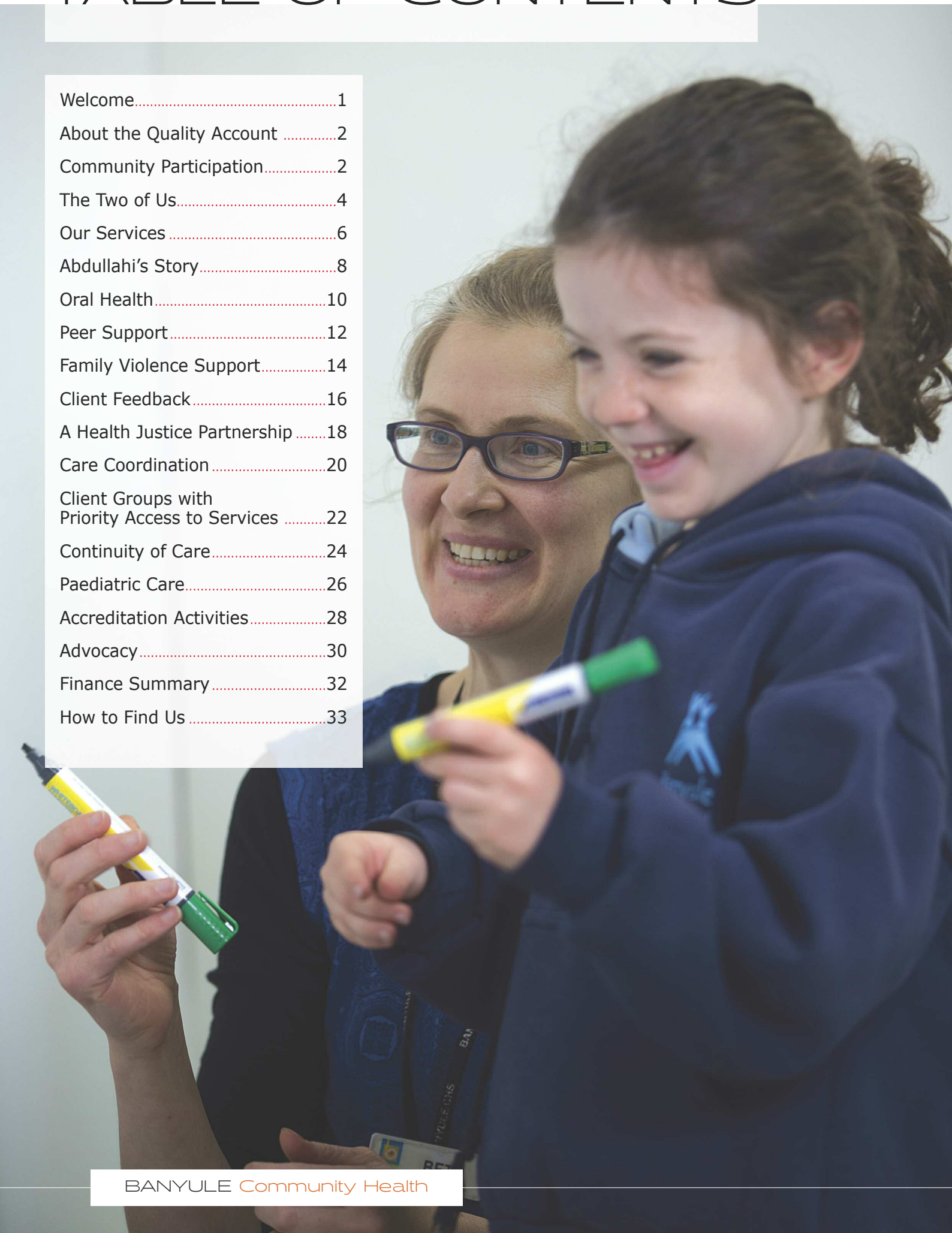
2018

QUALITY ACCOUNT

Community Care Report

BANYULE
Community Health

TABLE OF CONTENTS



Welcome

On behalf of the Board of Directors, Staff and Community Communications Committee we are pleased to present the 2018 Quality Account. Banyule Community Health proudly shares its achievements and performance with its community, celebrating the 2017/2018 year.

The past year has led to significant growth in the services delivered by Banyule Community Health, with some exciting new programs to support some of our most vulnerable community members. This is highlighted by the partnership with our neighbouring Community Health Centres, in the delivery of the LIFT Stepped Care Mental Health Program. This program prides itself on ensuring that any person seeking help will be provided the right care, at the right time. The roll out of this new program has included the use of peers, who have shaped care and engagement for people living with mental illness in the community.

We are incredibly proud of our staff. Every day, Banyule Community Health staff go above and beyond, and drive excellence in their work. They truly love their work and the positive impact they have on their community. Banyule Community Health will continue to invest in our staff, ensuring training, resources and facilities match their commitment.

In 2018, our volunteers and community representatives continued to lead the way with their invaluable contribution to the community. Suzanne Crellin was recognised by the Victorian Premier as a Volunteer Champion for her volunteer work within the 3081 Angels program. She is one of many Champions at Banyule Community Health creating a community that truly cares for the health and wellbeing of its community.

At a Governance level, the Board continues to challenge itself to ensure its systems are robust, reliable and modern. Banyule Community Health has made significant improvements for 2018, strengthening its Clinical Governance and Community Participation model, as well as building in additional improvements with reviews and audits.

This Quality Account captures the many and diverse contributions that Banyule Community Health makes to its community. Take the time to read through and find the stories that connect with you. We find them a powerful source of information to both celebrate and improve what we do.

John Ferraro
Chairperson

Mick Geary
CEO

BCH ACKNOWLEDGE THE TRADITIONAL LAND OWNERS, THE WURUNDJERI PEOPLE OF THE KULIN NATION AND PAY RESPECT TO ELDERS, BOTH PAST AND PRESENT.

ABOUT THE Quality Account

Banyule Community Health (BCH) and the Community Communication Committee are proud to present to the community and Safer Care Victoria, the 2018 Quality Account (QA). A report is produced each year because it is one of the most important ways that we let the community know about our services, how we are achieving our strategic goals, how we maintain safety and how we work to improve each year.

Feedback on the 2017 Report

This year 22 people provided feedback about the 2017 Quality Account, which is similar to the number in 2016. Since 2012, the report has been rated 'highly' for its readability, presentation and people's level of interest in articles. As in previous years, people also told us that they enjoyed the "personal stories that give a context to the services provided" and the colourful and clear photos. In particular, the 2017 report was praised for being informative with detailed stories about a range of old and new services. One person said, "I learned things that I didn't know." Although the majority of feedback indicated that, nothing needed to change, suggestions for 2018 included more about local families and how diverse groups of people come into contact with BCH. This year, in the stories of local community members, we have added something about how they came to learn about and use BCH services.

Distribution of the 2017 Report

Each year the QA Report is made available in the first instance at the BCH Annual General Meeting. It is then distributed within BCH and through external agencies.

Banyule City Council
Maternal & Child Health Centres
Office for the local Member of Parliament
Local libraries
Sent to all BCH members
Off-site locations e.g., Men's Shed
Web site
Waiting rooms
Client Orientation packs
Volunteer Information packs

There was an even spread of feedback from people who identified as BCH clients or community members. Although most people received the QA from BCH, others picked up their copy from Maternal & Child Health Services, Banyule City Council or their local Library.

Community Communications Committee

Once again the Community Communications Committee gave much thought and direction to the content and presentation of the Quality Account. We acknowledge and are thankful to the community members who were committed to producing the report in 2017 – 2018.

Alan Cook
Eulie Emery
Judy Cochrane
Yvonne Wai
Alan Pearce
Jim Bogle
Royal Abbott

We would also like to acknowledge and express thanks to those clients and community members who gave their stories to this report.

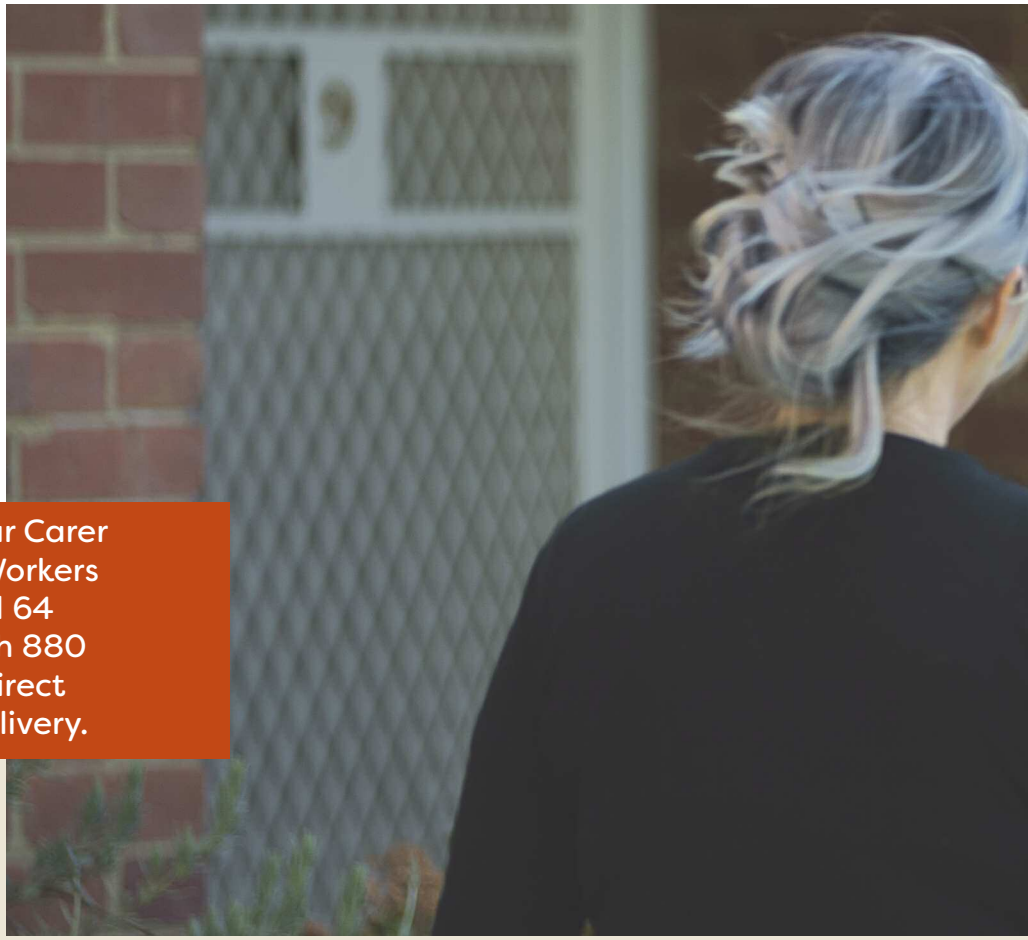
Volunteers

Volunteer Award

Suzanne Crellin, a BCH volunteer, was a recipient of the Leadership Award section of the 2017 Premier's Volunteer Champions Awards. Suzanne is a dedicated volunteer leader of the 3081 Angels. The initiative has supported more than 900 families in five years with essential baby goods and access to developmental literacy programs.

Photos are from the 2018 BCH Volunteer Event. The event is one way we celebrate and thank the many volunteers who make it possible for BCH to provide a range of services and activities.

THE Two of Us



In one year Carer Support Workers supported 64 carers with 880 hours of direct service delivery.

Eva

I care for my husband who has a chronic respiratory condition and early stage dementia. Until I met Cathy, I had no idea that there were Carer Support Workers who could help me. Don't get me wrong, I'm glad to be able to care for him but it can take a lot out of me and like all people, my husband and I have our ups and downs.

My friends say I should just take a break, but it's not as easy as that. I need to be there when my husband has appointments, because he can get confused. He can also get very anxious and agitated. I am a calm person and can usually settle things down, but it seems to be getting worse and I'm worried I won't be able to manage.

I told Cathy that if I took a break at this stage I wouldn't want to go away. She told me there were other things I could do to manage my stress. She has been helping me find ways to have smaller breaks during the week. Cathy helped get in-home respite which gives me a few hours off during the week. I use that time to go to my health appointments or I knit baby clothes for the Women of West Heidelberg to sell at their stall at the centre. The ladies gave me a pattern and the wool and I can knit at home. It helps me relax and I feel good about myself because I am giving back to the community.

I found out how important it is to look after yourself after I cared for my mother years ago. I was doing everything for mum and still working. There was no one like Cathy to support me as the carer. After mum died I fell in a heap and didn't know what to do with my life. I was depressed and it took me a long time to recover.

I'm older now and have my own health problems. I had just started seeing the GP at the BCH medical clinic, and now Cathy has got me coming here for my diabetes and I do a strength training group with the physiotherapists. It really helps being able to get all the services in the one place.

I know I need to look after myself but this time I was struggling to get started. Cathy has really understood my situation and is helping me to achieve the things I need to stay healthy and well. It means I can care for my husband in the way that we both wanted, and at the moment, that's the most important thing.

Cathy

When I first met Eva, she just needed someone to listen as she talked through her situation and reflected on how her past carer experiences were impacting on her. As a Carer Support Worker, part of my role was to guide her, to clarify what she wanted to achieve and prioritise her goals. I was really struck by how determined she was to make sure that she didn't become depressed like she had when caring for her mum. I see many carers in similar situations. In addition to the stress of caring for a family member, there is often associated grief and loss as the person's condition gets worse.

Even with her determination, Eva said she was having difficulty finding time to look after her own health and wellbeing. She also said that it was getting harder to manage her husband's anxiety. I could see the relief on her face when I asked if it would help to learn more about dementia and its management. I referred her to the Dementia Behaviour Management Advisory Service.

When Eva told me how much she had loved working in aged care and that she felt she "received more than she gave", we started to talk about volunteering. Although formal volunteer roles had to be put on hold, it sparked the idea of giving back to the community. I gave Eva a 'task tracker' to record how her time was spent in one week. When we looked at it a week later we could see some areas where changes could free up time. I supported Eva to access My Aged Care for in-home respite and we looked for activities where Eva could use this time to give back to the community in a way that was flexible enough to suit her. I also used the opportunity to let Eva know about other My Aged Care Services that she may need in the future.

Eva was also seeing some health providers in the area where she used to live; it was a 40 minute drive, each-way. We talked about more convenient options and I linked her in with the BCH Diabetes Educator, the Physiotherapist for herself and the Podiatrist whom does home visits for her husband.

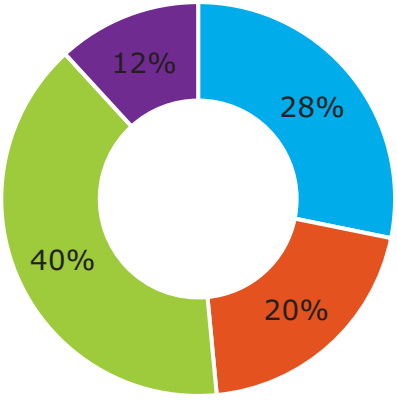
At the moment Eva is pleased to have taken some steps towards looking after herself. She laughs when I tell her that nothing could stop her, but I have no doubt that with the right support, Eva will soon be doing many other things that she used to enjoy.

OUR Services

Some of our service, in one year...

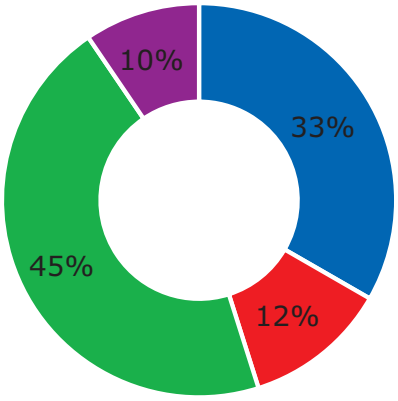
Based in north-east Melbourne, BCH is a community health service that provides services across the continuum of care including medical, allied health, dental, aboriginal health, health promotion, counselling, gambler's help and legal services, to name a few. BCH works across many sites with multiple approaches to service delivery. Based at two centres in West Heidelberg and Greensborough, BCH has multiple out-postings including a hospital emergency department, early childhood centres, schools, gambling venues and prisons.

Paediatric Services Number of Appointments



- Community Nursing (730)
- Occupational Therapy (526)
- Speech Pathology (1,028)
- Child & Family Psychologist (306)

Adult Allied Health Services Number of Appointments



- Physiotherapy (4,402)
- Occupational Therapy (1,560)
- Podiatry (5,996)
- Dietetics (1,265)

Your Experience with Health Workers at BCH

100 clients responded to the Victorian Healthcare Experience Survey 2017

85% said the worker introduced themselves and talked about their role

78% said the health worker was compassionate

75% said they had confidence and trust in the health worker

75% said they were listened to and understood by the health worker

75% said the worker took the time to explain things

74% said their concerns were taken seriously

71% said the worker spent enough time with them

In one week, 5,580 people viewed our Facebook posts
684 people follow our Facebook page @BanyuleCommunityHealth

1,110 interpreters spent 1,404 hours supporting clients in their appointments

57% of clients for dental services were eligible for priority access and received an immediate service.

West Heidelberg Legal Service had 383 clients, gave 403 legal advice appointments and opened 130 legal cases

56% of children who saw the Paediatric Physician lived in West Heidelberg and the remainder 44% lived in either, Heidelberg, Watsonia, Macleod or Montmorency.

Health promotion staff worked with 16 schools in Banyule and 18 schools in total

Dental Services
- treated 1,348 teeth in emergency appointments

Alcohol & Other Drug (AOD) Care Coordinator integrated into the Austin Emergency Department.
- 54% of 212 clients seen presented with alcohol as the primary drug of concern.
- 15% presented with multiple substance use and alcohol was usually one of the primary drugs used

ABDULLAHI'S Story

I came to Australia as a refugee in 1999. I was one of the first people who joined the Somali Men's Social Support Group when it started in 2004. Since then I have never missed a day, except for the month of Ramadan.

Before the group I was sitting at home all day, not doing anything because of limited English and I did not understand the local culture.

Through the group, I have established relationships with men like me, and who speak the same language. I have also taken part in many activities that I would not have done otherwise, such as physiotherapy, bowling, walking, halal BBQs and visiting historical sites in Victoria. Now I am over 75 years old and have health issues, so I am very grateful that the group has transport or else I would have missed out on all the activities.

I love the bowling sessions the most. I try and win most of the time because it improves my self-esteem.

I also enjoy the prayer session in the afternoon and the beautiful lunch - Halal Somali food.

Interpreter usage

2017-2018 Interpreters and Translators

Top 10 Languages	
Arabic	21%
Somali	19%
Mandarin	15%
Farsi	12%
Cantonese	7%
Greek	4%
Italian	3%
Serbian	2%
Oromo	2%
Vietnamese	2%

BCH used 1,110 interpreters in 2017-18. Serbian is one of the top 10 requested languages for the first time this year. Oromo is the third most spoken language in Africa.

FROM HEALTH PROMOTION TO TREATMENT Oral Health

Smiles for Miles in Early Childhood Services

Eleven early childhood services in Banyule took part in the Smiles 4 Miles program provided by BCH (Dental Health Services Victoria). A total of 629 children took part in the program. In 2017-18 the program generated 124 referrals to BCH dental services compared to only 15 in 2016-2017.

One hundred children from six pre-schools had an Oral Health check and 27 had evidence of decay or other anomaly. One service brought 19 students on an excursion to the clinic, where they met a dental nurse, had a ride in the dental chair and received a take home information pack.

Smiling Schools

Smiling Schools is a primary school oral health promotion program, developed by BCH and delivered by an Oral Health Therapist, Dietitian and Health Promotion Staff.

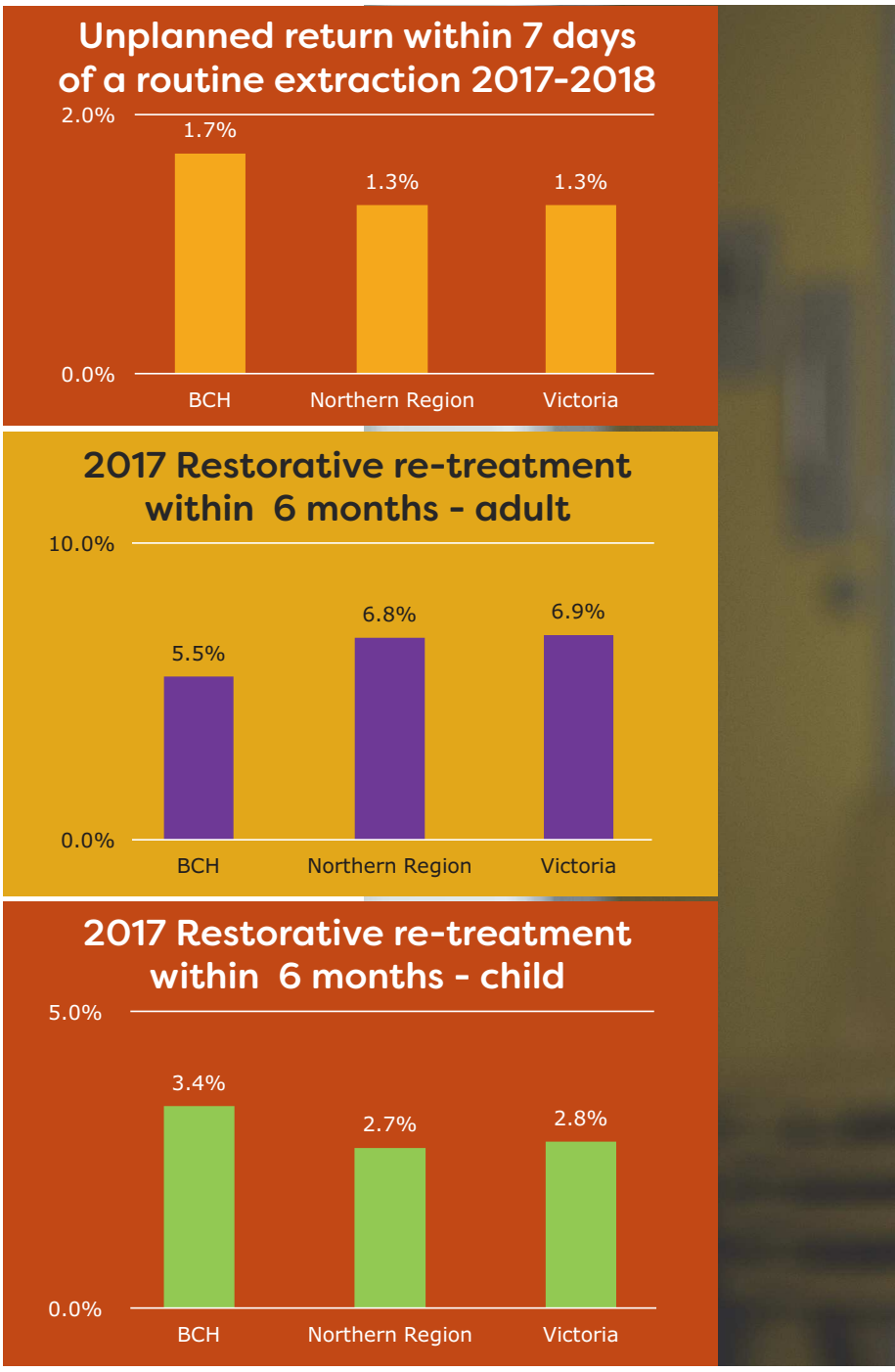
Ten primary schools took part in the Smiling Schools Program in 2017 – 2018.

696 children had an Oral Health check and 21% had signs of decay or other anomaly.

1,784 children received classroom based education on oral health and diet.

Clinical Indicators in Treatment

Dental Health Services Victoria provides Dental Clinical Indicators. Restorative re-treatment is the replacement of fillings within 6 months for any reason.



Client Feedback Improves Services

The BCH Dental clinic implemented a range of strategies to improve capacity to meet client demand. Success was evident in a reduction of formal client complaints made in 2017 about access to dental services compared to the two previous years.

- The time of an Emergency Appointment was extended to provide enough time for treatment to be completed. Subsequently, there was no need for further appointments.
- Students are providing more services. Where students averaged 2-3 clients a day, they are now averaging 4-6 clients a day.
- Improved communication between dental and reception services. Reception services are notified when clinicians are running late, so that they can organise the appointment book and the client can be seen by another clinician on the same day/time.
- Employment of Oral Health Therapists with advanced scope of practice. These staff are able to see clients for oral health and education, therefore freeing up dentists.

PEER SUPPORT Workers

Duncan is a Peer Support Worker for the mental health LIFT program, a program that aims to ensure people get the right level and mix of services as their mental health needs change.

Duncan

The best thing about the peer support role is that I'm not a clinical health professional; which means I can relate to clients in a different way having had a similar experience. I work as part of a team of different mental health professionals. As a Peer Support Worker, I meet with clients to provide support and ideas that may help them with their personal recovery goals.

I remember times during my own recovery where talking to others with lived experience kept me going. People who were prepared to share their stories and who had recovered inspired me.

On the outside, I was a successful executive, married with two young kids, nice house and was a dedicated long-distance runner. Through a combination of circumstances, my life unraveled over several years. I was under enormous pressure at work due to the recession, had a serious injury that stopped me running and I had begun drinking heavily. Being a "typical" male I didn't seek help and things got worse and worse. Over a period of a few years, I lost my house, business interests, relationship, self-respect and cut myself off from the world. I eventually got help after having my stomach pumped after an overdose. A dramatic end to a gradual downhill spiral.

That was more than 20 years ago now and my life has totally changed. It is very important to me that I can put my challenging experiences to good use, help others and give back to the community.

The peer support workforce is continuing to grow at BCH with people employed in drug and alcohol, gambling and mental health services. The role is recognition of the value and benefits of peer support in a mainstream health service.

"I feel like I see what they see, hear what they hear and feel what they feel".

FAMILY VIOLENCE Support

BCH has several initiatives that ensure clients experiencing family violence are supported in a timely way.

- Family Violence Lawyer in West Heidelberg Community Legal Service.
- Co-located family violence worker from Berry Street.
- Financial counsellors and general counsellors who specialise in family violence.
- Playgroups for families, many of whom have experienced family violence.
- Participation in community events and activities such as the annual Reclaim the Night walk and the Say No to Violence campaign.

BCH is a signatory to the Building a Respectful Community Strategy 2017–2021 led by Women's Health in the North.

It is a commitment to coordinate activities to prevent family violence and violence against women by agencies across the northern metropolitan region.

Family Violence Lawyer helped 69 women responsible for 79 children (West Heidelberg Legal Service).

Kim

Kim had been coming to a BCH supported playgroup* with her toddler for several months. We were packing up the toys after everyone had left one day and Kim started to tell me how she had left her abusive partner. (Community Nurse)

Family Violence Lawyer

I saw Kim the day after she had told the Community Nurse about leaving her partner. She was very anxious because on that day, she had reason to think that her partner had found out where she was staying. As Kim talked, it became apparent that she and her children were at a high risk of abuse from her partner and that it could get worse. I assessed whether it would be best to call the police, or support Kim to make an application for an Intervention Order. I rang the court to see if Kim could make an urgent application that day, in person. The court acknowledged the urgency and prioritised her for an appointment. Kim and I prepared an application and she went to court. Kim was granted a full interim intervention order that day. Her application was listed in court for a couple of months later.

I had a follow up appointment with Kim to explain the effect of the interim intervention order and to discuss other related family law matters with her. I had also suggested that the BCH Financial Counsellor, specialising in Family Violence, may be able to help with some of the financial concerns she had talked about.

Kim agreed to a referral to see the Financial Counsellor.

Financial Counsellor

When Kim came into the office, we discussed her outstanding bills and credit card debts, some of which had been incurred by her partner. We developed a Financial Statement which listed her income and ongoing expenses. I put Kim in touch with the Centrelink Social Worker who was able to assist Kim in organising the family tax benefit to be paid to her, rather than her partner, as she now had care of the children. Other government benefits, such as child care rebates, would also change due to the change in family income.

In the short-term, I was able to delay payment of her outstanding bills so we would have time to sort out what Kim's financial position would be now she was living on her own with the children. With Kim's consent, I advocated for removal of fees and interest from her monthly car loan re-payments, which were also stopped for three months.

Kim's ex-partner had a credit card in her name that she had never used. Kim cancelled the card and I explained her circumstances, which resulted in the outstanding debt being cancelled.

At her first appointment, I also changed the billing details for gas and electricity, because they were in Kim's name and she was no longer living in the house. Once Kim's circumstances were explained to the energy company, they agreed to not charge her for any costs incurred once she had left the house.

I saw Kim a few more times over the next six months as her circumstances continued to change.

By keeping Kim's creditors advised of her circumstances they took this into account and stopped bothering her with phone calls and letters.

* Supported playgroups are run for families who are vulnerable for a range of reasons that could include Alcohol & Other Drugs, family violence or child protection concerns.

46% of 69 clients helped by the Family violence Lawyer in 2017 were supported by the lawyer to access a BCH or co-located program: including Social Work, General Counselling, Financial Counselling, Alcohol & Other Drug Counselling, Aboriginal Health Team, Community Nurses, Family Violence Peer Support Group, Berry Street – Family Violence Team.

CLIENT FEEDBACK Contributes to Change

Accessing the Health Service

Results from the 2017 Victorian Healthcare Experience Survey (VHES)

Client feedback informed BCH that a change in practice, initially thought to improve services, is in fact not working. In 2017 only 55% of people said that it was easy to make an appointment at West Heidelberg compared to 80% in 2016 (VHES). There was also a trend in formal complaints made to BCH, about the time it took for reception staff to answer the telephone to make an appointment. It became apparent that a trial by reception services, where one staff person was able to complete administrative tasks away from the telephones and front desk, was not effective or efficient. The trial was stopped. A case was successfully made to employ extra staff to meet an increase in demand at the front desk and ensure administration tasks are also completed.

93% of people rated the politeness and helpfulness of the reception staff as very good (VHES, 2017)

81% of people said that BCH West Heidelberg was easy to find (VHES, 2017)

VHES results showed that car parking and transport was an area of poor performance in 2017 (53% satisfied), with similar results in 2016 (38% satisfied). Disabled car parking in particular, was an area of complaint noted through the BCH Complaints and Feedback system. It is beyond the reach of BCH to change external street parking, however, action was taken to improve the visibility of signage of the disabled parking bays.

Environment & Facilities

Results from the 2017 Victorian Healthcare Experience Survey (VHES)

61% of people said that they were given enough privacy at reception services.

85% of people said that they were given enough privacy during an appointment.

79% of people said that the health service felt welcoming.

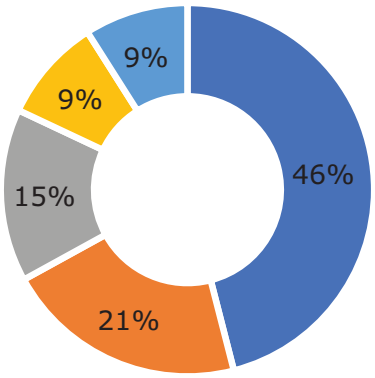
72% of people said that BCH was very clean and the other 28% rated it as 'fairly clean.'

Client Complaints and Suggestions: Environment & Facilities

46% of formal complaints made in 2017 were about the environment and facilities.

BCH welcomes feedback from clients to improve services and to uphold a client's right to make a formal complaint. From January to December 2017 there were 118 pieces of feedback; 33 complaints, 67 compliments and 18 suggestions. The number of complaints received in a year has consistently remained at 20-30 since 2014.

Type of Client Complaint 2017



Areas receiving the most complaints and related actions are as follows;

1. *Inappropriate seating in the waiting area at West Heidelberg.*

Client feedback on the type of seating in the West Heidelberg waiting area came from more than one source. Formal complaints included the need for chairs with arm-rests to make it easier to stand from being seated. Other feedback came from a client who attended a group and clients on the Consumer Participation Committee who asked for bariatric chairs, respectively. Bariatric chairs are sturdier and taller than standard seating and support people with mobility difficulties. BCH Occupational Therapists reviewed the type of bariatric chair required and one is currently available for use in the short-term. Client feedback led to a larger review of all seating in the waiting area and expenditure was approved in the 2017-2018 capital budget. New seating will be available in the coming months.

2. *Smoking near the front entrance*

In the first instance, these complaints were referred to the Occupational Health & Safety Committee. BCH developed visual information to improve communication. Aerial photographs of the buildings at West Heidelberg and Greensborough are displayed on noticeboards and have the boundary of the no-smoking areas clearly marked in red.

3. *Misuse of disabled car parks*

BCH improved visibility of the signage for disabled car parking at the front of the building and repainted the symbol on the parking bay.

Time taken to respond to complaints

100% of complainants who had provided an email/address (25/25) had their complaint acknowledged, with 90% receiving it within the required 3 working days.

93% of complaints were addressed and finalised within the required 14 working days, with an average of 7 working days.

A HEALTH JUSTICE Partnership

BCH and the West Heidelberg Community Legal Service recognise that legal, health and social issues are connected to a person's wellbeing and that a holistic response leads to improved client and community outcomes.

Yarning Up

Yarning Up is a project aimed at improving access to justice for Aboriginal families, with a particular focus on child protection matters. It is funded by the Victorian Legal Services Board. A Lawyer and Aboriginal Community Development Worker have teamed up to provide a linked up service, that includes legal advice, assistance, representation, and assessment of health and social needs with referral where necessary.

An Indigenous Legal Needs Project (2013, James Cook University), identified that there was a lack of community understanding of the way the child protection system worked and the rights of parents/guardians. A history of culturally unsafe experiences prevented Aboriginal people from accessing legal services. Consequences were that children could be unnecessarily separated from their family and culture.

Objectives of the project are;

- Reduction in the likelihood of negative legal outcomes in child protection matters.
- Reduction in escalation of child protection matters to court and increase in successful implementation of legal and social strategies to avoid court.
- Improved cultural safety of services delivered by the West Heidelberg Community Legal Service .

Karen, the Lawyer and Me

"Together we worked with Karen to improve her health and wellbeing address any legal issues and support her in the legal process, so that she could prove to the court that she was in a better position to care for her children" (Aboriginal Community Development Worker).

The Aboriginal Community Development Worker

I catch up with people and see how they are going when I help out with the Food Share program at Babarrbunin Beek.* Today I was able to introduce Karen (not her real name) to the Lawyer.

The BCH Aboriginal Health Team had been helping her with her mental health. She really hit a low point after the Department of Health and Human Services set conditions that she needed to meet before she could have more contact with her children.

Karen had to demonstrate that she was no longer living with her violent partner or allowing him to care for the children, had secure housing, her own income and was undertaking counselling. I referred her to the Therapeutic Counsellor from the Aboriginal Health Team, assisted her in notifying Centrelink about her changed situation and linked her to other programs such as Food Share, supported playgroups and the Aboriginal Early Years Worker at BCH. I also referred Karen to services through the Victorian Aboriginal Child Care Agency (VACCA) and Berry Street Child and Family Services.

Working with the Aboriginal Health Team, I supported Karen to access the services she needed to improve her health and wellbeing and meet the requirements of the Child Protection order.

Karen, like other Aboriginal women, was not likely to approach the lawyer unless I talked to her first. It is part of being sensitive to her culture and recognising that the community has long experienced culturally unsafe mainstream services.

The Lawyer

I walk down to Babarrbunin Beek,* the Aboriginal Gathering Place, and spend the morning helping with the Food Share program. The Aboriginal Health Team and volunteers usually get me sorting fruit and vegetables, making coffee and cooking the BBQ. Now the community is familiar with me, I am asked about legal issues including child protection. While I was cooking the BBQ today, I was asked what an Interim Intervention Order was? I briefly explained, and that person now has a better understanding of what it means. It all happened while having a yarn at the Gathering Place; it didn't require a legal appointment, just some listening

BCH Aboriginal Health Team 2018

*Babarrbunin Beek is an Aboriginal Gathering Place. It is a physical space for the community to meet, where they can connect to country and have activities and events that draw their community and families together.

and understanding of the person's questions.

Many community members have raised a small concern with me that, with further discussion, has turned out to be a matter where the legal service has been able to help.

The Aboriginal Community Development Worker introduced me to Karen today. After the three of us had a brief talk about the involvement of Child Protection services, we made an appointment to meet at the legal service.

Later at the appointment, the three of us met and identified what the Department required of Karen, so that she could have greater contact with her children. I worked with Karen on some of the legal actions she can take to protect herself and her children from her violent partner. The Aboriginal Community Development Worker and I will go with Karen to her upcoming pre-court mediation session. To ensure Karen was an active and informed participant in her case, I explained the legal process and what to expect.

Mediation at the Children's Court

I picked up the Lawyer and we gave Karen a lift to the Children's Court for her Child Protection conciliation conference. At the court we met with the other family members, Department of Health and Human Services representatives and the Koori Court Coordinator who showed us to the meeting table. The conciliation conference is a pre-court mediation where the family and the DHHS have an opportunity to negotiate a solution to the child protection concerns. It's an emotionally difficult couple of hours for Karen, so we stop for a coffee on the way home.

Outcomes

Since Karen has been a client of BCH and the Legal Service, she has become clearer about the child protection process, and is in a better position to have regular contact and care of her children. The Aboriginal community has said that having a lawyer, who regularly attends, and pitches in to help at the Gathering Place, sends a strong message to the community, that they are valued and that mainstream services are willing to respect cultural needs.

CARE Coordination

Mental Health & Drug and Alcohol Use

Dual Diagnosis is a term used when a person has a Mental Health (MH) condition and a problem with substance use, Alcohol & Other Drugs (AOD). Historically, the health system has funded MH and AOD separately, creating two complex systems for each. People who have a Dual Diagnosis benefit most when these services are joined together because each condition affects the other. Nevertheless, clients are at risk of failing to receive the "right services at the right time" when they need to navigate multiple services in a complex system.

In 2018, BCH employed a Dual Diagnosis Care Coordinator who is located in the medical clinic. The Coordinator ensures that the use of multiple services and gaps in continuity of care do not prevent clients from achieving their recovery goals. In addition, BCH provides a range of co-located services to help clients who have difficulty accessing services.

Our Story

Julie

I had been in a controlled state of mind with drugs and alcohol since I recovered from a bad stage twenty years ago. I am cross with myself that it is getting out of hand again. It just goes to show how you can think you are getting through a rough patch OK by having a few drinks but it quickly becomes the main problem. I was working five jobs and split shifts to look after myself. A few social drinks turned into more as I felt like I was working all the time. However, it was still manageable and the main thing was that I was working because my partner and I were setting ourselves up. Then he died. Soon afterwards, my family went through their own crisis and I had to keep it together to look after them. I self-medicated to keep going. I was living too far from my old GP and didn't know where else I could go, besides, I was too busy keeping myself numb.

GP

The first few times I met Julie she wanted help with her drinking. She had a history of mental health problems and felt it was all out of control. She had a great deal of grief and wanted to see a BCH counsellor. I also walked Julie around to meet Jeff, the Dual Diagnosis Coordinator. Although Julie wasn't interested in her physical health at that time, I reminded her that she can get dental and other services at BCH, so that she knows where to go when she's ready.

Jeff, Dual Diagnosis Coordinator

I spent the first few appointments with Julie doing an assessment, getting to know her and working out what she wanted to achieve. Julie's long term goal is to be free from alcohol and we talked about the ways she could begin her recovery and what suited her. Julie decided that AOD counselling would be a good place to start.

I suggested an assessment with the Dual Diagnosis Psychiatric Registrar who visits BCH. She was anxious to begin with, but at her suggestion I went in with her and all went well.

Julie

What you have to understand is that when you self-medicate you can start to "vague out." When I'm asked questions in doctors appointments sometimes I'm sure of the answer and other times I'm not. Jeff knows my story and having him at the psychiatry appointment was a back-up. It meant that I knew the doctor was getting the right information and that I wasn't missing something important. Sometimes Jeff comes to my GP appointments and we all talk together about what to do next and how things are going.

Jeff

Following the referral, we were told that Julie was put on a wait list for AOD Counselling. It's a difficult time for clients while they wait for services. As a Care Coordinator I could fill that gap for a short time. I saw Julie each week, supported her to stay positive and focussed on recovery. I also referred her to General Counselling at BCH.

Julie

There are three things Jeff has me doing. I'm walking my dog to get out and be more social because I usually hide from the world. I can be in a share house or out and I just keep my head down and keep to myself. I'm trying to be accountable for my appointment times, which means I turn up or tell Jeff if I'm not coming. I'm also practicing mindfulness and deep breathing. It all helps. Life is starting to feel a bit more normal again. I want to start counselling so I can stop drinking for good.

GP Behind the Scenes

The GP recognised that for Julie, access to services was much more than a simple referral between health providers. For some clients, access is remembering and attending appointments sometimes made weeks in advance when your life is in chaos; sometimes it is impossible. Being able to introduce the client to a person who they can see again in the following few days increases the likelihood that they will stay in contact with services. It was for this reason that the GP took Julie to meet Jeff, the Dual Diagnosis Coordinator.

The Last Word

What I really like about my role is that it is flexible. The type of support I provide depends on what Julie's needs and preferences are. I coordinate referrals and services for Julie, follow up her appointments, attend appointments and can fill a gap when she is on a wait-list. Sometimes she is feeling good and I may not see her as often, other times I see her weekly. It depends on the individual and what they need to stay on the path to recovery.

CLIENT GROUPS with priority access to services

Research has identified population groups who typically experience poorer health outcomes compared to the general population. Particular disadvantage that can be experienced in the long term, or periodically across the life span has been associated with higher rates of poorer health. In Community Health, people with such disadvantage are prioritised to receive health services: these groups include people with severe mental illness, homeless people or those at risk of becoming homeless, people with intellectual disability, Aboriginal and Torres Strait Islander peoples, people with complex health conditions and children in out of home care.

Justice In Mind Project

A Health Justice Partnership

Lawyers from the West Heidelberg Community Legal Service, based at BCH, provide legal advice to patients living in a short term sub-acute residential facility for people with mental illness. Lawyers have been attending the residential service on a fortnightly basis since March 2018.

The project is an outreach initiative being conducted in partnership with Mind Australia, which operates the Heidelberg Prevention and Recovery Care (PARC). Fourteen clients have been given legal advice to date, with 6 legal cases being opened and 3 legal matters being resolved.

Priority Access Dental Card

Improving access to dental care for people who are, or are at risk of being, homeless.

BCH was part of a group that created a Priority Access Card for people who are homeless, or at risk of being homeless, to use at public dental services. The North & West Metropolitan Regional (NWMR) Oral Health Leadership Group recognised that co-payments and the transient nature of not having a fixed address was a barrier to receiving needed dental services. The Priority Access Card entitles this population to immediate dental care without the barrier of a waiting list and co-payment fee. The card is valid at numerous practices across the region.

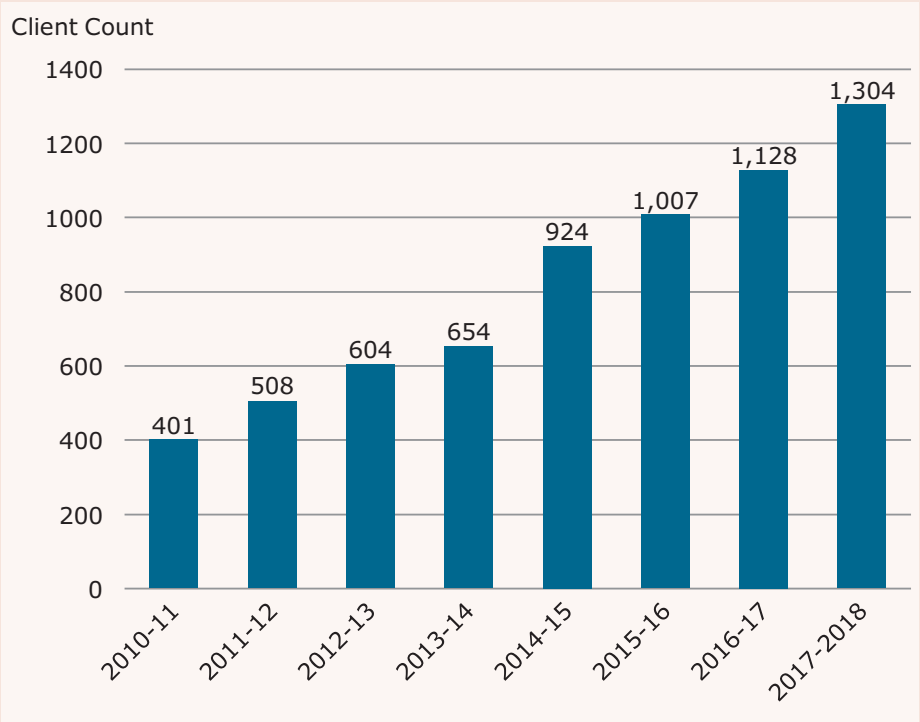
In 2017 – 2018, BCH Dental services treated 224 people who were either homeless, or at risk of being homeless.

Reviewers Award a 'Met with Merit' for our Approach to Priority Groups

In August this year, Dental Services were accredited against six standards of the National Standards for Quality in Health Services. A 'Met with Merit' rating was awarded for the approach to prioritisation of services for client groups at risk of poor health outcomes.

The reviewer said that priority allocation for services was *"sensitive to the multicultural client base and a community with a high proportion of refugees and overseas born clients."* She further commended the approach to priority allocation for Aboriginal and Torres Strait Islander clients, homeless clients and those with mental health issues (Standard criteria 1.8.1: Mechanisms are in place to identify patients at increased risk of harm).

Registered Aboriginal & Torres Strait Islander Clients



CONTINUITY OF CARE at the End of Life

BCH is committed to working with clients across all stages of their lives. The quality of support provided at the end of life can have a great impact on the experience of the individual, carers and the other people around them. These experiences are also significant for the memories and comfort felt by carers and other people after the person has died.

Services at BCH work with clients and carers in their homes and can support the work of specialist Palliative Care Teams.

Rita's Story

Born in Spain, Rita and her husband, Jim, moved to Australia when their first child was a baby. Their second child was born in Australia. When the children were young they spent a further 10 years living in Spain before settling permanently in Australia. Rita and Jim wanted their children to feel part of the Spanish culture, so they celebrated traditional holidays, and spoke their first language at home.

Rita is 78 yeas old now and living with cancer. Jim cares for her at home with help from their daughter. During a recent hospital admission, Jim told the nurses that it was getting harder to manage at home. To support Rita to remain living at home and Jim to continue caring for her, the hospital referred them to the BCH Health Independence Program (HIP). Following an assessment, the HIP Complex Care Coordinator identified relevant home support services, talked to the couple about their options, and coordinated referrals and assessments. Being unfamiliar with aged care services, the family said having a Care Coordinator helped to reduce their stress and they could be confident that Eva was getting what she needed.

The Care Coordinator arranged for an assessment through the Commonwealth Home Support Program (CHSP, My Aged Care) The CHSP arranged for Rita to receive home care services through the council including personal care, home help and for Jim to have weekly respite. The couple received these services and the Care Coordinator talked them through what they needed to do and how to set up a routine for care in their home.

Rita's cancer advanced and her specialist introduced Palliative Care Services to manage her symptoms. One day the Palliative Care Nurse noticed that Rita was developing a pressure sore. She referred Rita to Occupational Therapy (OT) for pressure care. BCH prioritised Rita for service because she was receiving palliative care and had a pressure sore which carries a risk for serious infection and can be very painful.

The OT conducted a pressure care assessment because treatment must be tailored to the individual or the area can get worse. From the assessment, the OT identified that Rita was experiencing high levels of fatigue between her cancer treatments. As a result, she spent a great deal of time sitting, which would contribute to the development of her pressure sore. She was also in some discomfort and in pain. Rita and the family agreed that reducing her pain and pressure risk was an important care goal. Medications can affect fatigue and mobility so the OT, with Rita's consent, spoke with the Palliative Care doctor about her medications.

The OT measured Rita's weight, height and chair size to decide what pressure care cushions might suit her best. The OT trialled a few pressure cushions with Rita until she found one that could be tailored to the way that

she sat, provide the best pressure relief and reduce her pain. She also showed Rita, Jim and their daughter how to position the cushion so that it provided the best support to prevent further pressure.

The Palliative Care Nurse met with the OT as she was finishing her home visit. They talked to the family about using cream to prevent the skin from breaking. The OT let the family know that they should call her if the pressure sore seemed to be getting worse or was not healing.

The Care Coordinator was also able to liaise with a second daughter living overseas in Spain. She reassured her about how her mother's health care was being provided in the changed aged care system in Australia and who, on the team, could best answer her more specific questions.

Victoria's End of Life and Palliative Care Framework (2015) Priority 2: Engaging communities, embracing diversity

PAEDIATRIC CARE FOR CHILDREN of all Abilities

Paediatric Physician

Starting in 2013 BCH have been providing a bulk billing Paediatrician service. It was introduced to address a service gap for disadvantaged and vulnerable families living in the local community. The service is for people who do not have the financial means to access privately funded Paediatrician services for their children experiencing developmental delays or disability. The service currently runs one day per week and struggles to meet the excessive demand.

Services of the Paediatrician work closely with the BCH General Practice, the allied health team, maternal and child health nurses and Aboriginal health workers.

An evaluation of the Paediatrician's services provided at BCH was conducted in early 2018.

A survey of clients

- 100% of parents/carers indicated the Paediatrician had explained the results of their child's assessment very clearly.
- 50% of respondents reported above average satisfaction with the waiting time to their first appointment with the Paediatrician. Only one respondent reported being dissatisfied.
- 66% of respondents suggested the phone calls reminding them about their upcoming appointments with the Paediatrician were very helpful.
- 83% of respondents indicated they had received help from staff in the medical practice in organising the tests required by the Paediatrician.

The Paediatrician conducted 251 assessments from July 2017 to March 2018. This figure represents a 40% increase compared to the number of assessments (n=182) conducted in 2016-2017.

The Paediatrician made a large number of referrals to BCH allied health services. Specifically to Speech Pathologists (43%), followed by Occupational Therapists (13%), Child Psychologist (13%) and Mental Health Nurses (9%).

BCH staff, allied health and GPs reported that the having the Paediatrician working from BCH has allowed for a more holistic service to be provided for clients. The team work between BCH services and the Paediatrician ensures care is consistent between the medical and other teams.

How the Butterflies Came to Be

How the Butterflies Came to Be is a program designed to improve the bond and sense of security for both parent/carer and child in their relationship. It is based on Attachment Theory that describes how the attachment styles of children in the early years affects their psychological functioning across the life span. A child's attachment style are developed in the early relationship with the mother/parent/carer.

Objectives were to

- improve skills and abilities of parents to develop a better understanding of their child's needs, and
- reflect on their own experience of being parented and how it impacts on their parenting, through story and discussion.

Lead by the BCH Child and Family Psychologist, the program involved the Paediatric Occupational Therapist, Maternal and Child Health Nurse and the Paediatric Allied Health Assistant.

Two groups were conducted in 2018 and 13 parent/child pairs consistently attended. Where a person required an interpreter, one was provided for the whole session.

Results from an evaluation using pre and post questionnaires suggested an

18% improvement in parent-child Dysfunctional Interaction

17% improvement of Total Distress

13% improvement of Difficult Child as described by the parent

12% improvement of their own Parent Distress

11% improvement in Parental Confidence

10% improvement in Relational Frustration

1% improvement in Attachment between parent and child

The families who took part and the wider community saw the program as a benefit to people who required extra parenting support. The group was run at no cost to parents and priority was given to families known to Child Protection amongst other groups. There is a continued need for the program with other families who would benefit being identified.

ACCREDITATION ACTIVITIES and Awards

Full cycle accreditation

In August and September this year BCH was assessed as meeting all the criteria for each of the following sets of standards. Assessment results are provisional at this stage with confirmation expected shortly.

- ✓Quality Improvement Council Health & Community Services Standards [full cycle accreditation September 2018] QIP
- ✓National Standards for Quality in Health Services; Stds.1-6 Dental Services [full cycle accreditation August 2018] QIP

Although accreditation against the National Standards for Quality in Health Services focussed on dental services, many agency wide systems and practices were included because of the integrated nature of services at BCH.

Met with Merit

BCH Dental Services received two ratings of 'Met with Merit' in accreditation against the National Standards for Quality in Health Services.

1.4.4 Competency-based training is provided to the clinical workforce to improve safety and quality

The reviewer pointed to work in Occupational Violence and Aggression (OVA), which has included staff training in a strength based approach to clients with challenging behaviour.

Violence and aggression in healthcare settings is addressed as a workforce safety issue. In the last 12 months, BCH conducted an audit and self-assessment against the *Framework for preventing and managing occupational violence and aggression* (Department of Health and Human Services, 2017). A comprehensive Action Plan to further improve BCH's responses to the six domains was developed and implemented. BCH currently meets every criteria applicable to primary health services.

Part of the strategy was to ensure that clients who have had challenging behaviour are not banned or prevented from attending the service, but rather are managed with substitution methods e.g. having a peer support worker provide intensive support.

"This is a leading strategy amongst health care organisations of which the health service is to be commended. In addition, clinicians are trained to recognise family violence and this provides a unique responsibility and opportunity to intervene."

1.8.1 Mechanisms are in place to identify patients at increased risk of harm.

The reviewer commended BCH on the approach to prioritisation of service delivery to vulnerable client groups.

Best Practice Australia Staff Climate Survey

BCH has a well-established system for developing our workforce capability and this is reflected in the most recent employee survey, where BCH was ranked above benchmark norms in 91 of the 108 measures.

An outstanding 74%of staff indicated BCH is a 'truly great place to work', demonstrating the high level of staff engagement.

Staff identified areas for improvement were in the areas of 'reward for performance' and 'assistance with 'personal/professional development.'

In response to staff feedback, BCH has extensively reviewed and improved the Performance Monitoring system. A positive framework was developed, with a range of supporting tools, for the effective management of worker performance and improvement.

Awards in Teaching

BCH has a strong commitment to training the next generation of health professionals and offers clinical placements for students in a range of disciplines and from three Victorian universities.

In April 2018, BCH received two student-nominated awards from the Department of General Practice, Melbourne Medical School.

Dr Emrana Alavi received an award for *'Outstanding GP Teacher'*

BCH Medical Practice received the award for *'Excellence as a Teaching Practice in the General Practice Term'*

Advocacy

BCH Social Work team and the West Heidelberg Legal Service supported members of the local public housing community to have their voices heard at the Parliamentary Inquiry into Public Housing Renewal Program, 2017.

A forum was held at BCH and volunteer law clerks and social work students helped clients to have their say, in their own words. The submission was well received and the West Heidelberg Legal Service, Principal Solicitor, was invited to speak at the Inquiry to further represent the community's contribution.

I just want to know where are they going to put all the current residents in public and social housing in Heidelberg West?

If my sister and her family are moved, where will they go? And will they be able to move back?

Will the road access and parking be upgraded with the increased number of units?

I do my best to contribute to society but being sick with worry about losing my house makes it hard to function well.

I hope you will take my concerns into account and amend the housing proposal so that it can accommodate the local community of West Heidelberg.

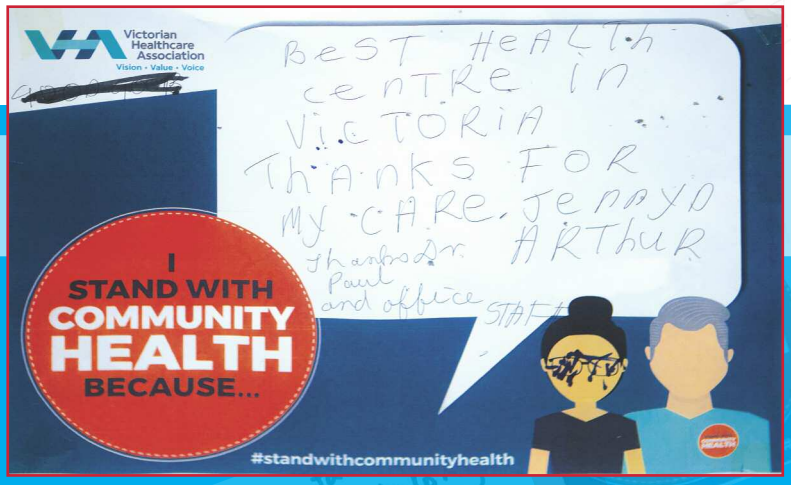
Having been homeless, sleeping rough on the streets for two years, finding out that the public housing plan will reduce 55 bedrooms across two public housing estates is truly mystifying.

We will lose security of our housing if we are forced to move.

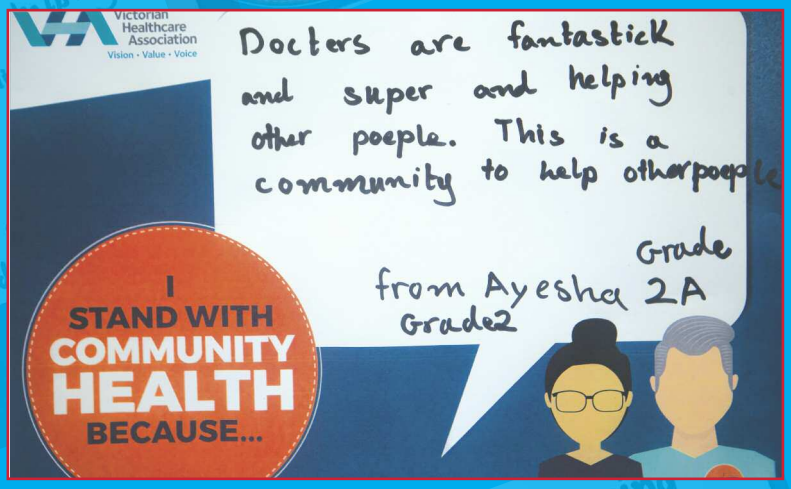
They are going to build mainly 1 and 2 bedroom units. I am worried that our children will not have space, appropriate sleeping areas and backyards for playing.

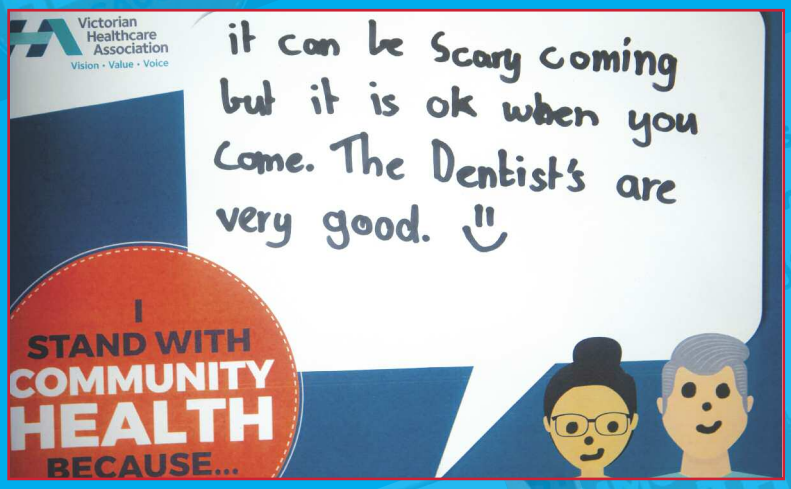
We do not want to leave the West Heidleberg suburb, I have lived here for 11 years and this place is like a family to me.

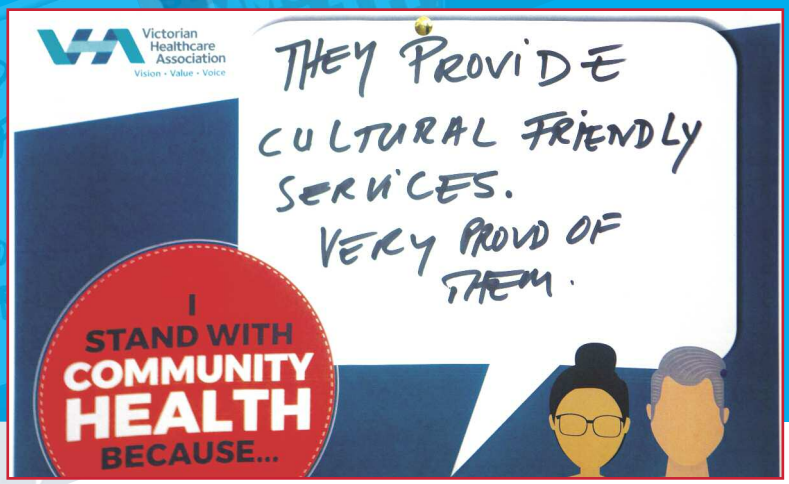
It is important that you understand that the Somali community needs to stay together as many of us do not have relatives here and we are like family to each other.



Our community have told us what they value about community health and BCH will pass this on to advocate for the growth of community health services.







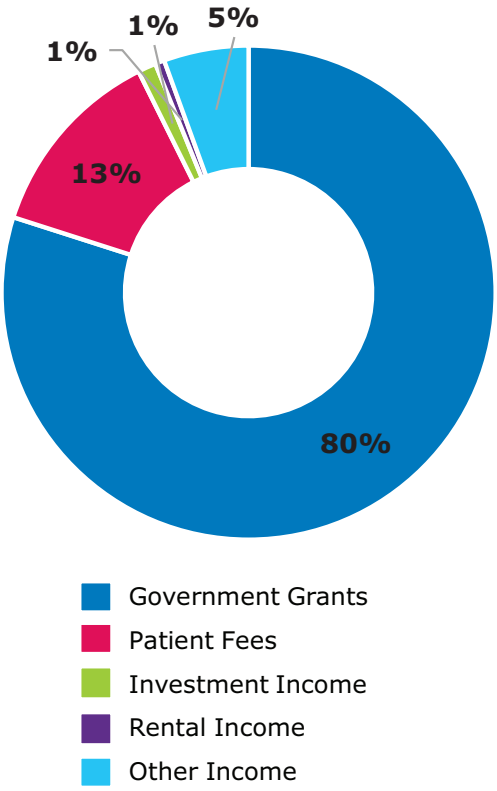
FINANCE Summary

A summary of income and expenditure at BCH for the last financial year is provided below. The full BCH Annual Report and Financial Statements are available online at http://bchs.org.au/publications/annual-reports and will be sent to BCH members.

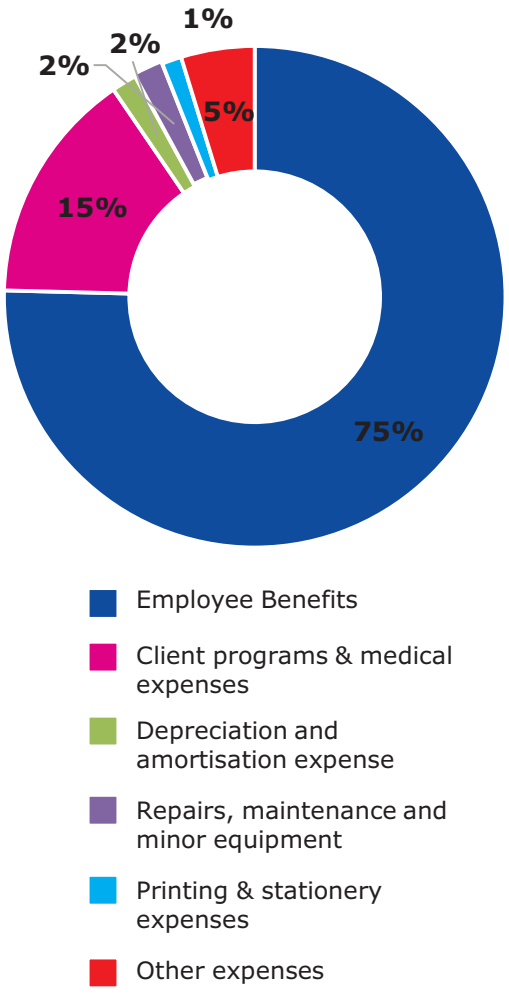
With over 200 staff and 90 volunteers and over 16,000 registered clients, BCH is a large and complex organisation. We have consistently operated within budget and similarly to 2016-2017, our income and expenditure in 2017-18 were in the order of $16M.

Income		
Government Grants	13,809,000	80%
Patient Fees	2,196,000	13%
Investment Income	206,000	1%
Rental Income	104,000	1%
Other Income	959,000	5%
TOTAL INCOME	17,275,000	100%
Expenditure		
Employee Benefits	11,978,000	75%
Client Programs & Medical	2,394,000	15%
Depreciation & amortisation	256,000	2%
Repairs, Maintenance & Minor Equipment	303,000	2%
Printing & Stationery	201,000	1%
Other Expenses	754,000	5%
TOTAL EXPENSES	15,885,000	100%
SURPLUS / (DEFICIT) from operations	1,389,000	

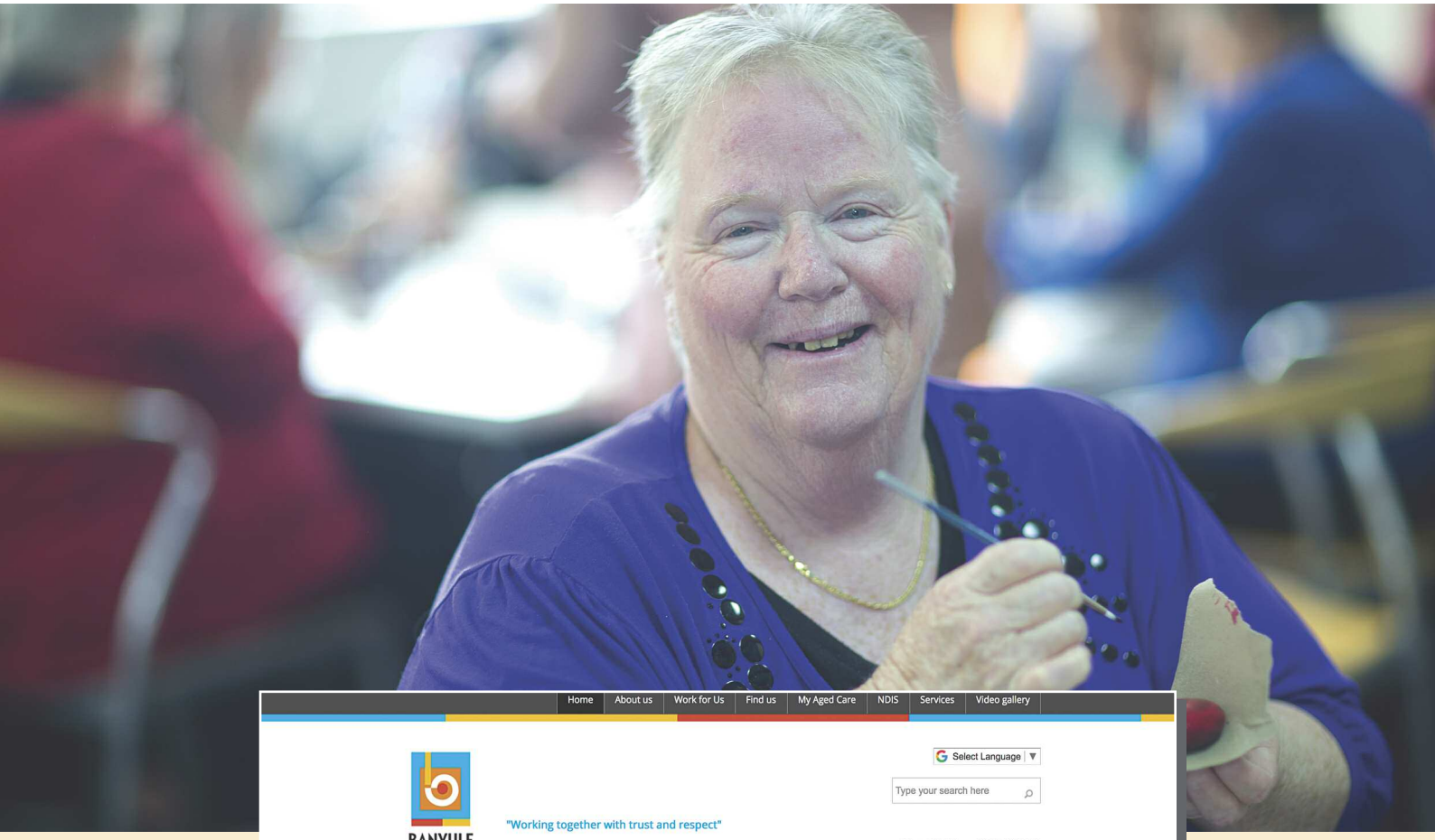
Income

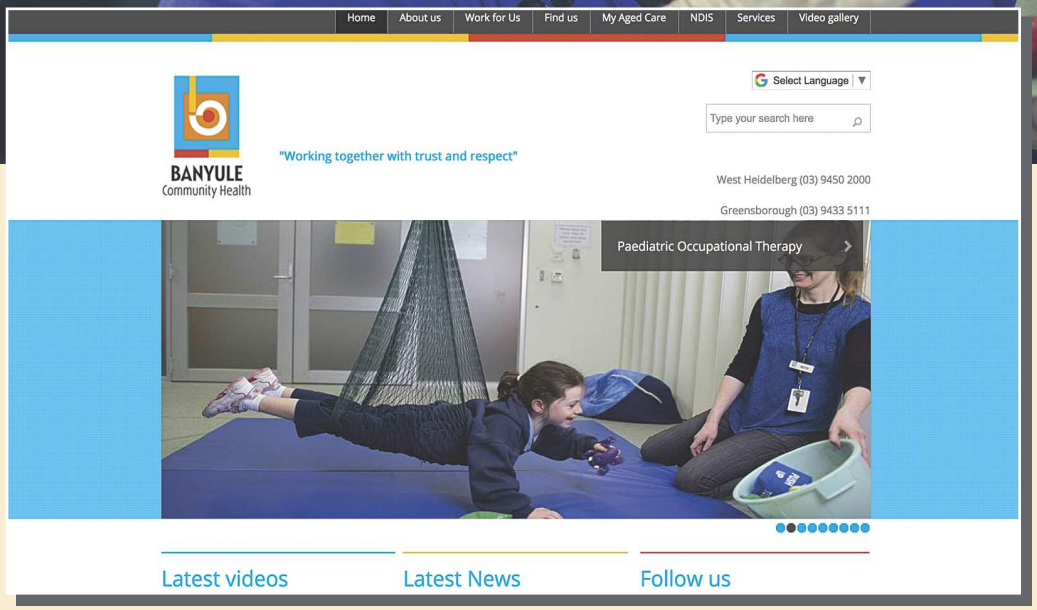


Expenditure



How to Find Us





You can also find us online | bchs.org.au
Email: banyule@bchs.org.au | Twitter: @banyulechs

ACKNOWLEDGEMENTS:

The Commonwealth Home Support Programme supported by the Australian Government Department of Social Services. Visit the Department of Social Services website (www.dss.gov.au) for more information.
Although funding for the Commonwealth Home Support Programme (CHSP) has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of the Australian Government.
Mental Health Nursing Incentive Program at the BCH medical clinic is funded by Eastern Melbourne PHN and the Australian Government.

hacc home and community care
A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

Gambler's Help
gamblershelp.com.au
Gambler's Help North & North Western
1300 133 445
gamblershelpnnw.org.au

Australian Government
Department of Social Services

State Government Victoria

Contact 2018

WEST HEIDELBERG

21 Alamein Road,
West Heidelberg,
Victoria 3081
Tel: 03 9450 2000
Fax: 03 9459 5808

GREENSBOROUGH

Pauline Toner Centre,
3/25 Grimshaw Street,
Greensborough,
Victoria 3088
Tel: 03 9433 5111
Fax: 03 9435 8922

Email: banyule@bchs.org.au
www.bchs.org.au

Banyule Community Health
ACN 135 660 454 ABN 87 776 964 889

BANYULE
Community Health