
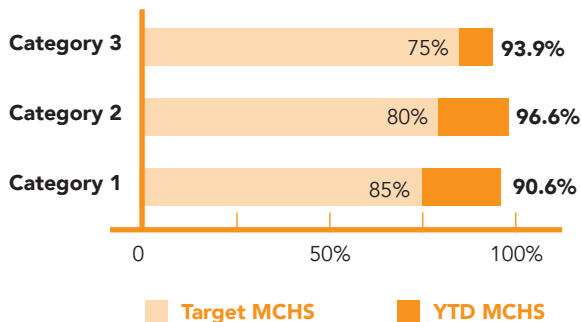


Chart 2 – Triage Compliance



## Triage Compliance

When a client contacts us for emergency care, we triage the client which means asking them a series of questions to decide how serious their dental problem is and whether they need urgent care. Based on the client's answers they will be placed into one of three categories, with category one being the most urgent. Our reception team use a triage tool to prioritise care to ensure people gain access to our service in the right timeframe.

As seen in chart 2, as of June 2014 our triage compliance for category one, which is the most serious category that requires attention within 24 hours, was at 90.6%. This is well over the 85% target set by Dental Health Services Victoria. Category three which is the least urgent, was also well above target of 75% at 93.9% as of May 2014.





**Above:** There is no waiting list for children to access our dental service based at our Brunswick site

### Number of people we see

We receive funding from Dental Health Services Victoria each year to see a certain number of clients which is detailed in our funding agreement. During the last financial year the number of clients we were required to see was 3,749 clients. We exceeded this target having seen 4,127 clients as of 30 June 2014. This is as a result of introducing after-hours and weekend service hours, to meet our community needs. These figures do not include repeat visits from a client.

A repeat visit is when we see the same client more than once during the financial year as part of their course of care for the dental work they may require. We record this so that we know how many appointments we've had in total including repeat consults. As of the 30 June 2014, we had 7997 appointments.

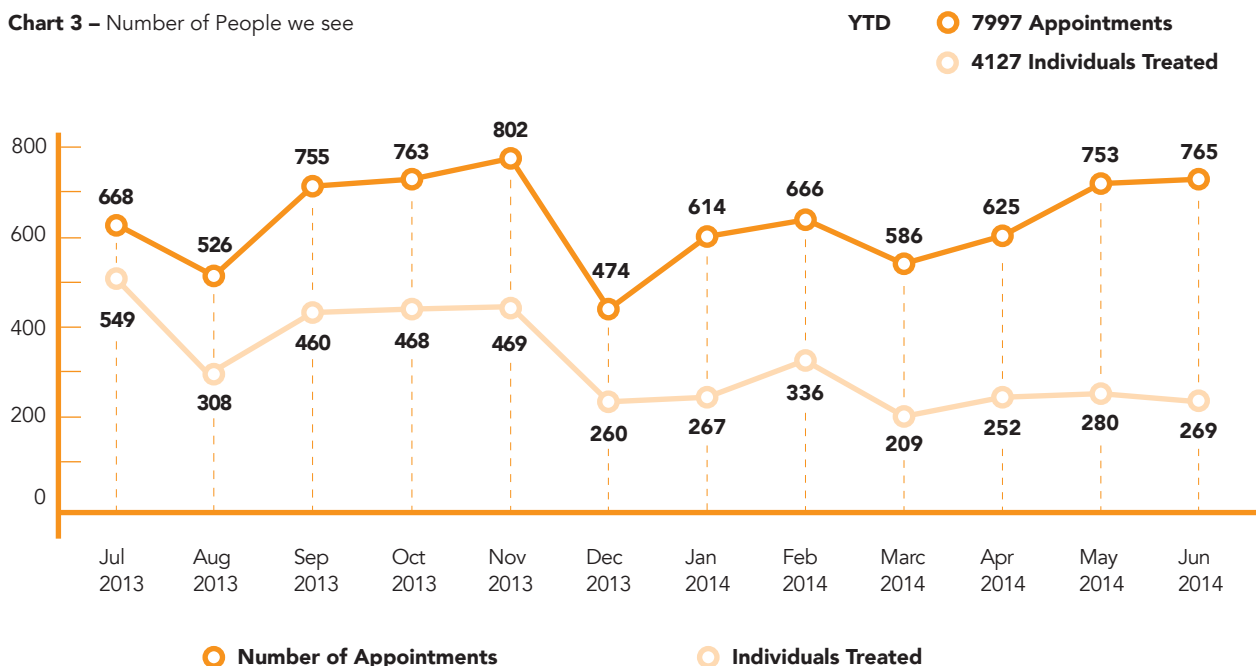
## Supporting others through knowledge sharing

Merri Community Health Services (MCHS) prides itself for its commitment towards support and service capacity building of community based services and the broader community. Dental Services health knowledge is one area where our agency has worked with Dental Health Services Victoria to support the sector towards National Accreditation Standards and the achievement of Key Performance Indicators in Dental Healthcare.

In 2013, MCHS was the first Victorian community dental service to attain accreditation under the National Standards.

MCHS promoted our knowledge to the Community Health sector via a range of 'knowledge road-shows' to help other agencies in preparing for the accreditation and documented the MCHS experience and process. Furthermore, at the DHSV Innovations Forum in June 2014, MCHS showcased its refined model and the changes undertaken over the last few years that have resulted in an efficient dental service that operates at maximum capacity and efficiency.

**Chart 3 – Number of People we see**



# Infection Control, Medication Safety and Poison Control

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

The Podiatry Team have reviewed their practice against the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*. As a result procedural recommendations have been incorporated into the updated Infection Control for Podiatry manual, with other recommendations from the review including:

- Replacing some of the sterilisers
- Have staff update their hand hygiene training
- Have an external infection control audit performed

Annual equipment and steriliser checks continue to be routinely performed across the four sites; Brunswick, Glenroy, Coburg and Fawkner, which provide podiatry services. Two new sterilisers were purchased for the Brunswick and Glenroy sites to replace ageing machines to ensure our ongoing 100% compliance with cleaning and infection control requirements.

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

In 2013, we reviewed our compliance with the *Drugs, Poisons and Controlled Substances Act* and regulations and implemented improvements to ensure safe and appropriate handling of medications. We purchase Schedule 4 medications, such as local anaesthetic, for use by our dental and podiatry teams. We have since had a routine site visit by the *Department of Health Drugs and Poisons Unit* and have implemented further recommendations around storage of medications that have built on the rigorous systems we have in

place for the safe management of medications. These recommendations included storing some medications in a lockable fridge. We have also conducted an annual review of our Poisons Control Plan and have updated it and the associated Standard Operating Procedure for Medication as required.

## Hand Hygiene Continual Best Practice

Infection control is a priority for Merri Community Health Services (MCHS). In 2014, our internal Clinical Governance Committee oversaw a hand hygiene initiative to ensure our ongoing quality approach to best practice hand hygiene.

National Hand Hygiene Day took place on Monday 5 May 2014 and was promoted to all staff with key messages and links to online training. During this period, two posters were updated at wash sites and clinical areas; *Five Moments of Hand Hygiene* and *How to Perform Hand Hygiene*, to remind staff of their obligations. In June 2014 we also conducted the Community Hand Hygiene Audit with staff to determine staff knowledge and attitudes and to identify any barriers to good practice. The results of the audit were reviewed by the Committee and recommendations to improve practice identified and implemented.

Another area of focus has been ensuring appropriate cleaning regimes are implemented for toys used in waiting rooms and clinical programs to ensure no cross infection occurs. We have reviewed best practice in relation to cleaning of toys and are reviewing roles and responsibilities across the organisation and implementing consistent toy cleaning regimes.

# Innovation and Partnerships

**Merri Community Health Services (MCHS) has established a solid collaboration with the University of Melbourne, partnering on joint research projects since 2004. Aiming to identify service needs, the two teams have been partnering on the Teeth Tales since 2006. We also partner with other educational institutions and partners on research projects, including the Inner North West Melbourne Medicare Local and La Trobe University.**

## Teeth Tales

The Teeth Tales research study aims to identify emerging health and service needs of the culturally and linguistically diverse community of Moreland. It is a culturally competent approach to child oral health promotion, using a partnership approach to decision making and implementation with service providers and cultural, policy and academic partners. The involvement of cultural organisations as study partners has been critical to the cultural relevance of the study and the engagement of families with a migrant background.

The Teeth Tales intervention is comprised of two components:

1. A peer-led oral health community education program
2. A reorientation of dental and health services through culturally competent organisational reviews

The team is currently at the intervention and evaluation phase of the study, which aims to establish a model for feasible, replicable and cost-effective child oral health promotion for this community group in Australia.

## What is currently happening?

We have recruited 688 children from 521 Lebanese, Iraqi and Pakistani families in metropolitan Melbourne to receive a community-based dental screening. Prior to the project, 89% of these children had never visited the dentist. As a result, 7% of the children recruited into the study accessed our dental service post recruitment.

## What have we learnt so far?

The preliminary findings from this project indicate that there are benefits to peer-led community based education programs such as Teeth Tales, as we have found an increase in the brushing of children's teeth, and an increase in parents' knowledge of oral health and public dental service access.

The learnings from Teeth Tales has had a great impact in the way we provide services; it has led to a re-orientation of our dental services which are delivering



**Above:** Children have their teeth checked during the Little Smiles dental screening

more culturally sensitive models of dental care, combined with a new oral health program, *Little Smiles* where dental screenings and oral health education are provided to children in preschool settings.

Teeth Tales is an ongoing project and you can find out more about our progress in our Research and Evaluation newsletter.

For a copy, visit our website [www.mchs.org.au](http://www.mchs.org.au)

MCHS committed a total of \$460,000 to the Teeth Tales project. Substantial research funding was contributed by the Australian Research Council and initial seed funding was provided by the Telstra Foundation and Dental Health Services Victoria. Additional cash and in-kind contributions were made by study partners Moreland City Council, Dental Health Services Victoria, University of Melbourne, Victorian Arabic Social Services, Arabic Welfare, Pakistani Association Australia, North Richmond Community Health Service, Centre for Culture Ethnicity and Health, and Yarra City Council.

**Prior to the project, 89% of the children recruited to Teeth Tales had never visited the dentist.**

# Child Speech

**As the demand for child speech pathology services continues to rise, our Child Health Team is leading the charge in responding to increasing waiting times for our catchment.**

## Taking the lead

### Improving access to child speech pathology services

Developed in 2010, the Northern Metropolitan Speech Pathology Consortium Project brought together four key community health providers to develop strategies that would address the increasing need for child speech pathology in our catchment.

Establishing to work collaboratively by sharing work practices, data and the impact of strategies on reducing waitlists, the consortium has made a commitment to developing new assessment models so that there is a prompt referral to Early Childhood Intervention Services, ensuring speech pathologists are consistently recording and reporting outcomes, and employing additional speech pathologists for extra service delivery.

Taking a lead, our Child Health Team has introduced a screening program in which children have an initial appointment within eight weeks of referral. This screening has resulted in more efficient referral pathways to support services such as early intervention services and an assessment by a Paediatrician.

The consortium network has now extended into a broader project, with the development of the *Improving child language outcomes across inner north-west Melbourne*. The work of the consortium was gratefully acknowledged in the final report by the *Centre for Community Child Health* at Murdoch Children's Research Institute.

The work of the Consortium will continue with ongoing coaching and support available from the Murdoch Children's Research Institute to develop, implement and measure outcomes of our shared work. Positive outcomes from the partnership resulted in a continuation of funding to the end of this financial year.

**The Northern Metropolitan Speech Pathology Consortium brought together four key community health providers; North Richmond, North Yarra, cohealth and Merri Community Health Services.**

## Improving child language outcomes

Aiming to improve language and communication outcomes for children with or at risk of communication impairment, the Inner North West Melbourne Medicare Local (INWMML) commissioned the Centre for Community Child Health at the Murdoch Children's Research Institute, to lead a cross-agency project.

Focusing on children aged up to 8 years old, the project builds on the work of the Northern Speech Pathology consortium, with speech pathologists and our Manager of Children's Services actively involved in a project that responds to increasing demand for community-based paediatric speech pathology services.

Our organisation was one of the 50 service providers who directly contributed to the project at both a governance and practitioner level. Specific data and information was provided regarding the systematic issues experienced by community based speech pathology services and the young children and families we work with every day. Other services involved in the project include early childhood intervention services, local councils and the Royal Children's Hospital.

Service system mapping has allowed the project to clearly identify the barriers families are experiencing when navigating the network of support services for children with communication impairment in our region. It has also helped pinpoint bottlenecks in the existing system. A range of objectives/strategies have been developed to address these barriers at a local level.

The INWMML have again partnered with the Murdoch Children's Research Institute for the coming year and are offering coaching, support and practical planning resources to help address these local objectives. The Child Health Team at Merri Community Health Services will take advantage of these opportunities to look at ways of measuring the work we do and to ascertain the impact of changes to the original system. These impacts may include reduced waiting times for assessment, greater networking to local community based services and the development of alternative service delivery models, for example, working directly in early childhood settings.

The network will continue to meet at a governance and practitioner level over the coming year to share our findings across the sector.

# Clinical Governance



**Above:** Clients and staff during a HARP Easy Breathers session in October 2013. Photo courtesy of INWMML

We have a Clinical Governance Policy and Framework that is consistent with the Victorian Clinical Governance Policy Framework. This addresses the four domains of quality and safety:

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

We have reviewed our organisational readiness to implement this Clinical Governance Framework. An internal Clinical Governance Committee meets every second month and is made up of the General Managers and Managers responsible for the service delivery areas, the Human Resources Manager and the Quality Manager. The Committee oversees the Clinical Governance workplan which includes strategies to improve quality and safety in each of the four domains. Current areas of focus include monitoring referrals and wait lists, improving client record documentation, incident reporting and open disclosure, scope of practice, evidence based guidelines, outcome indicators and clinical risk.

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

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

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

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

## Person Centred Care Approach

Our approach to person-centred care was brought to life in a poster developed throughout 2014, which is on display at all sites. The poster is aimed at clients and demonstrates the process they go through, from when they enter a service, to when they are discharged.

The poster was jointly designed with our Community Engagement Sub-Committee to ensure that the information resonated with our clients and it captured the partnership nature of the work we do.

# Energy Efficiency - A Step in the Right Direction



**From left:** Our Chief Executive Officer, Mr Nigel Fidgeon and previous Chairperson, Ms Genevieve Juj are joined by Minister for Health, Mr David Davis at the launch of our Bell Street, Coburg site

On Wednesday, 31 July 2013, Merri Community Health Services' (MCHS) newly upgraded site at 93 Bell Street, Coburg, was inaugurated by the Honourable David Davis, Minister for Health. A key service delivery site, the refurbishment resulted in extra consulting spaces, improved facilities and a dedicated student hub for allied health students.

As part of the \$1.4M redevelopment, MCHS was committed to reducing its carbon footprint by upgrading all lighting, heating, ventilation and air conditioning. Promoting sustainable operations, the upgrades aimed to reduce greenhouse emissions for the site.

As of May 2014, results have shown a significant increase in energy savings as seen in table 1. The overall figures have found a \$5878 reduction in energy costs based on 2014 electricity costs, with annual savings of:

- 16,219 kWh/year for the heating, ventilation and air conditioning system
- 14,080 kWh/year for the lighting system

We worked closely with a range of partners for this project including the Moreland Energy Foundation Ltd who provided technical guidance and expertise around environmental sustainability.

**“The extensively refurbished facility provides our clients with a high level of community health service infrastructure”**

**Nigel Fidgeon**, Chief Executive



In sharing our learnings with our partners, an energy efficiency guideline was developed that outlines the process of the upgrades and outcomes to date. This document was distributed to our partners, stakeholders and funding providers in May 2014 to help others follow lead that we have taken in this area, supporting improved energy utilisation and the benefits this provides to our organisation and community.



Above: Minister for Health, Mr David Davis visits our Bell Street, Coburg site

Table 1 - MCHS Outcomes: Predicted v Actual in \$

Project component	Estimated			Actual		
	Cost (\$)	Energy savings (kWh)	Cost savings (\$/year)	Cost savings revised utility price (\$/year)	Energy savings (kWh/year)	Cost savings (\$/year)
Heating/cooling upgrade	207,867	20,401	5,100	3,958	16,219	3,146
Lighting upgrade	47,233	11,695	2,924	2,269	14,080	2,732
<b>Total</b>	<b>255,100</b>	<b>32,096</b>	<b>8,024</b>	<b>6,227</b>	<b>30,299</b>	<b>5,878</b>

This activity received funding from the Australian Government as part of the Community Energy Efficiency Program.

The redevelopment is supported by the State and Federal Governments and the project was possible due to funding made available by Health Workforce Australia and the Department of Health, Victoria.

The views expressed herein are not necessarily the views of the Commonwealth of Australia, and the Commonwealth does not accept responsibility for any information or advice contained herein.

# Falls Prevention Project

**In partnership with Monash Injury Research Institute in Victoria, Merri Community Health Services (MCHS) participated in one of six falls prevention projects over 2011-2013.**

Providing full home assessments to 189 clients across the inner north west catchment, our Home Hazard Occupational Therapy Research Project identified areas in clients' homes that posed a risk for falls, as well as options for referrals to more specialised services.

Preliminary findings from the project have found that:

- The average age of the clients was 82, with the majority being female
- Clients were predominantly Australian born closely followed by Italian born
- English is the main language spoken by clients
- Three in five clients had four or more health problems with the main medical condition being arthritis followed by hypertension.

## What do we know so far?

Checking in with clients at their six month follow up, we found that while their level of mobility had not changed, many indicated some improvement in being able to carry out their usual activities, such as washing or dressing themselves, having reduced feelings of anxiety/depression and improvements in how they perceived their overall health. Importantly there were a statistically significant proportion of clients reporting a decrease in pain/discomfort and an improvement in moving about their usual residence without help.

We anticipate more complete and comparative research findings on the six projects from the Monash Injury Research Institute in late 2014.

This project is funded by the Department of Health

# Rapid Response Service

**Promoting independence and wellbeing of Moreland residents, the Home and Community Care Rapid Response Service was established in 2013 as a partnership between Merri Community Health Services (MCHS) and Moreland City Council.**

The Rapid Response Service ensures timely, multidisciplinary intervention that reduces the risk of clients falling in their homes. It is consistent with the principles of the Active Service Model that encourages maximising clients' independence through person centred care. The aim is to optimise clients' ability to participate in their own personal care and activities of daily living.

Through this unique service, frail elderly clients and people with disabilities living in the community who are referred for Moreland City Council services, are able to access home-based occupational therapy, physiotherapy and exercise physiology through our organisation. This facilitates improved client safety and independence at home through:

- Assessment for appropriate home modifications

- Assessing and advising on functional limitations as a result of pain, reduced movement and weakness
- Improving clients' strength, endurance and balance for their daily activities through the provision of targeted home exercise programs

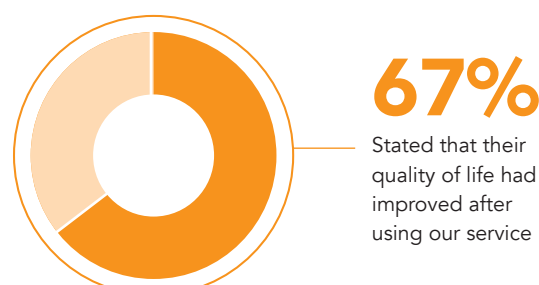
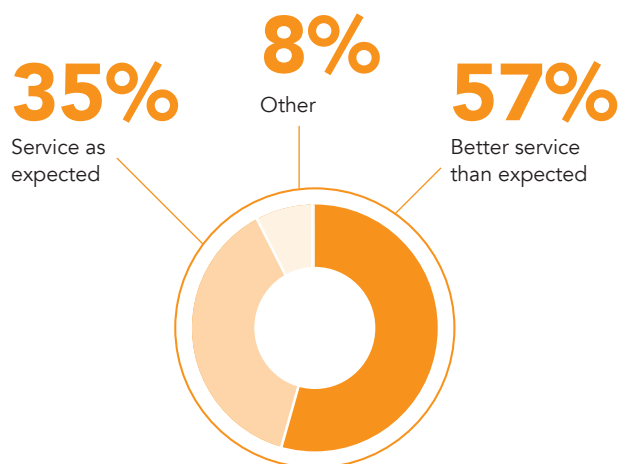
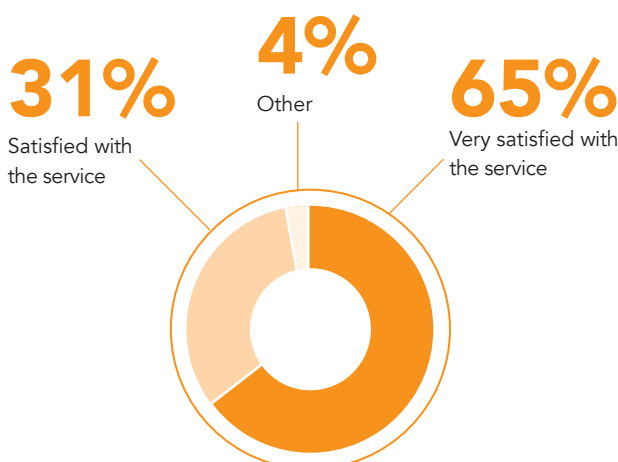
The Rapid Response Service has enabled MCHS and Moreland City Council to improve shared pathways for referral and communication and deliver better access to urgent allied health intervention for Council clients. Recent improvements to the model have included offering clients with existing Council services access to the Rapid Response Service and linking in with community organisations such as Brunswick Industries Australia to improve accessibility to home and community-based occupational therapy, physiotherapy and exercise physiology.

# Client Satisfaction Survey

Each year we survey clients to ask them about their satisfaction with our service and the difference we have made to their health. In 2013, **525 clients** completed the survey with **16%** of completed surveys, in a language other than English.

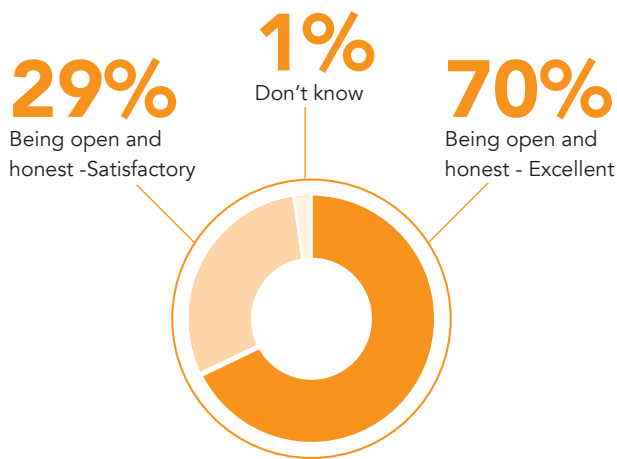
## How did we do?

We were pleased with these overall results:





### What were our key strengths?



Respecting your right to make decisions (improved from 61% excellent in 2012 to 67% excellent in 2013)

### Where can we improve?

The results showed that we can improve in some areas, such as:

- Telling clients about other services (8% poor)
- Referring clients to other services as appropriate (6% poor)

We used this feedback to:

1. Look at ways that the whole organisation could improve, such as:
  - Simplify the information we give to clients about their rights and responsibilities. We did this in early 2014 and also had it translated in 'Easy English' with pictures
  - Setting up a recorded voice message to be played to everyone who calls any of our sites. This message will give information about our other services and other relevant information. We are awaiting the technology to set this up

- Assign staff to review the information available in waiting areas at each site, to make them more welcoming to our diverse community and display information about other relevant services

2. Look at ways that individual teams could improve. For example, for many years Dental clients have told us that our waiting list is too long. In May 2014, we started providing after-hours services for children. We now provide services to children on Monday evenings and Saturday mornings via the Child Dental Benefits Scheme which will help reduce our waiting list.

## Reform Ready Review – Preparing for Aged Care Reforms

Continuing to provide high quality responsive services to our community, carers and consumers, Merri Community Health Services (MCHS) has been participating in the Reform Ready Review throughout 2014.

Conducted by the Federal Aged Care Workforce Innovation Network, the review has allowed our organisation to reflect on key areas of operation that has resulted in an action plan that will help us respond to the changing environment, such as changes to Commonwealth and State funding arrangements for health services and the move to consumer-directed care.

To ensure we remain responsive to the needs of our communities while meeting our funders' expectations and obligations, MCHS has been engaging with partner organisations and clients to more concisely define the work we do. The aim is to build on the current committed and dedicated staff, to continue to provide quality and efficient health services now and into the future.

Our participation in this process led to securing funding from the Community Services and Health Industry Skills Council under the Reform Ready Review Tailored Grant. MCHS has secured \$20,000, which is matched funding, to implement our Reform Ready Review recommendations, in relation to the development of an Aged Care & Carer Support Communications Plan and an Aged Care Workforce Plan.

# Consulting with our Clients

**In 2013, our Foundations service underwent a major review in response to a changing competitive environment, informed by new developments in research and evolving best practice guidelines.**



**Above:** One of the children who is attending our Foundations service

Providing individual and group services for children with developmental delay and disabilities, Foundations undertook a number of steps as part of the review including:

- Reviewing all relevant information and mapping the key elements of the service
- Developing a framework for consultation with key internal and external stakeholders, including:
  - Interviews with key staff of Merri Community Health Services (MCHS) and other professionals from the sector

**The services delivered by the Foundations team are recognised as critical in supporting and improving the lives of young children with a disability or developmental delay.**

- Facilitation of two focus groups for clients at each of the Foundation sites (Broadmeadows and Thornbury). The focus groups were of particular importance as they provided clients with the opportunity to discuss their needs and expectations of the service, what was most relevant for them during their involvement with the service and what else they would like from the service going forward.

- Documenting outcomes and determining the key elements for change

- Developing the implementation action plan

An innovative model of best practice for Foundations is being progressively implemented. Significant progress in all areas of the Action Plan has already been achieved. The service is on track to realise full integration of review recommendations by the end of 2014.

## Supporting early years and primary school aged children

Since 2012, our organisation has worked with Moreland City Council, early year's educators, local primary schools and key service providers to identify emerging issues and service gaps for early years and primary school aged children in Moreland. This Working Group has discussed what children and families need and how schools and services can collaborate to meet these needs. The purpose of the working group is to share information, network across sectors, build partnerships and explore opportunities to identify and engage families needing support.

The Working Group has facilitated five forums over the past three years and the key outcomes have included:

- Stronger partnerships between schools and local service providers
- Identification of local service gaps and collaboration to address these issues

# Podiatry Remodelling

**Merri Community Health Services provides podiatry services across four sites to assist people with prevention, diagnosis and treatment of foot and lower limb problems. There has been ongoing high demand for these services.**

Demand management strategies have been implemented in the podiatry service since September 2013 and have greatly improved access to clients seeking care. While embedding these practice improvements, a number of other items were identified that provided further opportunity to advance clinical practice and enhance client management. These items included the application of risk assessment tools and agreed discharge protocols in the podiatry service.

A number of items have been developed and have been implemented to maximise resource use in the podiatry service, and enhance client care. These include:

- The development and endorsement of evidence based work practices, with agreed risk stratification and discharge protocols
- The development of an Allied Health Assistant (AHA) position within the podiatry service. The utilisation of the support level workforce in podiatry will allow the separation of a number of tasks and ultimately ensure Health Professionals are more available for direct clinical care. The AHA role scope will include:
  - Treatment of clients (for routine nail care) who have non-pathological nails and who have been classified by a podiatrist as low risk under the guidance of the treating podiatrist

- Steriliser maintenance;
- Assistance with nail surgery
- Investigation into opportunities to expand services including specialist footwear measurement and fitting
- The expansion of the existing Medicare Benefits Schedule (MBS) podiatry service in Glenroy, thus providing extra capacity for lower risk clients with an established and eligible chronic disease to access MBS subsidised podiatry care. This will help us increase capacity in traditional MCHS podiatry clinics

Implementation of the new podiatry model, commencement of the AHA position and expansion of the MBS service is due to occur in August 2014. Data capture is being built into all new work practices to ensure that we can monitor and measure the effect of these changes.



**Above:** Faten conducting a podiatry assessment at our Fawkner site

## Demand management initiatives

Over the last 12 months, Merri Community Health Services has increased access into its Physiotherapy, Occupational Therapy and Podiatry Services through a number of targeted demand management initiatives.

Despite the inroads made through short-term approaches including the trialling of rapid assessment clinics and enhanced wait list triage practices, permanent improvements employed in September 2013 have had a more lasting impact and continue to provide more timely access for clients referred to the service. These include clearer triage tools, changes to appointment booking practices (increasing inflow for new clients) and more defined client pathways to ensure resource distribution allows equitable access for clients in the community.

# Providing Quality Services

## Accreditation status

As a quality accredited health service, Merri Community Health Services participates in an accreditation review process with the national accrediting body, Quality Innovation Performance. This involves an independent quality review every three years against the Quality Improvement Council standards and other standards that are relevant for the programs that we deliver.



**Above:** Clients are transported to and from their home to attend our Activity Programs

Our last three yearly accreditation review was held in January 2013 and we were reviewed against five sets of standards:

1. Quality Improvement Council standards
2. Home Care Common standards
3. Department of Human Services standards
4. Psychiatric Disability Rehabilitation and Support Services standards
5. National Safety and Quality Health Services standards

The Quality Improvement Council standards are applied across the organisation and cover:

*Building a quality organisation:* This quality assessment process examines governance, management systems, finance, human resources, risk management, knowledge management, physical resources, legal and regulatory compliance, safety and quality.

*Providing quality services and programs:* This quality assessment process examines assessment and planning, cultural safety, focusing on positive outcomes, coordinating services and programs and consumer rights.

*Sustaining quality external relationships:* This quality assessment process examines service agreement and partnerships, collaboration and strategic positioning, contribution to good practice and community and professional capacity building.

The other four standards apply to specific services such as our Dental Service, Community Mental Health programs, disability funded services, the Integrated Family Service and our Home and Community Care funded services.

We achieved accreditation under all five sets of standards. Following the review we developed a Continuous Quality Improvement workplan that includes the key areas for improvement that were identified by ourselves and by the independent reviewers. Key areas that were included are risk management, knowledge management, information management, cultural diversity, providing Rainbow inclusive services, community mental health and service coordination.

This workplan will guide our ongoing quality improvement activities leading up to our next review in 2016. Its implementation is overseen by our Continuous Quality Improvement Committee.

We are preparing for our mid cycle review by Quality Innovation Performance in November 2014. This will include a review of our progress against our workplan. In addition the National Safety and Quality Health Services standards require a mid-cycle review against their first three standards which cover governance, partnering with consumers and health care associated infections. We will also be reviewed in November 2014 against the optional Rainbow Tick optional standards which demonstrate services are gay, lesbian, bisexual, transgender, intersex and queer inclusive.

# You spoke, we listened

## Feedback and Complaints

Merri Community Health Services welcomes complaints and compliments, as they help us to improve our service. Between July 2013 and June 2014 we received 27 complaints and 58 compliments. When we receive complaints, we do our best to address the issue for the individual and we also look for ways to prevent the situation from happening again, to benefit others including future clients. Depending on the issue raised this may involve changing processes or procedures, informing or educating staff, or changing information that we provide.

For example, in early 2014 we received a complaint about one of our group programs. We appreciated the following suggestions from a client and took the following action:

Suggestion from client	Our response
Participants be introduced to each other and that name tags should be provided	Name tags are now provided and first name introductions are made at each session
Handouts that clients can take home should be provided	Handouts had not been provided in the sessions the client had attended, due to the absence of the staff member responsible. They were re-introduced
Establishment of an ongoing support group for clients who completed the program	We were unable to provide this ourselves, due to the lack of staff time and a venue, but we now provide our clients with information about the self-help support groups which are registered on the Australian Lung Foundation website

Table 1 shows the number of complaints and compliments received by each program. 'Not Determined' means there wasn't enough information on the form for us find out which program the complaint was about, as well as no contact details to ask for more information. Our Board receives monthly reports about complaints and compliments as well as other key data around safety and quality.



Above: The 'bad boys' gardeners from our Activity Program

Table 1 – Number of Complaints and Compliments by Program

Program and Services	Complaints	Compliments
Primary Health Care	5	9
Child Health Team	1	2
Activity Programs	2	10
Youth Health Team	0	1
Community Mental Health	4	2
VACP	1	11
Reception Services	0	3
HIPPY	0	2
Case Management Services	1	4
Dental Program	2	8
HARP	1	0
Medicare Allied Health Clinic	1	0
CarerLinks North	3	6
MCHS Facility	5	0
Not Determined	1	0



**Responsibility**

**Continuity  
of Care**

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# Power of Peer Support

I have been a carer for the past 24 years and I was quite within myself and pretty much on my own. The best thing that happened to me was my son's Case Manager who took John and I to an outreach program information day.

At this event, two workers from the Area Mental Health Service asked carers if they were interested in joining a carers' group (Carer Consultative Committee). Since joining this group I have seen the group grow bigger and better and develop on different levels, thanks to the very hard work of the group facilitators. The group has provided us with an opportunity to develop strategies to manage the never ending stress. We go on excursions to unwind, which is a very big thing to do. We have resourced ourselves and each other with all relevant information on how to strengthen our role as carers. The group has become one large extended family. It is where we can express our stress and worries, become stronger with the support we receive and learn new skills and ways of being.

I sincerely admire and appreciate the staff that organise and facilitate workshops and information sessions. The only downside is the workshops are limited given all the information delivered. Thank you and keep up the good work. We need you and your continuous support!

One of the important steps we took as carers was to register our names with relevant organisations such as *Carers Victoria*, *Commonwealth Respite & Carelink Centre/Carelinks North*; a program run by Merri Community Health Services, *MIND Australia* and *Arafemi* (as it was known then), just to name a few. We were then invited to participate in workshops, provided with relevant information and supported to develop and strengthen our role as carers.

In my opinion, if it were not for these services I would not be who I am now. Being a carer is the most difficult job to commit to. Carers push their own needs aside and through guilt, often neglect themselves as people in their own right. The workshops have helped transform this experience. They have also played a big part in our personal transformations. For instance, one carer took on a paid carer consultative role and is now facilitating the carer group. Other carers have become members of a Carer Advisory Group and contribute to the way the mental health service responds to and includes carers and families.



**Above:** Carer Support team join carers at the cherry picking outing

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

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**The best thing that happened to me was my son's Case Manager who took John and I to an outreach program information day.**

# Hospital Admission Risk Program



**Above:** Clients and staff during a HARP Easy Breathers session in October 2013. Photo courtesy of INWMML

The Hospital Admission Risk Program (HARP) aims to improve the quality of life for clients with chronic and complex health conditions. More than half of our clients have more than five serious medical conditions. We help individuals by providing them with treatment and education about their condition so they can manage their condition better, supported by the services they need. We want to make sure that they are receiving the right care, in the right place, at the right time which will improve their health and reduce their need to go to hospital.

The team provides clients with a package of services to meet their individual health and social support needs, including those of their carers. Our clinicians are employed by five partner services: Merri Community Health Services, cohealth, Inner North West Melbourne Medicare Local, The Royal Melbourne Hospital and the Royal District Nursing Service but work closely together. Our team members are specialist doctors, nurses, physiotherapists, pharmacists, social workers, dieticians, occupational therapists, podiatrists and psychologists who look after clients as they move from hospital to home. Clinical leadership is provided by senior medical staff at the Royal Melbourne Hospital. The program is successful in preventing clients from being admitted to hospital, or if they do need to go to hospital, they are usually able to get home again more quickly.

## Chronic Kidney Disease Collaboration

Merri Community Health Services (MCHS) has been leading a collaborative initiative in partnership with the Inner North West Melbourne Collaborative, to promote self-monitoring at home by people at risk of chronic kidney disease, in line with the National Vascular Disease Prevention Alliance. This has been done through the establishment of screening/awareness and self-management programs within community health services.

Traditionally community health services have not provided screening and self-management programs for people with chronic kidney disease. As part of the Inner North West Melbourne Collaborative, MCHS has commenced a screening/awareness program to identify people at risk of chronic kidney disease which will be complemented by referral into our Healthy Eating and Lifestyle (HEAL™) program, and / or our Care Coordinators for health coaching.



# HEAL is Here to Stay

## Responding to the Prevalence of Diabetes in our Community

Over an 18 month period from July 2012 – December 2013, Merri Community Health Services (MCHS) implemented the Healthy Eating and Lifestyle (HEAL™) program in partnership with Moreland City Council using Healthy Community Initiative funding. Following a very successful pilot period, HEAL™ has been integrated into the range of permanent programs offered by MCHS' Primary Health Care Program.

HEAL™ is a healthy community initiative designed to promote weight loss and the management of a variety of metabolic conditions, through physical activity interventions and multi-faceted approaches to learning. The program provides the local community with access to high quality education and skill development opportunities for healthier lifestyle choices. It was established in response to higher prevalence of diabetes in our community.

Clients enrolling in a HEAL™ program are people who feel motivated to address their health because of identified risk factors associated with chronic disease or who are proactively managing an established condition.

Participants enrolling in an eight-week HEAL™ program have a baseline assessment and are followed up at three and six months. Comparison of the available baseline data against the other two assessment points has demonstrated a statistically significant improvement across a number of key areas, including body mass index (BMI), waist circumference and physical activity, daily consumption of fruit and vegetables and overall functional capacity.

The overall age range for participant in the HEAL™ program has been diverse ranging from 34 to 80 years. Success in engaging culturally and linguistically diverse populations has been achieved with the use of interpreters, bilingual facilitators and careful session planning. Gender specific groups have also been facilitated to accommodate cultural preferences and these have been well attended by our diverse local population.

MCHS also maintains a strong partnership with Moreland City Council. Groups and exercise programs running at the Council Leisure Centres are made available to participants following completion of a HEAL™ program to help instil ongoing lifestyle changes.

## New back pain service to be introduced

In May this year, Merri Community Health Services (MCHS) announced that it had been successful in securing a \$125,000 Workforce Innovation Grant from the Department of Health, to deliver high quality back pain management in a community-based setting.

Working in partnership with Melbourne Health, MCHS will be developing a new model of care and introducing back pain clinics at our sites, to establish programs that will transition clients from a hospital to community setting.

This will bring many benefits to clients including access to back pain services within the community and timely access to this service, improving client satisfaction. It will also help lower demand on hospital wait lists as MCHS will be able to accept referrals and manage back pain clients that are currently being referred to a hospital setting.

This workforce innovation opportunity is being led by the Inner North West Melbourne Collaborative Partnership between MCHS, Melbourne Health, Inner North West Melbourne Medicare Local and cohealth.

Attendance at all of the HEAL™ programs to date has been extremely positive with over 90% of participants completing the program and returning for follow up assessments. Qualitative feedback through clients' self-reporting and feedback forms indicate a high satisfaction rate with the program content and delivery.

HEAL™ is set for expansion in 2014, with more trained facilitators helping to establish a rolling program so that clients can be referred at any time.

**Over 90% of participants enrolled in HEAL have completing the program and returned for follow up assessments.**

# Breaking the Silence

## Clothesline Project

In our commitment to standing up to violence against women, Merri Community Health Services along with key partners hold an annual Clothesline Project to help women and children that are survivors of domestic violence.

Held annually in October during *Week without Violence*, the event raises community awareness about violence against women and how it affects individuals and the broader community. The workshops aim to empower women who have experienced violence and provide them with a safe forum to discuss their experiences.

In the lead up to the main event which is held in the Coburg mall, workshops are held for survivors of domestic violence and their loved ones, to express their ideas and feelings of violence, through drawings and messages painted onto t-shirts. Once they are complete, women can choose to donate their t-shirts for display at the Coburg mall during *Week without Violence*.

This initiative forms part of the work that we're doing in our Family Violence Committee that is supported by WHIN Family Violence Network and key partners; Berri Street, Moreland City Council and the Moreland Community Legal Centre.

**Violence from an intimate partner is the main contributor of death, disability and illness in Victorian women aged between 15 and 44.**

Moreland City Council Family Violence Prevention Strategy 2011-2015

## Women Looking Forward

The Arabic Speaking Women's Family Violence Group, *Women Looking Forward*, was established by our Generalist Counselling Team in response to a need for targeted interventions, aimed at addressing family violence within Arabic speaking families living in the City of Moreland.

The group was co-facilitated in Arabic and English, utilising the existing cultural and linguistic experience and expertise of our Arabic speaking social worker, Amuna Abdella, and the family violence expertise of Cass Dolby. The group collaborated with the Merri Community Health Services (MCHS) Volunteer Program to provide onsite activities for children under the Playroom Supervisor model, and transport support was offered to women.

The program ran over a six-month period involving 15 women and eight children. The initial sessions in 2013 focused on defining and exploring healthy relationships in a culturally appropriate context. Building on the knowledge and feedback from the women, further sessions were held in 2014 and focussed on creating a banner that celebrates Arabic speaking women's



**Above:** We are committed to preventing violence against women and promoting gender equity



**Above:** Artwork in progress as part of the Women looking forward session

strengths and roles in the community. The banner was designed and made in partnership with the Brunswick Multicultural Sewing Group and will contribute to raising awareness of Arabic speaking women's rights to equality and their desire to promote strong healthy families.

The women reported that their experience in the group had developed their awareness of their rights in relationships, as well as increasing their knowledge of and access to community support options. In addition, the women felt that the group had met their greatest need (over and above learning or skill development) which was to have a culturally safe space to interact socially, and to just "be together and share experiences and stories".

The creation of the banner, "Women Looking Forward", built on these shared stories and experiences of survival and strength. The banner, which will be formally launched in August 2014, is envisioned to be utilised in *Week Without Violence* community education activities, which are held in October every year to address family violence.

Women Looking Forward was funded by a grant from the Northern Integrated Family Violence Service, Counselling and Support Alliance

## Whole of Agency Approach to Family Violence

Family violence is a serious health issue. Aiming to refine and strengthen existing service responses for women and children experiencing family violence, Merri Community Health Services has commenced a project to undertake a whole of agency approach to family violence.

In May 2013, MCHS committed to the regional Building a Respectful Community in the North, which aims to prevent violence against women and promote gender equity. Following our commitment, we have worked collaboratively with Women's Health in the North to undertake an extensive organisational audit. Led by an organisational Steering Committee, an action plan has been developed that:

- Promotes respectful relationships and gender equity
- Integrates relevant/appropriate family violence clauses into agency policies and procedures
- Develops early intervention/prevention programs towards the elimination of violence in our community

An action plan has been completed and implementation commenced.



Above: Residents, clients and our team gather at the 2013 community fete held at our Vic Place, Coburg site

# It Kept Me Going

## Grant's story

After many years of attending our Community Mental Health activities held at our Vic Place site, Grant felt that it was time to tell his story in the hope that it may help someone else, as well letting our staff know what a positive impact they've made on his life.

Grant first found his way to our organisation through our neighbours, the medical centre, that share the space at our Brunswick site. While he was there, Grant found out about our Counselling Services and started seeing one of our Counsellors. At the time, his life was difficult. He was experiencing severe depression and had recently had a nervous breakdown. Grant was finding living day-to-day difficult. Reflecting on his mood back then, Grant remembers spending days unable to do anything but sit in a chair with a cup of coffee. Even making a tea was too difficult as his shaking wouldn't allow him to hold the tea bag.

He warmly remembers our Counsellor as she helped him from the very start. While he was only booked in for six sessions, our Counsellor recognised that he was still unwell and needed further support. At the end of the six sessions, she told Grant that she would be extending his sessions.

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**"The place has been brilliant – it's the best thing ever for me. I've been suicidal and this kept me alive."**

"I'm so grateful she (Counsellor) was able to continue seeing me. I had just had a nervous breakdown and needed the support."

The year then was 2000. Now, 14 years later, Grant is a different man and is incredibly grateful to still be able to access services that support him.

As a long-term body builder, Grant remembers seeing our Physiotherapists at our Bell Street, Coburg site, at the start of his journey.

"They were brilliant. They were the best physios I had seen," Grant said.

Grant currently attends our Community Mental Health activities at our Vic Place site, which he first found out about back in 2000. "The Counsellor had given me a leaflet about the activities but at the time I was in such a difficult place. I threw it in a drawer. A few months later, I came across the flyer again and decided to give it a go. I was so happy I did."

As some of our Community Mental Health services came to a close at the end of July 2014, Grant remembers experiencing angst at the uncertainty of what was to come for him. "I'm very grateful that some of the activities have been able to continue. It's been a hard time for me and my friends. We haven't all been lucky but I feel better knowing that we're able to continue some of the groups with Merri." As a participant of the current Men's Group, Grant is happy that they will still be able to meet at the site.

"I only have glowing things to say about Merri. I've never been pushed into things and we've always had a great group of participants – even if we all have our own issues. I'm just trying to survive."

# Closing the Health Gap



**Above:** Dezzah-kee Hippi has her hearing check

Hearing recorded stories from Aboriginal Elders is a unique and powerful way to deliver health service messages, which also builds cultural pride in the community.

Merri Community Health Services along with Closing the Gap Audiology Project partners at Dianella Community Health and ISIS Primary Care, have been developing a 'Talking Booklet' which will be used to promote our Audiology services for the community. Developed in consultation with Elders and community members from the Wandarra Gathering Place, the project demonstrates the positive benefits of Aboriginal people being involved in deciding how to best meet their health needs.

The booklet has been decorated with images by a local Aboriginal artist and is now nearing completion for release to the community. Funding for this project comes from the Department of Health under the 'Closing the Health Gap' program delivered across the North West Melbourne Region.

**Wandarra is an Aboriginal community organisation based in Broadmeadows.**

## Annual Koorie Carers Lunch

The Koorie Carers Lunch is an event held by our carer service, the Commonwealth Respite and Carelink Centre/ CarerLinks North, that celebrates the wonderful job that Koorie Carers do in supporting their family members. Held during Carers' Week in October 2013, the event was hosted at The Aborigines Advancement League, with entertainment by the talented Lee Morgan, who sang inspirational songs as the group showed off their dance skills. This annual event is a highlight for carers within the Aboriginal and Torres Strait Islander community.

# Responding to Your Needs

**Surveys completed in 2013 by local Moreland schools identified that challenging family settings and mental health were key issues affecting young people's wellbeing. Aiming to address these gaps, our School Focussed Youth Service (SFYS) set out to design a new program.**



**Above:** Young carers enjoy the Highlighting Young Carers event

Addressing the gaps in local schools, our School Focused Youth Service Coordinator, Sophia Koutroulis, worked with the primary and secondary school wellbeing network, to design the new Family Links Program. The project was endorsed by a Local Advisory Groups with representatives from key schools in Moreland, Moreland City Council Youth Services, Inner North Local Learning and Employment Network, Spectrum Migrant Resource Centre, Child and Adolescent Mental Health Service, Centrelink, Child First and Integrated Family Services.

The School Family Links will build the capacity of Moreland schools to support young people living in challenging families by:

- Supporting schools, young people and services through a case co-ordination process
- Strengthening relationships between schools and families in the best interest of the young person
- Providing a solution focussed session with the school, the family and the young person to identify their concerns and how to best approach them
- Offering referral pathways into a variety of community services to support the young person and their family
- Building the capacity of schools to connect with the family service sector

Melbourne University, in collaboration with Merri Community Health Services (MCHS), will be evaluating the outcomes of the project, using the Victorian Child and Adolescent Monitoring System indicators, focusing on whether the young person has a trusted adult in their life. The program will use pre and post questionnaires to determine if the program has helped families in their functioning and increased the participation and success in regards to the young person's education.

In October 2013 the Integrated Family Services Team at MCHS in partnership with Moreland City Council Maternal and Child Health Service, established a Supported Playgroup, funded through Playgroups Victoria. Glenroy was identified as an area that could benefit from such an initiative due to the high number of vulnerable children and families within that community, particularly those experiencing social isolation and disengagement.

## Give Me 5!

The Give Me 5 Young Carers and Teen Sibling Program is a monthly young carer support group facilitated through a dynamic partnership between the Commonwealth Respite and Carelink Centre/CarerLinks North, Young Carer Program that is run by Merri Community Health Services and Melbourne City Mission.

Give Me 5 is a monthly session for young carers and siblings aged between 12 – 18 years of age, who are supporting a parent or family member with a disability, drug, alcohol or mental health condition. The aim of the program is to further enhance their caring role and guide the young carer in their caring role. The program provides a fun space encouraging peer support, regular respite opportunities and activities to encourage self-esteem and social connectedness.

Through participating in Give Me 5 activities, young carers are provided with the support to cope with the impacts of their caring role and continue to connect with their peers, family and the community.

# Supported Playgroup for the Community

The Supported Playgroup environment provides a space where parents, who normally would not access a playgroup, can participate in activities with their children that promote positive relationships, increase their parenting and relationships skills and foster networks and ties to other families and support services in their local communities. The group meets weekly at the Community Hub situated at Bell Vue Primary School, Glenroy. Other services located at the Community Hub are the school library, kindergarten services and Maternal Child Health Nurse. Linking the families to these early years' interventions is crucial as many of the children entering the primary school present significantly lower than the average on the Australian Early Development Index.

The Playgroup Co-ordinator ensures that parents pro-actively participate in their children's learning through a number of developmentally appropriate play experiences and activities that aim to empower parents to take charge of their children's learning and development. The importance of play as a way for children to learn about living in their world, their culture,



**Above:** Children enjoy healthy treats at one of our Little Smiles session



**Above:** Lachlan shows off his paper spider at HIPPY Story Time and Craft Session at Fawcner Library

managing feelings and building relationships is highly promoted. Within the informal and enjoyable setting of the playgroup, parents are taught about the strong link that play has to language, cognitive, social/emotional and physical development.

Across a period of 12 months, it is intended that the playgroup becomes self-sufficient, with members having developed the necessary skills to participate and facilitate the group independently.

To date, the Supported Playgroup has been attended by a number of families and children from diverse backgrounds and cultures and they have formed strong connections and actively shared the space. Additionally, thanks to the tremendous support from Bell Vue Primary School and Moreland City Council's Maternal and Child Health Nurses, as the Supported Playgroup continues to ensure families maintain direct linkage's with services in their local community.

# Sharing our Passion

Our Girls Experience Life (GEL) group have been busy this year, taking some time to give back to other community groups in need.

Coming together on a regular basis to share their experiences over a cooked meal, the women of GEL were inspired to share their recipes with others and released the *mad mums can cook* cookbook, in late 2012. The cookbook was launched at Vasili's Garden & Café in December 2012.

For the GEL group, sharing cooked meals which they've put together demonstrates self-care, as well as caring for the people they love. The women continue to sell the book at many locations including an interstate conference and the Community Mental Health fete held in October 2013.

Before embarking on the cookbook project, the GEL women came together to decide how they would like to use the money collected. Wanting to give back to other groups or people in need, the women decided that they would donate all the money collected up until 30



**Above:** Clients volunteered their time to sell the mad mums can cook cookbook during the 2013 community fete

**I enjoyed hearing about the news at the Royal Children's Hospital and meeting staff of Banksia. It felt great giving to a food cause and being appreciated.**

**GEL participant reflects on the experience**

**GEL are so proud to be sharing our love of food with you and we hope using these recipes will make you more aware of mental health issues in our society – just like you, we have our good days and our bad days. We are doing our best to be ourselves as women, mothers and friends.**

June 2014, to the Royal Children's Hospital. In particular, the mental health department within the hospital, due to the great work they do in supporting children and families at difficult times.

Collecting a total of \$600, the women headed to the hospital and met with staff to make their donation. They were extremely happy to hear that the team were considering putting the money towards buying a pizza oven for the unit, so that the children could make pizza.

The women were presented with a framed certificate from the hospital, to thank them for their support and contribution.

We would like to thank everyone that was involved in bringing this cookbook alive! Thank you to our graphic designer for her technical skills and creating a working timeline with the GEL women, the group facilitators and GEL volunteer who helped the group to live out their vision of creating a recipe book, Robinson Reserve Neighbourhood and staff at Merri Community Health Services who supported the project.

**GEL is a support group for mothers with a mental illness. It provides help to mothers in the areas of Moreland and Hume via parent education and resource sharing and links children of mothers with a mental illness with additional peer support.**





**Centre:** Melanye from our team and local teens take part in the TRACK Out camp

# Supporting Young People

## TRACK Out

The TRACKS program has been running successfully for five years in Moreland and is facilitated by our Alcohol and Drug Youth Outreach Workers. The workers support individual young people who are identified as being at risk of or are already misusing alcohol and drugs, as well as facilitating alcohol and other drugs education programs in local schools. Through this program and working in partnership with local Council, schools and Victoria Police, it became clear that there were an increasing number of young people in the local area at risk of disengaging from society, misusing alcohol and drugs and becoming involved in criminal activity. Many of these young people are difficult to initially engage in one-on-one support or counselling and are more suitable for a group program.

In 2014, the TRACKS Program, with support from Victoria Police, was fortunate enough to run a pilot outdoor program called TRACK Out. The TRACK Out program consists of a one-week camp which establishes

relationships, friendships and trust. This is followed by four weekly workshops, which identifies things the young people would like to change in their lives and support to instigate this change. The program will culminate in a three day ski trip to celebrate the hard work and achievements of all involved. Ongoing support is offered to the young people and their families throughout the program and into the future, including family therapy and one-on-one counselling. The idea of giving young people a life experience, such as a challenge based camp, is not a new one, however the focus of the program is to work with the group over a period of time to provide continuity of care and information on the many ways they can access support in the future.

The program is being evaluated by Effective Change and Merri Community Health Services hopes to secure funding in the future to continue this work. TRACKS would like to thank the local Victoria Police Youth Resource Officers, Jo Imrie and Di Cambridge, for all their support with the program.

## Diversity Out North

In partnership with Moreland City Council Youth Services, Merri Community Health Services (MCHS) established Diversity Out North in April 2014, a peer supported social support group for same sex attracted and gender diverse (SSAGD) young people in the northern metropolitan suburbs of Melbourne.

Diversity Out North offers a safe space for young people who are SSAGD and aged 14 to 25 years old, to come and meet like minded people, form friendships, discuss and address issues faced within their local community, encourage and support each other in areas of interest and access educational information around sexuality, drugs and alcohol and mental health issues.

**Same sex attracted and gender diverse young people are at significant risk of depression, mental health issues, suicide, self-harm, abuse and homelessness.**

Hillier et al 2010

While our organisation has been successfully running the Y-GLAM Queer Youth Theatre for 16 years, young people identified the need for a social support group in the local area, as not all young people are interested in the arts, while others expressed their need to attend both groups.

The third national study on the sexual health and well-being of SSAGD young people, *Writing Themselves In*<sup>37</sup> conducted by La Trobe University, once again found that SSAGD young people are at significant risk of depression, mental health issues, suicide, self-harm, abuse and homelessness. SSAGD young people talk about feeling isolated, abused and silenced at school, home and in their peer group. This can be a result of a lack of understanding by peers and family, alienation within the school context and homophobia and transphobia in the community. For some SSAGD young people, their home and school communities offer them very few opportunities for positive role models or information about sexuality.

The program is facilitated by our current Youth Health Team staff, Moreland Council Youth Services and supported by SSAGD young volunteers. The group meets fortnightly and the program activities are designed by the young people involved. Activities include outings, guest speakers, a cooking program, gym and fitness programs and the creation of a gay, lesbian, bisexual, transgender, intersex and queer youth friendly space. Outings will encourage young people to make connections with their community, and will include events such as the Melbourne International Queer Film Festival, Midsumma Festival events and Chill Out.

# Back to Basics

## Introducing an edible garden at Brunswick Lodge

Over the past 18 months, Merri Community Health Services (MCHS) has worked with Brunswick Lodge to improve the health and wellbeing of residents. The aim of the project has been to improve food variety, food access and nutrition for residents through the creation of an edible garden.

Led by our Garden Support Worker, residents and volunteers designed and established the Brunswick Lodge garden. It now includes 10 planting areas for vegetables, fruit trees and bird and butterfly attracting plants. Seasonal plants help to create an interesting and engaging environment for all residents.

In addition to the garden work, residents were invited to participate in cooking sessions using vegetables grown in the garden. The aim of these sessions was to develop residents' skills and confidence to prepare simple meals. Those who participated in the cooking program found it enjoyable and had an opportunity to try meals they had never had before.

A resident art group was established to contribute to the landscaping of the garden. This activity attracted residents who were not participants in the garden work, providing them with an opportunity to contribute to improving the overall look of the garden and outdoor spaces at the Lodge.



Above: Edible garden at Brunswick Lodge

The garden has become a focus for conversation for the residents at Brunswick Lodge and has provided residents with an opportunity to become involved in food growing processes. Those participating in the project have said it makes them feel good to be involved. The overall response to the garden has been extremely positive, both from residents and the proprietor. Residents believe there has been an increase in the number of people using the garden and outdoor spaces since its upgrade.

In addition to increasing residents' access to healthy and fresh foods, the project also helped to improve social connectedness among residents and improve their mental wellbeing. The project officially concluded in June 2014; however MCHS has committed additional resources to support the project until the end of the year.

The edible garden project was possible due to funding from Moreland City Council through the Healthy Communities Initiative.

## Supporting early onset dementia

As part of Merri Community Health Services' commitment to providing services to people with dementia, an early onset dementia Planned Activity Group has been established. People are provided with opportunities to strengthen memory skills and interact with other people and carers experiencing similar issues.

The challenges faced within the implementation of this program have been the changing demographics of clients and the progression and presentation of the younger onset dementia client.

The group is currently in its developmental stages with outcomes to be reported in next year's report.

# Participation Indicators

Indicators are used to measure and determine if we have met the five standards that Victorian public health services need to meet. The chart below shows our results for 2013/2014.

Standard	Indicator	MCHS	Target	Our result and comments
1. Commitment to participation	1.1 Participation Policy	✓	75%	100% (5 out of 5) While indicators 1.4 – 1.6 are not specific requirements of Community Health Centres (Cultural Responsiveness, Aboriginal and Torres Strait Islanders Plan and Disability Action Plan) MCHS is undertaking some participation work in these areas.
	1.2 Participation Plan	✓		
	1.3 Reporting	✓		
	1.7 Consult and Involve	✓		
	1.8 Builds the capacity of staff	✓		
2. Involved in decisions about treatment, care and wellbeing	2.3 Percentage of clients satisfied or highly satisfied with their involvement in decisions about care or treatment	✓	90%	90% Involvement 98% Respecting clients' rights to make decisions
3. Provision of information	3.1 Written information meets at least 30 criteria in Checklist for assessing written consumer health information	✓	85%	100% (all 54)
4. Active participation in planning, improvement and evaluation of services	4.1 Strategic Planning	✓	75%	100% (6 out of 6 dimensions or specified activities)
	4.2 Program Development	✓		
	4.3 Quality improvement	✓		
	4.4 Feedback and Complaints	✓		
	4.5 Governance committees	✓		
	4.6 Client health information	✓		
5. Builds capacity for participation	5.1 Descriptive Reporting	X	N/A	We are developing strategies to build capacity for participation.

# Board of Directors Proceedings

## Boards attendance at meetings - July 2013 to June 2014

Director's name	No. eligible to attend	No. attended
<b>Carlo Carli</b> – Chair since 28 October 2013	12	11
<b>Marleine Raffoul</b> – Deputy Chair	12	12
<b>Darryl Annett</b>	12	12
<b>Michael Beahan</b>	12	11
<b>Michael Malakonas</b>	11	10
<b>Katerina Angelopoulos</b> – appointed 21 October 2013	8	7
<b>Giuseppe Ardica</b> – appointed 21 October 2013	8	8
<b>Sanjay Gund</b> – Board appointed Sanjay to the casual Director position on 25 November 2013.	10	10
<b>Julie McCormack</b> – appointed 18 June 2014	1	0
<b>Dr Kathryn McConnon</b> – resigned 31 March 2014	9	6
<b>Genevieve Juj</b> – up until 21 October 2013 when her term as a Director ceased.	4	4
<b>Leo Santomartino</b> – up until 21 October 2013 when his term as a Director ceased.	4	4
<b>Taryn Rulton</b> - resigned 5 July 2013	1	1

## Board Engagements at Committees

<b>Carlo Carli</b>	Elected to the position of Chair, Board of Directors on 28 October, 2013 and member of Finance and Risk Management (FARM) Community Engagement Committee as Ex Officio
<b>Michael Malakonas</b>	Elected to the position of Chair, Finance Audit & Risk Management Committee (FARM) as of 28 October 2013
<b>Michael Beahan</b>	Elected to the position of Chair, Community Engagement as of 28 October 2013
<b>Julie McCormack</b>	Appointed to the position of Chair, Clinical Governance on 30 June 2014
<b>Darryl Annett</b>	FARM member
<b>Marleine Raffoul</b>	Clinical Governance Committee Member
<b>Katerina Angelopoulos</b>	Clinical Governance Committee Member
<b>Giuseppe Ardica</b>	Community Engagement Committee Member
<b>Sanjay Gund</b>	Community Engagement Committee Member
<b>Dr Kathryn McConnon</b>	Chair, Clinical Governance Committee - resigned 31 March 2014
<b>Genevieve Juj</b>	Clinical Governance Committee member and Chair of Board until 21 October 2013 when her term as a Director ceased.
<b>Leo Santomartino</b>	Community Engagement Committee member to 21 October 2013 when his term as a Director ceased.

### Board attendance at Professional Development Training

While no formal Board Professional Development training was organised in the last financial year, two of our Board members, Sanjay Gund and Darryl Annett attended a Board Builder Conference on March 24, 2014.

- Directors are supported through membership with the Australian Institute of Company Directors
- Directors attend various professional development forums throughout the year on topics of relevance to their role as Directors

### Board Retreat

Held February 2014.

## Sub-Committees

### Financial, Audit and Risk Management

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

### Clinical Governance

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

### Community Engagement

This Sub-Committee meets quarterly (or more frequently if required), with the purpose to consult with community representatives on activities and services of MCHS. The group review and make recommendation to the Board on potential improvements on policies and processes for reviewing client and community feedback. The group is made up of at least two Board Members and a minimum of four community representatives.

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

### Community Members' Representation on Board Committees

Name of Community Member	Committee
Geraldine Allen	Finance Audit & Risk Management
Cara Jane Millar	Clinical Governance
Julie McCormack until May 30 2014	Clinical Governance
Mairi Rowan	Community Engagement
Moustafa Kouklan	Community Engagement
Kate White	Community Engagement
Carlos Ibarra	Community Engagement

# Financial Statements

The following pages form the Concise Financial Report for Merri Community Health Services Limited and are extracted from the Audited Financial Report. The Concise Financial Report cannot be expected to display a full understanding of the financial performance,

financial position and financing and investing activities of Merri Community Health Services Limited.

A full copy of the Financial Report is available at [www.mchs.org.au](http://www.mchs.org.au)

## Profit and Loss Statement for the Year Ended 30 June 2014

	2014	2013
State recurrent grants	21,468,669	21,001,173
Commonwealth recurrent grants	5,262,506	3,759,198
Other revenue from operations	1,635,860	1,856,249
Interest revenue	328,492	505,444
Profit/(Loss) on disposal of property, plant & equipment	38,338	(671)
Other revenues	188,449	259,397
Capital grants received for the acquisition of fixed assets	342,275	273,116
<b>Total Revenue</b>	<b>29,264,589</b>	<b>27,653,906</b>
Employee benefits expense	18,679,055	17,093,579
Depreciation, amortisation & impairment expense	1,078,647	702,701
Finance costs	3,893	4,252
Supplies	191,325	186,557
Computer expenses	501,853	441,615
Consulting and legal costs	276,687	271,817
Client costs	3,526,276	4,194,858
Communication	264,137	234,889
Motor vehicle expenses	244,159	384,676
Occupancy costs	1,112,055	1,123,859
Payments to other agencies	1,577,418	1,467,627
Repairs and maintenance	185,578	196,016
Employment expenses	349,687	256,822
Other expenses	712,200	753,604
<b>Total Expenses</b>	<b>28,702,970</b>	<b>27,312,872</b>
<b>Total Operating Surplus for the year</b>	<b>561,619</b>	<b>341,034</b>

## Statement of Financial Position as at 30 June 2014

	2014	2013
<b>Current Assets</b>		
Cash and cash equivalents	10,544,097	9,375,559
Trade and other receivables	382,071	512,640
Other current assets	383,562	250,603
<b>Total current assets</b>	<b>11,309,730</b>	<b>10,138,802</b>
<b>Non-current assets</b>		
Property, plant and equipment	8,938,606	6,955,452
<b>Total non-current assets</b>	<b>8,938,606</b>	<b>6,955,452</b>
<b>Total assets</b>	<b>20,248,336</b>	<b>17,094,254</b>
<b>Current liabilities</b>		
Trade and other payables	4,754,703	4,643,813
Provisions	2,548,619	2,051,537
<b>Total current liabilities</b>	<b>7,303,322</b>	<b>6,695,350</b>
<b>Non-current liabilities</b>		
Provisions	613,402	644,658
<b>Total non-current liabilities</b>	<b>613,402</b>	<b>644,658</b>
<b>Total liabilities</b>	<b>7,916,724</b>	<b>7,340,008</b>
<b>NET ASSETS</b>	<b>12,331,612</b>	<b>9,754,246</b>
<b>Equity</b>		
Reserves	2,412,997	397,250
Retained earnings	9,918,615	9,356,996
<b>TOTAL EQUITY</b>	<b>12,331,612</b>	<b>9,754,246</b>

## Statement of Changes in Equity for the year ended 30 June 2014

	Retained earnings	Specific purpose reserve	Asset revaluation reserve
Balance 1 July 2013	9,356,996	250,008	147,242
Revaluation of Buildings	–	–	2,015,747
Surplus for the year	561,619	–	–
<b>Balance 30 June 2014</b>	<b>9,918,615</b>	<b>250,008</b>	<b>2,162,989</b>

## Statement of Cash Flows for the year ended 30 June 2014

	2014	2013
<b>Cash Flow from Operating Activities</b>		
Government grants received	29,714,700	26,389,048
Receipts from clients	458,140	449,825
Payments to suppliers and employees	(29,934,425)	(28,215,742)
Interest received	330,277	505,444
Other income received	1,607,561	1,843,824
Cash provided by operating activities	2,176,253	972,399
<b>Cash Flow from Investing Activities</b>		
Proceeds from sale of property, plant & equipment	259,273	493,733
Purchase of property, plant and equipment	(1,266,988)	(2,065,884)
<b>Net cash used in investing activities</b>	<b>(1,007,715)</b>	<b>(1,572,151)</b>
Net increase/(decrease) in cash held	1,168,538	(599,752)
Cash at the beginning of the financial year	9,375,559	9,975,311
<b>Cash at end of the financial year</b>	<b>10,544,097</b>	<b>9,375,559</b>

# Our Sites



**Above:** Reception area at our Bell Street, Coburg site

## Broadmeadows

**Phone** (03) 9302 1780  
**Address** 56 Dimboola Road,  
 Broadmeadows VIC 3047

## Brunswick

**Phone** (03) 9387 6711  
**Address** 11 Glenlyon Road,  
 Brunswick VIC 3056

## Brunswick West

**Phone** (03) 9386 3575  
**Address** 382-386 Moreland Road,  
 Brunswick West VIC 3055

## Chifley Drive, Office Preston

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

Victims Assistance and  
 Counselling Program

**Phone** (03) 9480 6166  
**Address** Level 2/110 Chifley Drive,  
 Preston VIC 3072

## Coburg

**Phone** (03) 9350 4000  
**Address** 93 Bell Street,  
 Coburg VIC 3058

## Fawkner

**Phone** (03) 9357 2444  
**Address** 79 Jukes Road,  
 Fawkner VIC 3060

## Glenroy

**Phone** (03) 9304 9200  
**Address** 5D Cromwell Street,  
 Glenroy VIC 3046

## Harding Street

**Phone** (03) 8319 7400  
**Address** 1st Floor, 368 Sydney Road,  
 Coburg VIC 3058

## Interchange North West Pascoe Vale

**Phone** (03) 9350 4600  
**Address** 9E Anderson Street,  
 Pascoe Vale VIC 3044

## Thornbury

**Phone** (03) 9484 5314  
**Address** 298 Victoria Road,  
 Thornbury VIC 3071

## Vic Place

**Phone** (03) 9355 9900  
**Address** 21 Victoria Street,  
 Coburg VIC 3058

## References

<sup>1</sup>City of Moreland 2013, *City of Moreland Profile*, City of Moreland, Melbourne, Victoria, viewed 15 July 2014, <<http://www.moreland.vic.gov.au/about-moreland/demographics-statistics/profile-moreland.html>>.

<sup>2</sup>Profile ID 2011, *Profile ID Community Profile*, Profile ID, Australia, viewed 15 July 2014, <<http://profile.id.com.au/moreland/seifa-disadvantage>>.

<sup>3</sup>City of Moreland 2014, *Health and Wellbeing Plan 2013 – 2017*, City of Moreland, Victoria, Australia, viewed 15 July 2014, <<http://www.moreland.vic.gov.au/health-safety-and-wellbeing/health-moreland/public-health-plan.html>>.

<sup>4</sup>Department of Health 2014, *North and West Metropolitan Region*, Department of Health, Melbourne, Victoria, viewed 15 July 2014, <<http://www.health.vic.gov.au/regions/northwestern/about.htm>>.

<sup>5</sup>North & West Metropolitan Region, DHS (2008/09).

<sup>6</sup>Source: North & West Metropolitan Region, DHS (2008/09).

<sup>7</sup>Hillier et al 2010, *Writing themselves in 3 : the third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*, Australian Research Centre in Sex, Health and Society, La Trobe University.



# Your Feedback is Important to Us

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You can complete the feedback form to let us know what you think about this report and how it can be improved to meet your needs.

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

**Level 1, 386 Sydney Road, Coburg VIC 3058.**

You can also provide feedback by:

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

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

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



## Passion





**Merri** Community Health Services

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