



Annual Report 2020



Annual Report Art Competition Winner

Lilly Nolan

Lilly is 16 years old and is currently in Year 10 at Wellington High School. Lilly's interests include Art, Dance and Make-up and she loves animals, camping and fishing.

Waterways

"My artwork represents the cultural connection to the land and rivers and how Indigenous Australians lived, hunted and gathered at their meeting places to tell dreamtime stories. The colours used symbolise the land, water, meeting place, animals and men hunting."

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Design by Louise Austin Photography & Design

Cover Artwork by Lilly Nolan



Acknowledgement Of Country

We acknowledge and respect the traditional lands of all Aboriginal people, we respect all Elders past, present & future. We ask all people that walk, work & live on traditional Aboriginal lands to be respectful of culture & traditions and work together as one to better Aboriginal Health.

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About WACHS

Wellington Aboriginal Corporation Health Service (WACHS) is on the land of the Wiradjuri people.

WACHS is an Aboriginal Community Controlled Health Organisation which has been running for over 25 years, located in the town of Wellington. Wellington is a small rural community with a shire population of approximately 8,831 people of which 1,897 are Aboriginal (2016 Census Stats).

WACHS offers professional, holistic health care to enhance the health and emotional wellbeing of the Aboriginal and non-Aboriginal communities in Wellington and surrounding districts including Dubbo, Moree, North West and Far West Regions of NSW and Greater Western Sydney covering Mt Druitt, Penrith, Nepean and Blue Mountains.

Our services continue to expand with new programs, staff and clinics coming onboard and our expansive range of specialist programs provided by staff from WACHS or through partnership links with visiting services continues to grow providing our communities with the best possible health care options available.

WACHS is governed by a Board of Directors which consists of seven Aboriginal community members and the two recently added board positions for specialist non-member directors. These are elected annually by the Community. The Board of Directors provides the strategic direction of the organisation and works in close consultation with the Chief Executive Officer to ensure that organisational, community and funding outcomes are being achieved in line with our Strategic Plan.

WACHS employs 130 staff including Visiting Specialists across all service locations.

WACHS Locations



WACHS Vision

WACHS is acknowledged and respected as an organisation of excellence which is demonstrated by a healthier Aboriginal community.

WACHS Mission Statement

To advocate for and facilitate the achievement and maintenance of health outcomes consistent with Aboriginal peoples' evolving notion of cultural wellbeing.

Purpose

WACHS plans, delivers, co-ordinates and advocates for effective clinic and community-based primary health care services to the Aboriginal community.

WACHS Objectives

- a. Provide culturally appropriate primary health care service for Aboriginal people and the wider community within the Wellington shire.
- b. Administer and operate an Aboriginal Medical Service within the legal framework, funding agreements and the capacity of WACHS.
- c. Enhance the health status of the Aboriginal community in Wellington shire including, Nanima Reserve.
- d. Involve Aboriginal people in the planning and provision of primary health care services.
- e. Provide professional development for our Aboriginal Board and staff to support their roles and responsibilities within WACHS.
- f. Support and assist Aboriginal people to better utilise existing holistic health care services.

WACHS Board 2020

CHAIRPERSON



Marsha Hill



SECRETARY



Philippe Bell



TREASURER



Graham Blackhall



PUBLIC OFFICER



Linda Baxter



DIRECTOR



John Ah See



DIRECTOR



Glenda Bell



DIRECTOR



William Hill

Chair Report

On behalf of the Board we would like to present to you our 2019/20 Annual Report for our organisation, which is 28 years old and still growing and expanding whilst servicing our Communities.

It has been my pleasure to be Chair of the Board of Directors for Wellington Aboriginal Corporation Health Service (WACHS) during what has been an unforgettable 6 months navigating through the Worldwide Health Pandemic COVID-19.

COVID-19 has been an extremely taxing time for our CEO, Executive Management, Team Leaders and Staff, who have worked tirelessly to keep our communities safe and healthy during this time.

A special thank you to all our Staff, who have continued to work through this Pandemic and come up with new and innovative ideas in order to work and communicate with their Clients and Patients.

We have been celebrating the success in our Mt Druitt, Penrith and Wellington Clinic's during the last 6 months as we have seen a significant increase in Flu Vaccinations against the previous year. This is an amazing result and the Board would like to thank all the Clinic Doctors, GP's, Nurses and Staff who have assisted to keep our Clinics open and operational during this time.

Our CEO, Darren Ah See, has provided the guidance and strength to lead our organisation through COVID-19. He continues to work with our partners and funding bodies to maintain our strong relationships and strives to improve the positive outcomes for the organisation through his leadership.

Our CEO is supported by an experienced Executive Management team, which has expanded this year to include a new role that covers all legal and contracts for WACHS. The team support Darren

with all the operational issues and assist in the continual growth of the organisation.

This year we are acknowledging staff that have worked over 10 years for the organisation and we congratulate them for their loyalty and contribution to WACHS.

Our GWAHS ANFPP team have been busy renovating their Mt Druitt offices to accommodate the Connected Beginnings team who have moved over from the Mt Druitt Clinic due to an expanding team. Both teams have settled into their newly changed environment.

The Penrith Clinic has been operating since March 2019 and we have seen the number of clients grow during this period, even with the COVID-19 Pandemic. We have 727 new clients to the service since we have opened this Clinic and we envisage this will only continue to grow in the next 12 months.

Our first Blue Mountains operation currently has a Development Application in with the Blue Mountain's Council and we look forward to seeing this site become a new WACHS Health Facility servicing the Blue Mountains by Christmas.

The Moree Aboriginal Residential Rehabilitation Service team have had to endure some issues during the Pandemic which saw no intakes coming into the centre but are back on track and continuing to make great achievements in their outcomes.

2020 has been a testing time for all and I look forward to working with our Directors and Staff to continue providing professional and culturally appropriate Health services to the Wellington, Dubbo, Moree and Western Sydney Communities.

Regards

Marsha Hill

Chairperson

CHIEF EXECUTIVE OFFICER



Darren Ah See

Executive Team 2020

EXECUTIVE MANAGER OPERATIONS



Melissa Mills

EXECUTIVE MANAGER GWAHS



Tim Horan

EXECUTIVE MANAGER COMMUNITY PROGRAMS & SERVICE DEVELOPMENT



Janet Curran

FINANCE & CORPORATE SERVICES



Paul Mills

EXECUTIVE MANAGER COMMUNICATION, MARKETING & ENGAGEMENT



Jodie Evans

LEGAL COUNSEL



Jen Conn

CEO Report

WACHS has continued to work towards achieving our priorities in 2020 as part of our Strategic Plan that will take us through to 2021.

The past year has seen WACHS continue our expansion of comprehensive primary health care services throughout Wellington, Dubbo, Moree and Western Sydney.

This year we have achieved the opening of our new Penrith Clinic, refurbished our Mt Druitt Clinic in two weeks over the Easter and Anzac Holiday period and expanded our ANFPP GWAHS team whilst moving into our new Luxford Road premises in Mt Druitt. We are also in the process of progressing a clinic at Katoomba which will support our Blue Mountains Healthy for Life program.

Our Wellington Clinic has also received a facelift with new reception artwork reflecting our local community and heritage.

WACHS have continued to have positive outcomes this year and this has been thanks to our committed and dedicated Staff who have consistently raised the bar on our services and programs being offered across all sites. We have continued to offer dedicated training internally and externally to continually develop and support Staff with the knowledge required to perform their day to day roles.

I have always stated our continued success and growth as an organisation, is attributed to our dedicated and committed Staff and WACHS would not be in the position it is at this time without our Staff.

WACHS have also recently added an additional position to the Executive Management Team, who again have been an integral part of the growth we have experienced and assisted with the many achievements completed in the past year.

My role is reliant on us all working as a team to achieve the desired outcomes for WACHS and our ongoing success would not be possible without their continued support.

Marsha and our Board Members have put a lot of time and effort into our strategic direction and planning this year. Our Board expansion, which include two new independent Directors, has been stalled by lack of interest as well as the COVID-19 virus. This recruitment process is expected to recommence once the virus allows us to progress this.

Partnerships and key stakeholders are vital for WACHS to exist and operate and we have continued to grow these in 2019. We acknowledge the support of our partners from government, non-government and the private sector.

WACHS will continue our journey to provide the best possible culturally sensitive health and well-being services to the communities we service and I am excited to see what we 2021 will bring for our organisation.

Regards
Darren Ah See
Chief Executive Officer

Finance Report



Program purpose

To develop, implement and manage the corporation's financial management systems including payroll services.

Aim of program

To provide sound financial management of the Corporation including:

- Maintaining appropriate systems and structures to record, explain and analyse financial transactions.
- To implement financial systems and targets that promote sustainability (including liquidity, self-generated income, and net asset targets).
- To support organisational growth through sound financial management strategies.
- Monitoring the application and condition of the Corporation's assets.

Outcomes of program

The Corporation:

- Recorded a surplus of \$294,894. Surplus funds are set aside for future investment, including asset replacement and other capital improvements;
- Holds retained earnings of \$15,183,308;
- Is in an exceptionally strong financial position, with \$3.24 in current assets for every \$1 of current liabilities.

In 2020 WACHS invested additional funds into:

- The creation of a salary structure that provides consistency in salaries across programs and locations.
- The establishment of two new Executive Management positions to support our expanding operations.
- Supporting community initiatives through community sponsorships and financial assistance to community groups and schools.

The audited financial statements confirm the following highlights:

Total all source income of \$21,184,515 (2019: \$22,006,207). A budgeted reduction in funding arose as a result of the completion of Capital projects funded on a one off basis in 2019 and the finalization of some Western Sydney programs. Medicare income (and other medical fees) increased to \$2,737,959 (2019: 2,340,521), with annual growth of 17% recorded.

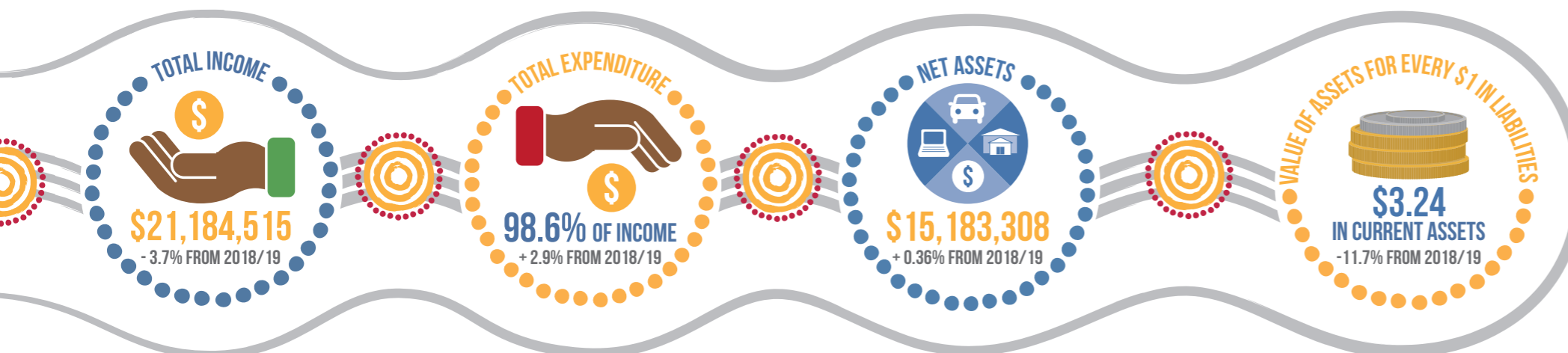
Total expenses represented 98.6% of all source income (2019: 95.74%). This increase is the result of planned additional investments in salary equity, additional executive management positions

and increased investment in sponsorships and community support.

Current ratio: For every \$1 in current liabilities, the Corporation has \$3.24 in current assets. This compares to \$3.67 in 2019. The current ratio remains well above the minimum target (\$2 in current assets every \$1 in current liabilities). The reduction from last year is attributable to the adoption of revised accounting standards in relation to lease liabilities and right of use assets. Those new standards require that we take up as a liability the future value of leases as a liability (\$656,502 included as a current liability and \$1,544,895 recognised as a non-current liability) and offset the future benefit as a Right of Use asset (non-current asset \$1,967,568). As the current ratio is used as a test of liquidity, it is calculated by using current assets (which do not increase under the new standard) and current liabilities (which increased by \$656,502. If we ignored the new standard a ratio of \$3.94 in current assets for every \$1 in current liabilities would be achieved.

Net Assets: The corporation have net assets of \$15,183,308 compared with \$15,129,188 in 2019.

The Corporation is in a strong financial position.



Aboriginal Cultural Learning & Development



Program purpose

The purpose of Aboriginal Cultural Learning and Development Project Officer is to ensure that Wellington Aboriginal Corporation Health Service (WACHS) can demonstrate cultural protocols and practices that contributes WACHS as a Cultural Centre of Excellence.

Aim of program

- Support the Executive Managers in the implementation of WACHS Aboriginal Corporation Aboriginal Cultural Strategic Framework.
- Develop guidelines, systems, and instruments for achieving and maintaining cultural integrity throughout the cultural continuum of WACHS.
- Provide high level and complex advice and assistance to Team Leaders on the project management process within the core functions of WACHS Aboriginal Cultural Learning and Development Project Officer.
- Coordinate and facilitate WACHS involvement with external partners to ensure WACHS meets its obligations in relation to these outcomes.

Outcomes of program

- Six, 2 day Strategic Planning and Team Development Sessions were delivered with Action Plans Completed for each team across the organisation.
- From the Strategic Planning and Team Development Sessions, 6 reports and recommendations were tabled for the WACHS Executive and Board to form part of the strategic plan and cultural framework.

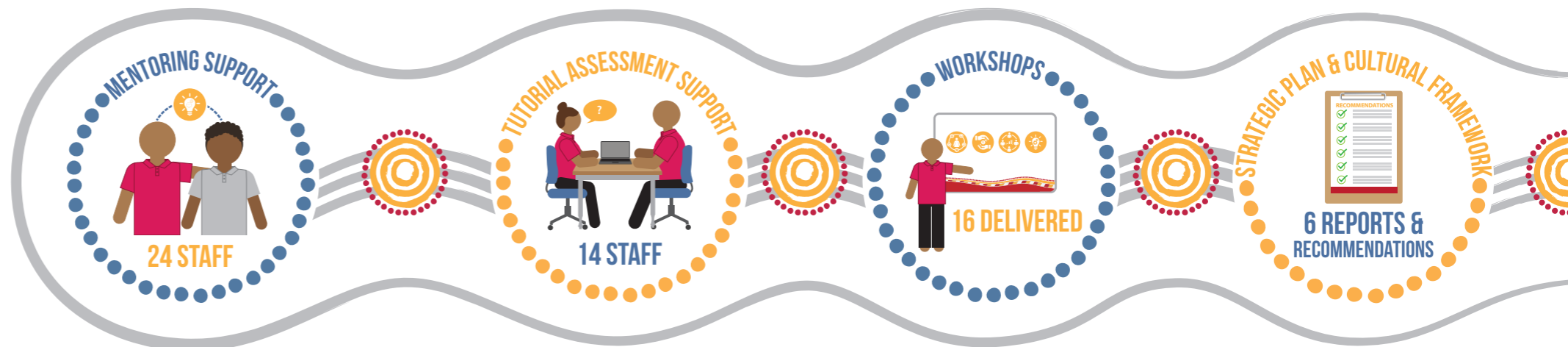
- A total of 7 Workplace and cultural induction information sessions were completed across WACHS and GWAHS for new staff that have come to work for WACHS.
- Coordinated the induction and training of four new Trainees prior to them starting their work throughout the organisation. Three of the Trainees are enrolled to complete the Certificate IV Aboriginal Health Worker course and one in Cert IV Accounting and Bookkeeping.
- Development of The Prison to Work program – a 2-day interactive workshop for men and services across the geographic footprint of the Pilot program.
- Compliance with Commonwealth, State and Regional, as well as Special Projects reporting requirements for WACHS and GWAHS.
- Train the Trainer, Peer Supervision workshop for both WACHS and GWAHS Social & Emotional Wellbeing Teams. The course mirrored clinical

supervision and case management and allowed staff to bring difficult or challenging situations to the workshop and discussions were held about how to deal with the issues and what potential outcomes were possible.

- Creation of two Special Directors positions and the recruitment process for WACHS Board.
- Mentoring support for WACHS and GWAHS staff, including 6 GP Registrars and 18 Speech Pathology students.
- Currently developing Quality Improvement Performance and Clinical Governance administrative projects, Cultural Framework, a Training Register for staff and the board.

- Provide Team supports across the organisation consisting of work plan templates, Reporting templates and tutorial support assessment sessions (Cert IV Youth Worker x1, Cert IV Aboriginal Health Worker x 6, Diploma Leadership Management x 4, Cert IV Leadership Management x 3).
- Evaluation team representative for Tackling Indigenous Smoking and Prison to Work programs.
- Worked on Case study development for SEWB, TIS, Speech Pathology and GP Registrar training programs.

The graphics represent workshops, mentoring support and tutorial assessment support provided to staff across the organisation, including WACHS and GWAHS.



Quality

WACHS continues to be dual accredited against two key industry standards through AGPAL and QIP. These include:

- RACGP Standards of General Practice 5th edition
- QIC Health and Community Service Standards 7th edition

We are proud to uphold the values and critical indicators of these standards across our programs and ensure best practice for our staff, clients and community. Reflecting on these standards, implementing quality initiatives and gathering evidence in line with these benchmarks has allowed us to continually grow and improve our service offering and business operations.

Congratulations to our newest clinic located at Lawson Street Penrith that achieved accreditation against the *Royal Australian College of General Practice Standards 5th edition*, within 6 months of opening to the public.

Our Mount Druitt Clinic located on Palmerston Road successfully completed their RACGP self-assessment in March 2020. Due to the COVID-19 restrictions placed on accreditation bodies by the Australian Safety Commission we have not yet hosted an independent assessment team on site, as these processes are currently on hold until further notice or when NSW is classed as being in the 'recovery phase' of the COVID-19 Pandemic.

Our organisation wide accreditation known as *QIC Health and Community Service Standards 7th Edition*, support us to improve client and community engagement, diversity and cultural appropriateness, management systems,

governance and service delivery while committing to a cycle of continuous quality improvement.

WACHS achieved these standards in March 2019 but have continued to implement improvements as a result of this process and engage in long term implementation plans and progress reports. Our progress against these standards will undergo a mid-cycle review in November 2020.

An exciting achievement for 2019 and 2020 has been the implementation of an organisation wide Clinical Governance and Quality Committee. This has significantly improved our communication and ongoing commitment to quality through representation from all our geographic locations. It ensures we are consistent in our approach to governance and quality and are aligned with our strategic plan.

Each and every staff member contributes to our success, growth and continual improvement and we are always thankful to our staff for their teamwork and commitment in achieving our goals.



Strategic plan

In acknowledgement of Wellington Aboriginal Corporation Health Service's (WACHS) development and growth over the past 3 years, the Strategic Plan 2017-2020 focused on consolidating the current strengths of the organisation as well as driving future achievements.



Deliver client-centred services that prioritise wellness and holistic care



Adopt and implement models of care that deliver value



Collaborate to improve population outcomes



Innovate for sustainability

Work Health & Safety



Program purpose

To ensure our organisation is compliant with all Work Health and Safety (WHS) regulations, as well as WACHS policies and procedures.

Aim of program

To provide a workplace that is free from hazards and manages risk in accordance with our legal obligations that allows staff to deliver on our commitment to improving the quality of healthcare in the communities that we serve.

Objectives of program

Create a workplace and community service that is environmentally sound, ensures the safety of staff, patients and visitors against harm by promoting and providing education and training related to Work Health and Safety.

Outcomes of program

A key responsibility as Chairperson for Work Health and Safety is the initial scoping and assessment of

all existing and new buildings and environments to ensure compliance before occupancy and then ongoing monitoring, evaluation, reporting and compliance of the physical and living risks associated with the buildings and work place of WACHS and associated sites.

To ensure a high standard of Work Health and Safety across the organisation we have delivered ongoing training throughout the year, including Fire Training, Work Health and Safety Education Days, CPR and First Aid. All Staff have also completed Infection Control modules on AMSED.

Monthly WHS Action Plans have been developed, with a different focus area for each month, such as emergency procedures, manual handling, infection control, staff health and wellbeing, ergonomics, setting up a workspace at home and slip, slop, slap and slide.

Resources had been developed and sent out to staff during their time working from home, reflecting each months WHS focus.

We also report on the Incidents that have happened internally with staff, car accidents, client behavior, hazards, falls and these are discussed with the committee. The incidents are reported by staff and the committee makes sure the correct action has been followed to avoid the situations occurring again.

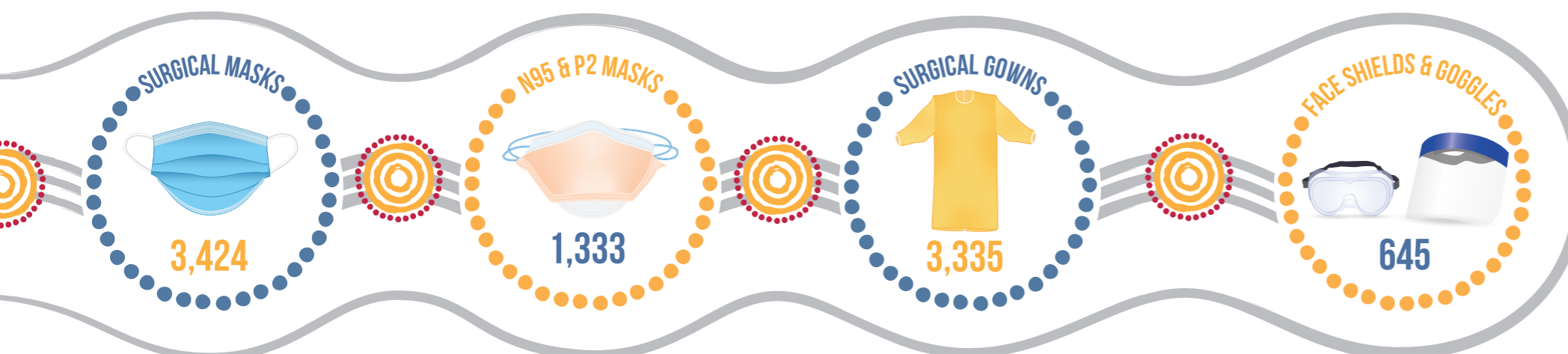
COVID-19

The COVID-19 Pandemic has emphasised the importance of strong WHS policies and procedures, in particular, Infection Control. WACHS has been proactive in implementing WHS procedures for staff and clients in line with the

latest advice from NSW Health. Initiatives have included;

- Gloves – all sites order their own gloves.
- Hand sanitizer and touchless stands were provided for all sites.
- Wellbeing emails sent out to staff checking on their state of mind during COVID-19 and how they are coping, ensuring they have someone to talk to if needed.
- Cleaning of all clinics and offices has included COVID-19 procedures as per SafeWork Australia and NSW Health standards.
- Updated Safety Data Sheets to coincide with changes due to COVID-19.
- COVID-19 resources such as posters, signage, floor markings, social distancing, protection barriers and sneeze guards are in use in all WACHS buildings.
- Ongoing changes made as deemed necessary from NSW Health and WACHS Management.
- PPE such as masks, goggles, face shields and gowns were secured at the start of the Pandemic, despite shortages. Resources showing the correct use of PPE including safe removal and disposal of PPE were created and placed around the clinic.

The statistics represent the amount of PPE that WACHS has purchased during COVID-19. These resources were at times unavailable so managing stock was imperative.



Cleaning & Hospitality



Program purpose

To ensure that all of our Dubbo and Moree premises are cleaned and compliant with all WHS regulations, policies and procedures, as well as accreditation standards.

Aim of program

- To ensure that staff have a work place that is clean and maintained within standards.
- Maintain SDS Folders so that staff are aware of safety standards around chemicals used in the workplace.
- To maintain adequate cleaning supplies at all times for all premises.

Objectives of program

Create a workplace where all staff feel comfortable knowing that their work areas are clean and meet all cleaning standards, especially during COVID-19 times.

Outcomes of program

- Fully trained on all cleaning processes.
- All buildings fully stocked and cleaned.
- Updated SDS sheets held at all premises at all times.
- Adequate supplies on hand so that we do not run short when supplies are scarce during COVID-19.
- Installed mixing stations which ensure accurate and efficient dilution and use of the cleaning product, which saves time, money and makes cleaning easier.
- Constantly in contact with contract cleaners (Moree) to ensure satisfactory service.



COVID-19

The Coronavirus Pandemic (COVID-19) has brought many countries around the world to a standstill. We have seen the death tolls rise and the number of cases in Australia go up and down depending on States and heavy restrictions put in place to try and stop the spread of this virus.

Whilst Coronavirus was spreading in the initial stages, our clinics were kept operational and all other programs and staff were instructed to be based from home. This provided it's own challenges with the staff requiring laptops, internet, office equipment and mobile phones to be able to keep in touch with their fellow staff members and clients. The set up of Lifesize and Zoom video conference meetings became the new "normal" morning briefing during this period.

Our Clinics at Mt Druitt, Penrith and Wellington all had to change the way they were able to assist patients. As transport and visiting specialists were suspended, we implemented telehealth which saw our GP's and Doctors seeing patients via telephone or video conferencing, to avoid any possibility of transmitting the virus. Telehealth has allowed us to stay in contact with our Communities and in particular the Elderly and our most vulnerable.

Flu Vaccination Clinics were set up outside of the Wellington and Mt Druitt Clinics to avoid Clients coming into the Clinic and the number of Flu Vaccinations increased this year at all locations in comparison to last year's figures.

We had Risk Assessments being undertaken at the entry to each clinic where you were registered, had your temperature checked and also answered questions in regards to any flu-like symptoms you

were experiencing and where you had visited in the previous 2 weeks.

Both our Social and Emotional Wellbeing Teams at Wellington and Mt Druitt, Quit B Fit, ANFPP Mt Druitt and Connected Beginnings Teams all assisted in the Clinics by providing the Risk Assessments, Nursing staff and additional cleaning duties that were required due to the COVID-19 restrictions.

Programs such as Australian Nurse-Family Partnership program, Aboriginal Children's Therapy Team, New Directions and Connected Beginnings, which normally consist of face to face contacts with their clients and home visits, implemented new ways to stay in touch and deliver their services. Phone and video calls replaced face to face contact and activity packs were handed out with arts and craft supplies and other resources needed to help children and families continue their therapy at home. Video's of activities, stories and cooking were also made as a way to engage and connect with clients via social media.

Health promotion, from the early stages of the Coronavirus outbreak, was a main priority for our organisation. We created simple and easy to understand infographics for our communities that were continuously updated with the latest health advice. This helped address the fear and uncertainty many of our clients were feeling during this Pandemic.

Everyone has had to make changes across the organisation and adapt to COVID-19 restrictions.



NOVEL CORONAVIRUS

What is Coronavirus?

Novel coronavirus is a **RESPIRATORY ILLNESS** caused by a **NEW CORONAVIRUS**

It was first reported in **WUHAN, HUBEI PROVINCE, CHINA**

What are the symptoms?

Symptoms can range from a mild illness like a cough to pneumonia. People may experience flu-like symptoms as well as the following:



Who is at risk?

In Australia, the people most at risk of getting the virus are those who have:



If you are at risk...



How can I protect myself & my family?

The best way to protect yourself is the same as you would against any respiratory infection. Practice good hygiene by:

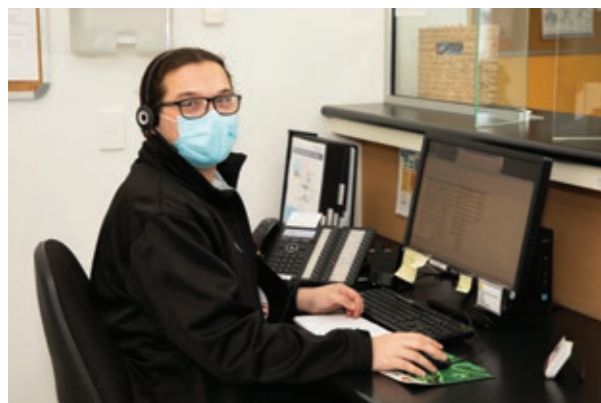


For more information call our WELLINGTON CLINIC on 02 6845 5400

Trainees



WACHS has successfully recruited four trainees as part of our commitment to workforce development – a key area of our Strategic vision. The trainees will complete 12 months of blended learning and workplace experience. Three trainees have placements at our Wellington Clinic whilst completing a Certificate IV Aboriginal Health and one with the Finance team to complete the Certificate IV Accounting and Bookkeeping.



Shannon Stewart

I am an 18 year old Wiradjuri Man from Wellington. I attended Wellington Primary School and High School then moved to Sydney from year 9 until start of year 11, then returned to Wellington to complete my Higher School Certificate.

I applied for this traineeship because I have an interest in the health sector and WACHS is an organization I have wanted to work in for a long time. My mother worked at WACHS for 15 years and it inspired me to also work in the same pathway.

Apart from studying to gain a Cert IV in Aboriginal Health Work, I have been doing COVID-19 screens, data entry, appointment bookings and client

engagement and transport. I have also been successful in gaining fulltime employment in the admin and reception team at the Wellington Clinic.



Kathryn Newman

I was born in Wellington and attended Nanima Preschool, Wellington Public school and Wellington High School where I completed my HSC. I played sports all through school. I had a great opportunity to go to the Northern Territory with NASCA to visit some remote communities and absolutely loved it.

When I finished School, I got a job at the Wellington Aboriginal Land Council, doing Administration for them and also for Wellington Aboriginal Co-Operative Society. I learned a lot during this time and then applied for the traineeship and was lucky enough to get it.

Since starting my traineeship, I have been helping Reception Staff with admin and COVID-19 screening, assisting Doctor's with producers, helping clinical staff out doing pre consults, ECG, ABI, INR and Hba1c. I have also been learning how to structure my work day so I am more productive. I really would love to give back to my community.



Amekah Honeysett

I am 20 years old, born in Sydney and raised in Wellington. I attended Wellington Primary School before moving back to Sydney in 2011, to attend Balmain Secondary College. I returned to Wellington and attended Wellington High school until I left school at the start of year 10 and decided to attend ALESCO at the Wellington TAFE where I finished and received my year 10 certificate.

Since working at WACHS as a Trainee, I have been helping reception staff with admin and COVID-19 screening, helping Doctors with procedures, Clinic Staff with pre-consults, ECG's, ABI's, INR and HBA1C. Also how to manage my time more effectively.

In the future I would like to become an Aboriginal student support officer.



Ethan Colliss

I am a proud Wiradjuri/Murrawarri man, raised and still living in Wellington.

I started working for WACHS as one of four Trainees in early June 2020, working with the finance crew as I look to complete my certificate 4 in accounting and bookmaking. I'm learning new things on the job each day, such as how to prepare financial reports, ledgers and operational budgets; how to set up and operate cloud-based accounting systems; managing payroll, preparing Business Activity Statements (BAS), registering as a BAS agent; designing and producing professional and accurate business documents and Small business planning, including basic set-up.

I'm really enjoying my time here as everyone has made me feel comfortable and welcome.

Long Service



This year we are celebrating some noteworthy achievements. These milestones have been completed by our dedicated staff listed below who have been working for WACHS over the past 10 years plus.

We thank them for their dedication and ongoing support of the organisation.

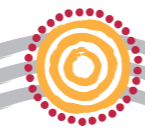
KATHY RICHARDS
10 YEARS

A circular portrait of Kathy Richards, a woman with short dark hair and glasses, wearing a pink polo shirt and a dark vest. The portrait is set within a decorative frame of yellow and red dots.

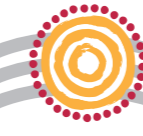
CHERIE BELL
10 YEARS

A circular portrait of Cherie Bell, a woman with blonde hair, wearing a pink polo shirt. The portrait is set within a decorative frame of blue and white dots.

SUSAN COON
11 YEARS

A circular portrait of Susan Coon, a woman with dark hair, wearing a dark polo shirt. The portrait is set within a decorative frame of yellow and red dots.

JENNY BOURKE
12 YEARS

A circular portrait of Jenny Bourke, a woman with short dark hair, wearing a dark polo shirt. The portrait is set within a decorative frame of blue and white dots.

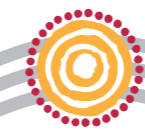
SHARON AH SEE
13 YEARS

A circular portrait of Sharon Ah See, a woman with dark hair and glasses, wearing a dark polo shirt. The portrait is set within a decorative frame of yellow and red dots.

JACKIE TIERNEY
14 YEARS

A circular portrait of Jackie Tierney, a woman with short blonde hair, wearing a dark polo shirt. The portrait is set within a decorative frame of yellow and red dots.

DARREN AH SEE
17 YEARS

A circular portrait of Darren Ah See, a man with short dark hair, wearing a dark polo shirt. The portrait is set within a decorative frame of blue and white dots.

LAI PECKHAM
18 YEARS

A circular portrait of Lai Peckham, a woman with dark hair, wearing a dark polo shirt. The portrait is set within a decorative frame of yellow and red dots.

ANITA DWYER
18 YEARS

A circular portrait of Anita Dwyer, a woman with blonde hair, wearing a dark polo shirt. The portrait is set within a decorative frame of blue and white dots.

PAULINE WICKS
19 YEARS

A circular portrait of Pauline Wicks, a woman with short dark hair, wearing a pink polo shirt. The portrait is set within a decorative frame of yellow and red dots.



**Wellington Aboriginal
Corporation Health Service**

Wellington Clinic



Program purpose

To plan, deliver, co-ordinate and advocate for effective clinic and community-based primary health care services to the Aboriginal community.

The clinic provides care in the way of GP services, primary clinical care by Nurses, Aboriginal Health Practitioners and visiting specialist services such as Podiatry, Diabetes Education and counselling services.

Our reception and transport staff are vital to the daily operations of a smooth running clinic.

Aim of program

- To have a healthier community by providing services that can be accessed easily by the Aboriginal and wider community of Wellington.
- Increase services at the clinic to reduce the burden of patients having to travel and costs associated with specialist care.
- Increase the accessibility to specialist care for patients and their families.

Outcomes of program

GP's

Dr Bijay Pandey, Dr Pubudu Jayaweera and Dr Caroline Ivey continued providing GP services as permanent WACHS staff.

Our GP's have continued their professional development, with Dr Bijay completing a Graduate Certificate in Psychiatry in May this year. Dr Ivey has progressed from a registrar to a GP Fellow and Dr Pubudu continues as a Level 3 Registrar and will sit his exam in late 2020 to progress.

Registrar Dr Bo Bo left early in 2019 and we struggled with appointment availability till the end of the year.

At the start of 2020, we were lucky enough to secure another registrar, Dr Pyone Nyunt, who will be with us until February 2021 and has increased our appointment availability again. Dr Fatema Shabnam also started in August 2020.

It was business as usual until COVID-19 hit and we moved to a large portion of telehealth consults to reduce the risk of transmitting the virus to community and staff by minimising contact.

Patients have slowly been returning to face-to-face consults, with doctors and staff continuing to screen clients. Masks have been made mandatory throughout the clinic to further reduce the risk of spreading COVID-19.

Clinic numbers represent Wellington Clinic's client contacts for all clinic services (total), GP's, Clinic Nurses and Aboriginal Health Practitioners for the 2019-20 financial year.

Clinic Nurse

The Clinic Nurse role was vacant from February 2020 and we were not successful in being able to recruit a suitable candidate for this role.

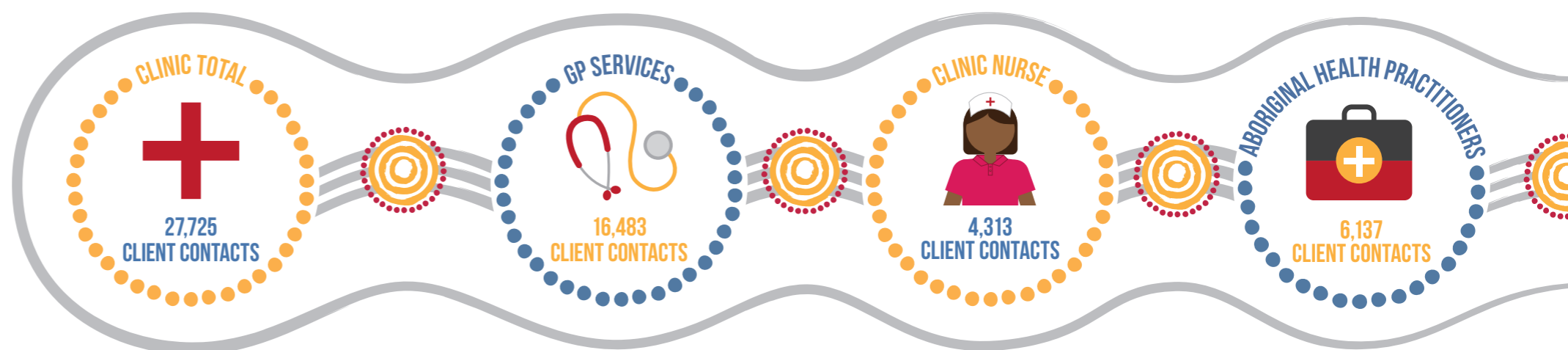
We are now looking at upskilling our Aboriginal Health Practitioner, Denise Barwick who will start her Nursing study at the end 2020 and continue to work in the Clinic.

During the last 6 months staff including Jay, Anita, Lai, Aidan and Denise have supported the clinic needs with the shortage of staff and the demands from COVID-19.

Aboriginal Health Practitioners

The Clinic currently has two Aboriginal Health Practitioners (AHP) – Lai Peckham and Denise Barwick. While Aleisha Stanley is training to become an Aboriginal Health Worker.

Unfortunately, this year we have said goodbye to AHP's, Angela Frail and Aidan Ryan. This has had a big impact on the teams. We have had to come up with some different strategies to up skill existing staff that we have, which has helped some staff change roles within the organisation and allowed us to attract new staff through other avenues.



Reception

Reception staff have continued to play a vital role in coordinating and advocating for staff and patients, booking appointments and more importantly being vigilant and screening all people entering the clinic.

Our Reception team includes Fallon Ah-See as Administration Coordinator, Tjanara Talbot and Shannon Stewart as Medical Receptionist and Transport officers. Aleisha Stanley has moved to the role of Aboriginal Health Worker.

Transport

Transport has always played a key role and continues to in reducing the burden of timely access to vital services within Wellington, Dubbo and Orange.

Transport numbers were steady and not much was different to last year only that from March when transport services were impacted by COVID-19, we went to offering more local taxi services and bus vouchers for out of town appointments.

Patients also had the option of fuel assistance if family or carer's had cars that were able to provide the transport.

Our transport policy ensures that the patients that are in need of this service are our priority.

Visiting Services

Podiatry

Our Podiatrist Sam, has continued to provide WACHS with 3-4 clinics a month. Although some clinics had to be cancelled due to COVID-19 but

we have recently started back with clinics filling back up quickly.

Cardiology

Dr Katrina Adorini has continued to offer visiting Cardiologist service's to WACHS clients. During times with travel restrictions, we have continued this service via telehealth. This has been a combination of one of our GP's performing the examination with the patient and Katrina observes and guides in consultation with the GP.

This service has helped us improve access and reduce wait times for patients and Katrina has also helped us connect with Heart Bug (<https://www.heartbug.com.au>). Heart Bug has recently sent us some devices that we will use in the near future to help identify and monitor certain cardiac clients. We are the first Aboriginal Medical Service to work with this advanced technology.

Diabetes Educator

Allison Logan from Marathon Health visits the Clinic to provide Diabetes Education services.

Diabetes Education services have increased due to our clients all attending their appointments and this in turn helping us to secure more clinics for Wellington due to the positive uptake. Diabetes Education services have not been impacted as such by COVID-19, as this service continued via telehealth.

Psychiatrist

We have been fortunate enough to be involved in an ongoing trial with Orange Mental Health Service, which allows us to book clients in for

Psychiatrist appointments on a weekly basis. These consults are via telehealth or Video link up. This has been going on for about 12 months and working well.

Referrals for this service are to be made by a WACHS GP for suitable clients.

Counsellor

Lyndall from Marathon Health provides counselling sessions on a fortnightly basis at WACHS. Clients need to be referred by their GP with a current Mental Health Care Plan. This counselling service is for mild to moderate Mental Health issues that are not acute.

Home Medicine reviews

The Pharmacist that visits from Marathon Health was vacant for half of 2019 and in 2020 Alice Nugent recommenced but was short lived due to COVID-19. Alice is planning to return to WACHS in October 2020 to start services again.

Asthma puffer and spacer use

The clinic increased Spacer and Ventolin education opportunistically through Health Checks and screening. We have been able to hand out over 50 Spacers to Aboriginal clients to increase effectiveness of puffer medication.

Smoking cessation

The clinic has continued to support and provide clients with NRT to assist with quitting smoking. Items provided include, patches, inhalers, gum, lozenges and mist. We still have plenty of stock to continue this for the next 12 months.



These numbers represent Wellington Clinic's client contacts for Visiting Services throughout the 2019-20 financial year.

Drug and Alcohol Counsellor

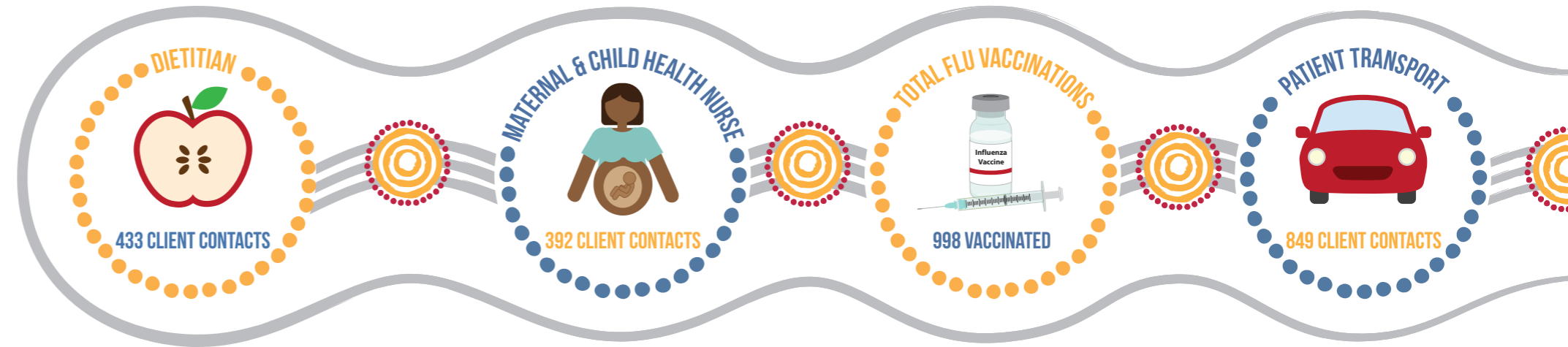
Noble from the Local Health District has continued to provide face-to-face clinics on a weekly basis at Maxwell Street Clinic. Referrals have been from GPs, Aboriginal Health Practitioners and other program staff.

Noble did cease coming to WACHS for 5 months during COVID-19 but was able to be accessed at the Community Health Service in the interim and recommenced on site from September 2020.

COVID-19

During 2020, the Pandemic impacted health service delivery across NSW and the rest of Australia. The WACHS Clinic adapted rapidly to the State and National Health guidelines in real time to ensure that patient healthcare remained a priority. WACHS has adopted and tailored strict COVID-19 risk assessments to ensure safety for staff and our

Community. During this COVID-19 period, phone consultations (telehealth) have increased to allow flexibility in providing health care and by having fewer Clients in the Clinic to stop the spread of COVID-19.



Flu Vaccination Clinics were set up outside of the Clinic to allow for less clients coming into the building and reducing possible transmission. All visiting specialists were unable to visit the Clinic during this time but some provided telehealth options for our Clients.

Transport was impacted heavily and ceased with other options offered to patients to ensure access to health services and minimal delays in Health care provided. WACHS has supported transports during this period via Taxis, Bus vouchers and fuel assistance.

Indicators provide data on the process of care across a range of performance areas. These clinical data sets demonstrate areas in which we are achieving and areas in which we have opportunity to improve by using data to inform our planning and clinical service delivery models.



Healthy for Life

WELLINGTON



Aim of program

The Healthy for Life Program is a vital conduit between our patients and Health staff. Our program plays a vital role in providing support and advocacy as patients navigate the Health system.

Objectives of program

- Improve chronic disease care by prevention, early detection and management of chronic disease.
- Improve the availability and quality of child and maternal health services.

Outcomes of program

Aboriginal Health Practitioners

WACHS has a dedicated team of Aboriginal Health Practitioners (AHP) as part of Healthy for Life, that supports safe and culturally appropriate, holistic services to our community.

Our AHP's have individual portfolios ranging from Antenatal Clinic in collaboration with Swift St Clinic, Women's Health, Weekly Exercise Groups at Hardnox, Dubbo Liver Clinic support, pharmacist support & skin checks.

Child and Maternal Health Nurse

Trish Thorne was with WACHS for 9 years, contributing to the vital immunisation statistics that have been a stand out over the years.

The clinic has continued to provide Child and Maternal Health services such as Health Checks for 0-6 year olds and immunisations, despite being without a Child and Maternal Nurse since January 2020. The position has been advertised three times without any success to date.

Get Well Camp

Our Healthy for Life and Social Emotional Wellbeing (SEWB) Teams partnered to design

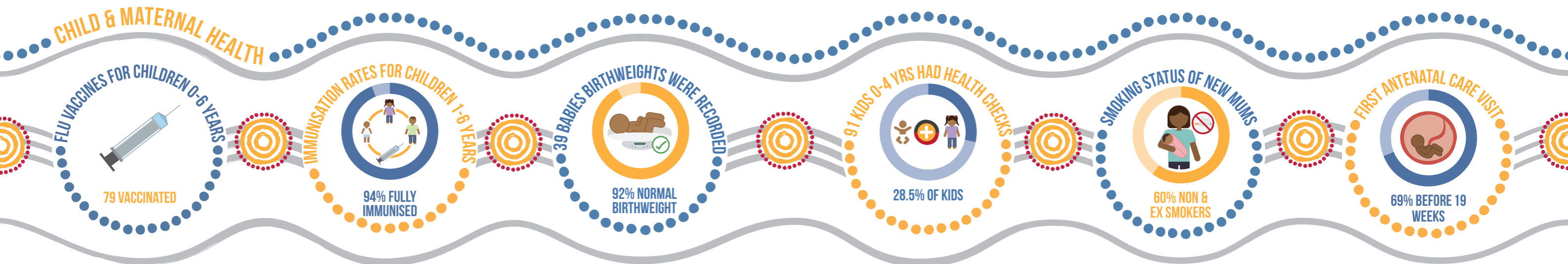
a program for the purpose of promoting and advocating the different support services that are available to access for our clients in the Wellington Community.

The Get Well Camp was designed to give a social emotional wellbeing and a healthy lifestyle focus, with its activities throughout the 3 days outlining processes and generating discussion which helped encourage the participants to build good relationships with each other and their families.

Each session also provides support and resources that aim to break down the barriers of our community members seeking medical attention,

advice & support as well as focusing on the importance of their own social and emotional wellbeing and the role this can play in their physical health. During the camp, attendees were also provided information about WACHS and the range of services that we provide for the benefit of the Community.

The target age group attending the well-being camp were clientele between 30-70 years of age, with either an identified chronic illness and/or were accessing social and emotional wellbeing support from the SEWB team. There was also a limit on participants due to available



accommodation facilities, so total numbers were 30. The camp was a 3 day program and gave the participants a variety of information and explored the services that are available for them to access within their Community.

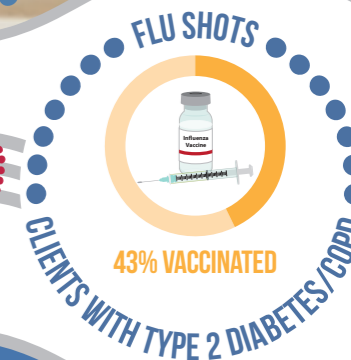
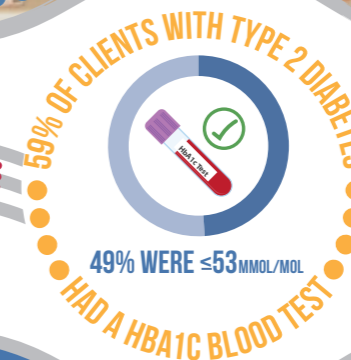
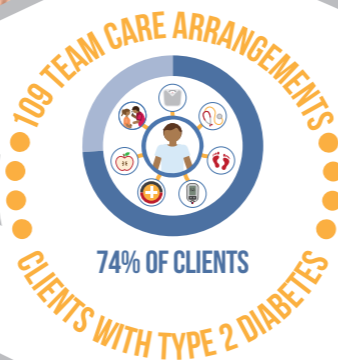
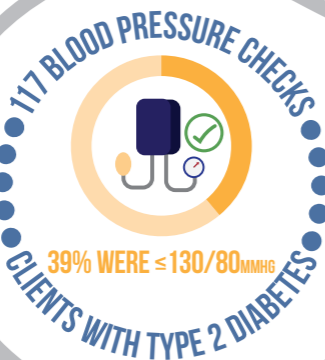
The Camp was held at Wellington Caves and sessions were delivered by support services, Maribinya, an organisation that helps clients who have a chronic illness with different medical costs.

The SEWB team presented on their programs and the support they provide and Community Health and The Clinic delivered a session on Men's and Women's business and how the Clinic processes work. There was also sessions on Diabetes, Healthy Eating, aptly named "eat well to live well" presented by the Dietician and Drug and Alcohol presented by the SEWB D&A worker and the local D&A Counsellor.

The camp was a success thanks to the WACHS SEWB and Healthy for Life Teams who co-ordinated the Camp. It provided help to clients so they can explore the ways for Community to take care of themselves and each other, through education and knowledge of services and support available for them to access for a holistic wellness of themselves within Wellington and surrounding areas.

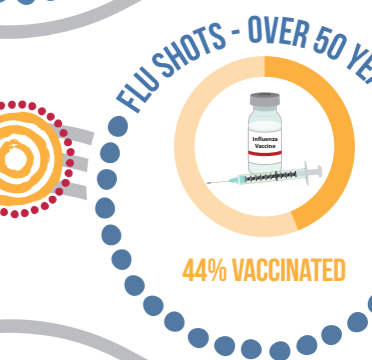
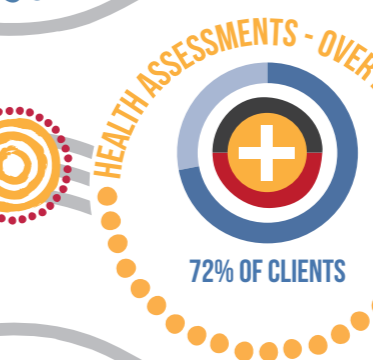
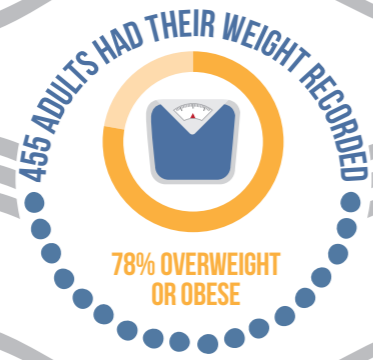


CHRONIC DISEASE



Indicators provide data on the process of care across a range of performance areas. These clinical data sets demonstrate areas in which we are achieving and areas in which we have opportunity to improve by using data to inform our planning and clinical service delivery models.

PREVENTATIVE HEALTH



Indicators provide data on the process of care across a range of performance areas. These clinical data sets demonstrate areas in which we are achieving and areas in which we have opportunity to improve by using data to inform our planning and clinical service delivery models.



New Directions

WELLINGTON



Aim of program

The Program is a child and maternal health care program that supports Aboriginal and Torres Strait Islander families and early childhood development to ensure children are ready to learn when they start school through providing access to services in five priority areas:

- Antenatal care and postnatal care.
- Standard information about baby care.
- Practical advice and assistance with breastfeeding, nutrition and parenting.
- Monitoring of developmental milestones, immunisation status and infections; and health checks and referrals to treatment for Indigenous children before starting school.

Objectives of program

The objective of the Program is to provide Aboriginal and Torres Strait Islander children and their families access to Child and Maternal Health services. The Program seeks to give Aboriginal and Torres Strait Islander families and their babies access to high quality health care services in urban, rural and remote locations across Australia with the intended outcome of helping to close the gap in life expectancy within a generation (by 2031) and to halve the gap in mortality rates for Aboriginal and Torres Strait children under five.

Outcomes of program

Occupational Therapy

Prior to COVID-19 restrictions our Occupational Therapist, Sally Brown, was engaged in collaboration with various local services to provide parenting groups, in-services and consultation

around children's specific developmental needs. Another successful project was an Indigenous weaving group at WPS Preschool, run in collaboration with Tjanara Talbot. This culminated in an excursion to the Burrendong Arboretum to collect bush materials to weave into hanging art.

With the introduction of restrictions, Sally was quick to initiate Activity Packs for Wellington child clients to support families during COVID-19 lockdown. Packs included age specific activities for three age groups as well as materials to explain COVID-19 in developmentally appropriate ways. These were distributed on two occasions to over 40 children. A third pack was created in collaboration with local services.

Sally also contributed to the WACHS series of videos by reading books and demonstrating some art and craft activities to engage parents and children in playing together. Parents and children have also been supported through regular telephone contact and telemed sessions.

Sally continues to work intensively with Children and families to build a resilient platform for learning and development. One of Sally's specialist skills is writing individualised stories, in collaboration with parents/carers, aimed at supporting children to process the changes and challenges specific to their situations.

Speech Pathology

In January 2020, Kate Porter commenced at WACHS providing Speech Therapy sessions. Kate's position is 2 days per week at WACHS. Kate offers individual sessions and includes visits to Nanima and Preschools.

Dietitian

In March 2020, Taryn Silvester commenced after this position had been vacant for 2 months. Taryn has quickly developed a strong rapport with patients. Taryn's role is 3 days a week at WACHS and 2 days at Wellington District Hospital supporting inpatients and Community Health.

Taryn done a series of videos on healthy eating, portion control and how to make healthy muffins. A cooking competition was then held, inviting families and children to make their own videos of them cooking a healthy recipe (winners pictured on page 37).

Aboriginal Community Support Worker

This role plays an important part in supporting the New Directions staff with community referrals and health education regarding Health Checks, specialist consults, Immunisations, Nutrition, Occupational and Speech Therapy, Oral Hygiene and Ear Health for Aboriginal and Torres Strait Islander children and families.

This position became vacant in February 2020 after Kacey Ryan's resignation. During Kacey's employment she completed her Nursing Diploma. This position remains vacant.



Regional Eye Health Program

WELLINGTON



Our Regional Eye Health Coordinator works with the Brien Holden Vision Institute to facilitate local and regional clinics which provide Eye Health screening and Optometry services. Clinics are bulk billed through Medicare and glasses are provided free of charge to eligible patients through the NSW Government's Vision Australia Spectacle Program or Brien Holden Vision Low Cost Spectacle program.

If patients require Ophthalmology services the Optometrist will refer them to the Outback Eye Service or the Dubbo Public Ophthalmology Clinic.

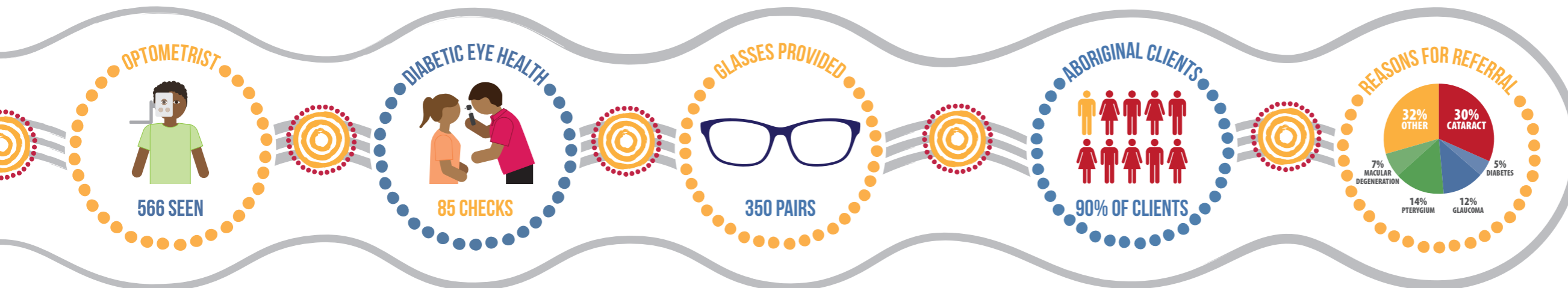
The first 8 months of the year had been successful with an increased number of clinics held in Wellington, Gilgandra, Gularganbone, Baradine, Coonabarabran, Warren, Nyngan, Trangie and Narromine. Clinics were also held at Schools and Preschools again this year.

Optometrist services and clinics ceased around March, when COVID-19 hit and restrictions were introduced, as we were unable to travel and accept clients for face to face appointments.

Patients then had to access private Optometrists in Dubbo for services we would usually provide here at WACHS.

This change in service delivery made us reflect on the Regional Eye Health program, which has been unchanged for many years and look at how we can provide a better service locally.

As a result, we hope to reduce the need for staff to travel to other towns and focus on providing a better service in Wellington for our local community and current WACHS clients.



Despite Eye Health Clinics ceasing in March due to COVID-19, more clients were seen by the Optometrist and more glasses were provided. Cataracts remain the main reason for referral and Diabetic Eye Health Checks were slightly down due to COVID-19.

Social & Emotional Wellbeing Team

WELLINGTON



SEWB Team

- Family Violence
- Drug & Alcohol
- Child & Family Project
- Social and Emotional Wellbeing Program

Program purpose

- To provide support and case management for the community in the areas of family violence, child protection, sexual assault, drug and alcohol, transition to school, school retention, family support and social and emotional wellbeing.
- To work holistically with the community and address the needs of community in a culturally appropriate and safe environment.
- To address the social disadvantage of the Aboriginal community and support the community to become the drivers of change in their own lives.

Aim of program

- To provide a holistic, culturally appropriate service, which will improve the social and emotional wellbeing of Aboriginal Community members of Wellington.
- To provide case management of clients who are facing challenges such as Family Violence, Drug & Alcohol issues, family issues, educational issues and difficulties impacting on social and emotional wellbeing.
- To empower the Aboriginal Community in Wellington with the tools and skills to make positive and healthy lifestyle decisions which will improve their lives.

Objectives of program

To provide case management for clients who access any of the SEWB programs, increase awareness of mental health, family violence, alcohol and other drug issues, family relationships

importance of education and improve the social inequalities faced by Aboriginal Communities members.

Outcomes of program

- Support families in their child's education and successful transition to school.
- School retention, through increased school attendance and retention of students engaged with the program.
- Support Indigenous Community members with greater opportunities and access to services to increase their physical, emotional and social wellbeing.

- Increased access to Drug and Alcohol services. Increased awareness of services and supports available for community in relation to drug and alcohol services.
- Increased access and awareness of Family Violence services in the Community.

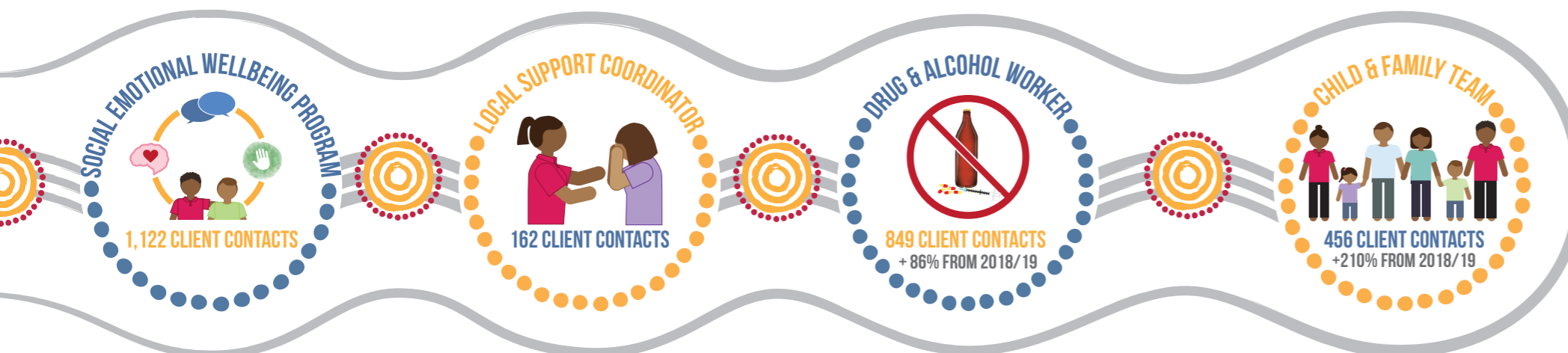
NAIDOC Celebrations – Migay Healing Group and Wellington High School

The Migay Women's Healing group worked on developing stories of growing up in Wellington on the missions and the camps for NAIDOC sessions at Wellington High School.

The women developed a slideshow and video footage of areas they each grew up around Wellington and each one of them took turns in telling their story. This not only provided our women the opportunity to reminisce about their past but also gave our youth the opportunity to hear real stories of our local history and provided them with the opportunity to understand what life was like for Aboriginal people growing up in Wellington.

These sessions were run during NAIDOC celebrations at Wellington High School where they spoke to each group about their lives, growing up on missions and reserves in the Wellington Valley

Overall, our client contacts improved due to filling positions, such as the Drug & Alcohol worker, that had previously been vacant.



and what life was like for them during this time.

The talks were well attended and all students and staff responded positively to the talks and were very engaged asking lots of questions in the sessions.

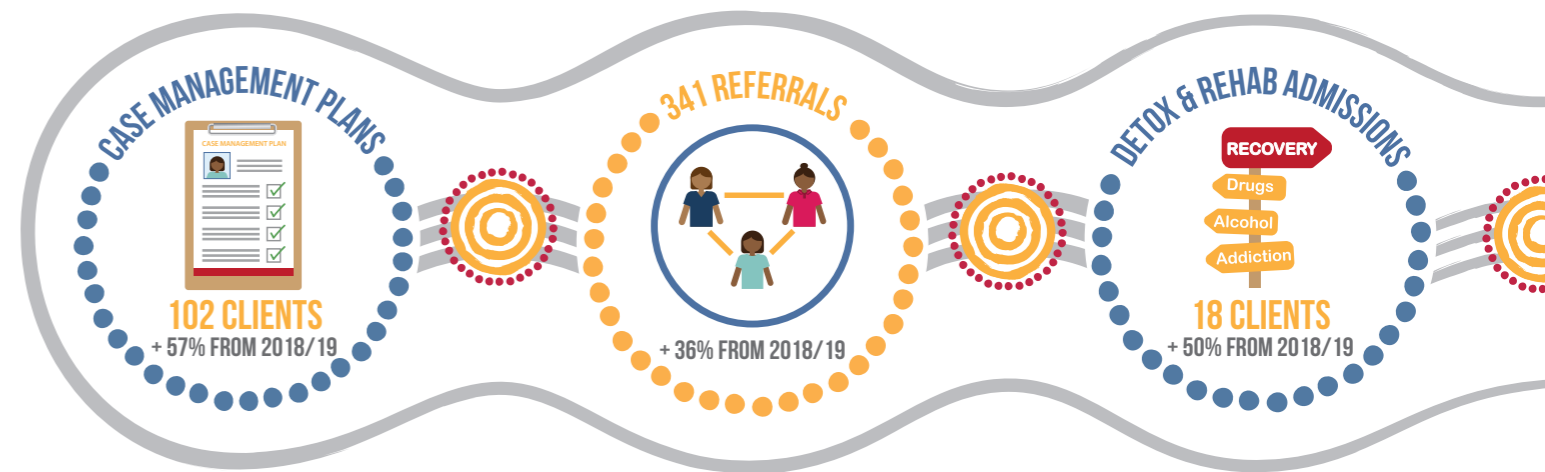
WACHS SEWB Team and our Women's Healing Group would like to thank Wellington High School, the staff, students and particularly the Aboriginal Education Officers, Kaylier Daley and Philippe Bell for the invitation and support to make this happen. The women put a lot of time and effort into their session and we were all extremely proud of the final outcome.

COVID-19

The SEWB Team have developed care packs for clients we are working with which will be distributed to support high risk clients during the COVID-19 Pandemic.

During the lockdown period the SEWB team were making calls to WACHS clients to check in and assist with supports required when identified through the contacts.

Supported Elders in the community to register for Food Relief with the Local Aboriginal Lands Council during the COVID-19 Pandemic.



Case Management Plans and Referrals increased due to positions being filled, which increased the capacity of our team. Detox and Rehab admissions also increased due to the successful recruitment of a Drug and Alcohol Worker.



Quit B Fit

TACKLING INDIGENOUS SMOKING PROGRAM



Program purpose

To reduce the prevalence of current smokers within Indigenous communities as well as reducing the likelihood of tobacco uptake.

Aim of program

To aid in reducing the significant health gaps between Indigenous and non-Indigenous Australians. Provide individuals and communities with appropriate information about how smoking has harmful impacts on our health and allow individuals to make informed health decisions.

Objectives of program

Provide education and awareness of the negative and harmful effects of tobacco smoke on individuals, families and their communities.

Quit B Fit aims to work in conjunction with key stakeholders to provide appropriate referral pathways for smokers wishing to make a quit attempt.

Outcomes of program

Quit B Fit has worked with various schools and communities in the last year to continue to provide education and awareness around the negative effects of tobacco. This year we have worked with over 2000 kids completing tobacco education sessions throughout Western NSW.

This year we have been involved in over 11 events where we have held tobacco stalls and provided education to communities from across the Central West, Far West and New England regions.

Quit B Fit has also continued our Workplace Smoking Audits, with a further 8 done throughout

the region this year. Whilst continuing to work closely with organisations we have previously completed audits on.

We continue to make more workplaces smoke-free.

This year we have been involved in over 11 events where we have held tobacco stalls and provided education to communities and schools.

Quit B Fit were again the Major Sponsors of the NSW Aboriginal Rugby League Knockout and this event was smoke-free for the 6th consecutive year, since Quit B Fit became affiliated with the event.

Quit B Fit has also partnered with the Walgett and Dubbo Rugby League Knockouts to make them smoke-free and to keep pushing for smoke-free communities.

Our staff had earlier in the year, made it a regular thing to visit the Dubbo Juvenile Justice Centre to talk and interact in a mentorship role with the boys who are being held there.

The number of Events attended and work place audits conducted were down on the previous year due to COVID-19.

Our education and presentations delivered were up on last year due to several road shows undertaken in the back part of 2019.

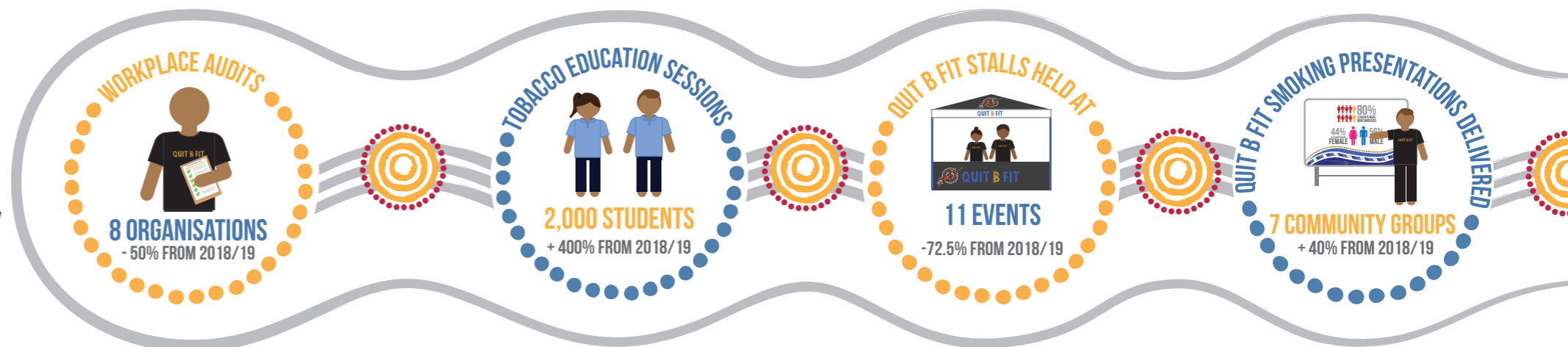
COVID-19

During the COVID-19 Pandemic from March to June, Quit B Fit had 3 staff attend WACHS to help out with the influx in patient numbers to complete pre-consults, temperature checks and all necessary questions covering COVID-19. Along with their pre-consult work the team were also collecting pledges from clients to make their homes and cars smoke free. Other duties included deliveries to all programs to keep contact from different programs to a minimum.

Due to Quit B Fit not being able to travel or complete any community work, we ran a social media campaign with Local Wellington boy and NRL player for the Penrith Panthers, Brent Naden.

The campaign encouraged people to make their homes and cars smoke free. We also created new visual resources and program materials. We will be upskilling on these new resources so that we can deliver to community and schools once COVID-19 restrictions have lifted.

Quit B Fit submitted a work action plan to the funding body to ensure we were still reaching our outcomes during this time, which will continue to be reviewed.






100 PEOPLE
TOOK THE PLEDGE TO
MAKE THEIR HOMES &
CARS SMOKE FREE



Australian Nurse-Family Partnership Program

DUBBO



Program purpose

The ANFPP is an evidence based, intensive home visiting Program. The ANFPP is a licensed adaptation of the Nurse-Family Partnership developed in the United States by Dr David Olds. The Program is based on Attachment, Self-Efficacy, and Human Ecology Theories, and uses techniques such as the development of a therapeutic relationship, motivational interviewing, and the identification of client strengths to empower and support clients to set goals and initiate behaviour change.

Each client is assigned a highly trained Nurse Home Visitor and Aboriginal Family Partnership Worker, who together support the client to be the best Mum she can be. The Aboriginal Family Partnership Worker is crucial to the adaptation of the ANFPP in Australia. Here at WACHS we have a 1:1 ratio of Nurse Home Visitors and Aboriginal Family Partnership Workers. The ANFPP program first began accepting clients in 2010 and this year marks 10 years of WACHS delivering the program.

Aim of program

The ANFPP aims to Close The Gap in Indigenous and non-Indigenous health outcomes and life expectancy. The three overarching aims of the Program that result in this are:

- Improving health outcomes for women pregnant with an Aboriginal and/or Torres Strait Islander child by helping women engage in good preventative health practices;
- Supporting parents to improve their child's health and development; and
- Helping parents develop a vision for their own

future, including continuing education and finding work.

Objectives of program

The objectives of improving maternal child health and wellbeing for Aboriginal and Torres Strait Islander families are achieved through the use of planned, guided content, and agenda matching with the client. Client stages are divided into pregnancy, infancy, and toddlerhood. Topics include the health and wellbeing of the client, health and development of the child, relationships with friends and family, safety of the home environment, goal setting for the future, and services available to support the client.

Outcomes of program

Many of the outcomes seen during a client's time on the ANFPP cannot be demonstrated through statistics alone; it is the stories of the women we work with, and their families, that inspire Nurse

Home Visitors and Aboriginal Family Partnership Workers to support clients to the best of their ability.

This year staff have seen clients commence education to achieve goals for future employment; purchase their first home; obtain their first rental property; obtain their license; identify risky relationships, and plan to keep themselves and their children safe; return to school after having a baby; and plan their second child. 14 clients completed the Program.

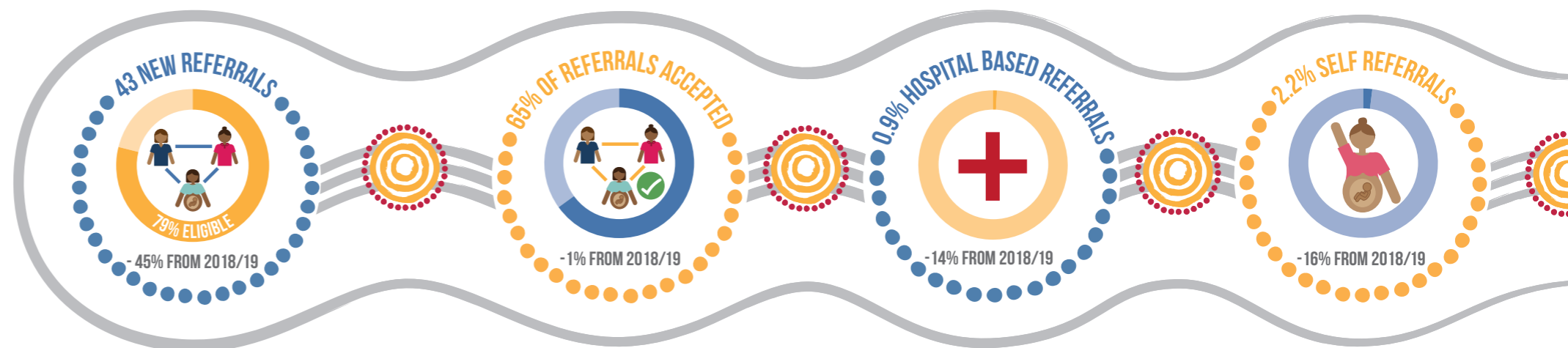
The ANFPP have worked with the NSW Police Traffic and Highway Patrol Command to implement a Child Restraint Safety Program in the

Dubbo area, replicating a Program the Blacktown ANFPP are involved in. This Program sees clients issued with a child restraint from NSW Police, with fitting and education supplied by an authorised child restraint fitting station. So far, five ANFPP clients have had restraints provided and fitted through this Program.

Individual client outcomes

- A client who required transfer to a tertiary centre was able to be supported by WACHS's other ANFPP site, based in Blacktown, providing visits and emotional and material support while away from home.

COVID-19 has seen a reduction in the number of referrals received, as the Team wasn't able to visit our usual referral sources or attend regular meetings.



- A client who had no intention to breastfeed her child was provided with support and information by her Home Visiting Team, and has now gone on to successfully breastfeed.
- A client was doubting her attachment with her baby, feeling that her baby didn't like her. Using skills gained from training and proficiency in DANCE, staff were able to alert her to behaviours her baby was showing to connect with her, and identify how responsive she was to her baby's cues.
- A client who graduated the Program identified that she felt more confident asking for help following participation in the ANFPP. She had always been the person others turned to, and hadn't felt confident to request assistance for herself. She identified changes she had to make to improve outcomes for herself and her son, and set about achieving her goals.
- A client who graduated ANFPP came to the Program experiencing depression, rarely leaving the house and lacking in self confidence. During the Program staff saw her gain her licence, commence employment, secure a larger rental property, and successfully breastfeed her second baby, after having difficulties with her first. Her partner identified she was now more confident.
- Like many other services, we are seeing an increase in disclosures around experiences of Domestic and Family violence, at a time when access to services is, in some cases, restricted. ANFPP staff noticed negative impacts on clients during isolation, with a resulting decrease in

support networks and ability to call on friends and family when needed. Some clients decided to forego visits until home visiting recommences, but have remained in contact with the team and provide updates with how they and their family are progressing. All clients received a DIY dream catcher kit and self care pack to provide encouragement, with ongoing support through the adaptation of the Program to a telehealth model.

Who was referred to ANFPP in 2019/20?

22 Clients joined the ANFPP this financial year. Average age at intake was 23 years old. 53% have completed year 12, and 87% have completed education in addition to schooling. 33% of clients had been in paid employment prior to consent.

17 babies were born this financial year, including one set of twins, who were born prematurely. 1 other baby was born prematurely, with the remaining 14 born at full term. 14 babies were born at a normal birth weight, with three being of low birthweight. When the twin birth is excluded, 94% of WACHS ANFPP babies were born at term and at a normal birthweight, well above NSW averages of 89% and 90% of Aboriginal or Torres Strait Islander babies at term or normal birthweight, respectively.

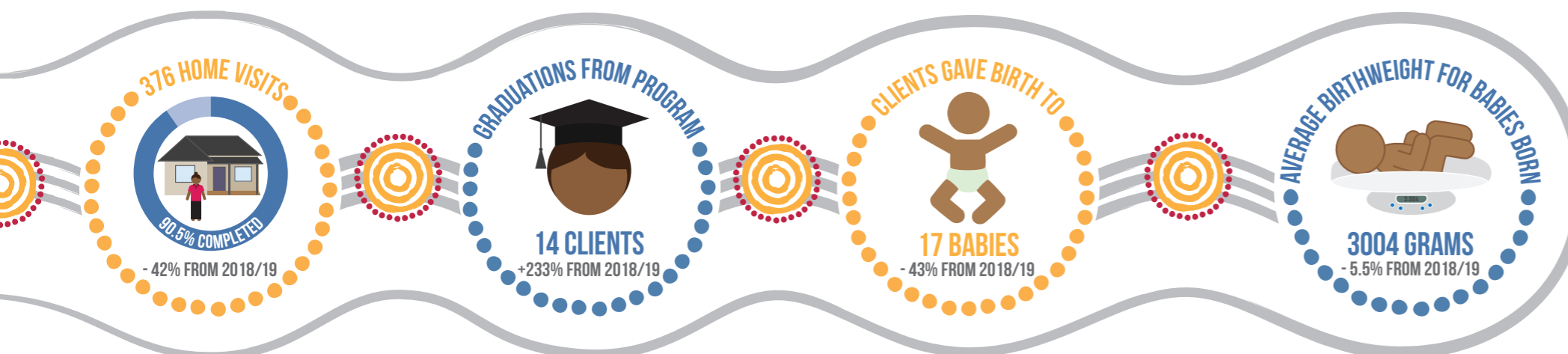
How did we work with our clients?

Prior to commencing telehealth, 340 visits were completed with clients, out of 376 attempted visits. Visit locations included the home, the Aboriginal Child and Maternal Hub, WACHS clinic, Narromine MPS, Gilgandra MPS, libraries, parks,

and at Dubbo Hospital. Telephone visits were occasionally used, however since home visiting has been suspended to ensure staff and client safety, 147 telephone visits have been completed, with increasing use of visits occurring through videoconferencing, enabling staff and clients to observe cues and visually engage.

One hundred clients have now graduated from the ANFPP at WACHS. Clients who graduated prior to March 2020 received a graduation morning or afternoon tea, with friends and family invited. Graduation morning and afternoon teas were ceased due to safety concerns with COVID-19, however clients will be able to participate once restrictions are lifted.

Since movement has been restricted by the COVID-19 Pandemic, the ANFPP at WACHS has moved to a telehealth model. 156 telephone or videoconferencing visits have been performed with clients. Initially these were performed by an individual team member while staff were working from home, however with our return to the Hub we are now able to recommence visits with both the NHV and AFPW. With this, we are currently seeing an increase in uptake of the opportunity to provide visits using videoconferencing such as Microsoft Teams.



Lower referral rates meant fewer babies being born on the Program, and fewer graduations, with some clients electing to discontinue when home visiting ceased. While home visits decreased, COVID-19 saw the adoption of a telehealth model of care, with a rise in visits via phone or videoconferencing.

COVID-19

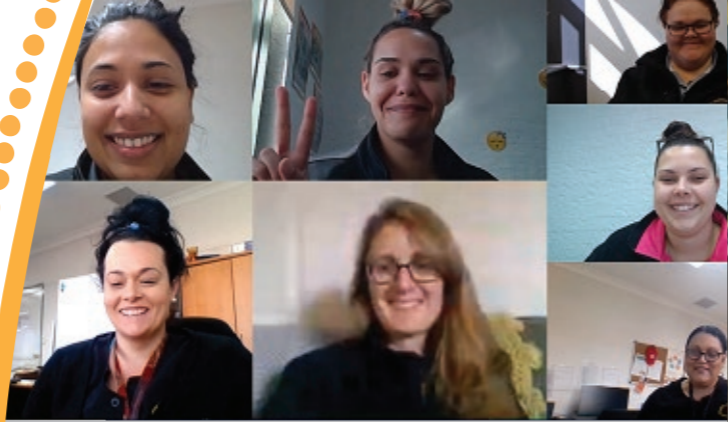
With movements restricted due to COVID-19 since March, the ANFPP team at WACHS have worked to adapt by providing the program via a telehealth model. This has been supported by the ANFPP National Program Centre, with all 13 sites in Australia experiencing differences in restrictions around service provision and access to clients. The Program also operates in 8 international locations, all facing a variety of challenges.

Initially this was implemented with Brooke, our admin, stationed in the Hub, with another staff members rotating through. All staff members were able to collaborate using Microsoft Teams and laptops, to continue to provide the best service for our clients.

Since returning to the Hub, staff remain in different offices, so the use of Microsoft Teams continues. Like many others, clients struggled while restrictions were imposed, resulting in decreased support networks, especially for women with a young infant.

Clients were posted a dream catcher for completion and some self care items, which were well received. We have arranged for clients to continue to receive milestone gifts by post, and we are able to provide resources and yarning tools by post, email, and via our closed Facebook group. For clients who elected to not receive visits via telehealth, regular check in phone calls have been implemented to stay in touch.

All staff have had access to online training including sleep and settling, motivational interviewing, and a number of webinars on topics such as child protection, family and domestic violence, feeding, and working effectively with clients with young children via telehealth. The National Program Centre has adapted Program training to be developed virtually.



Aboriginal Children's Therapy Team

DUBBO



Program purpose

The Aboriginal Children's Therapy Team (ACTT) is a free Allied Health Service for Aboriginal and Torres Strait Islander Children, aged up to 8 years of age, who live in Dubbo.

Aim of program

ACTT aims to improve the availability of Allied Health Specialists to Aboriginal Children in the Dubbo community, working in a culturally relevant framework, offering Speech Pathology, Occupational Therapy and Psychology Services in partnership with Aboriginal Community and Therapy Support Workers.

Objectives of program

The program aims to improve:

- The availability of Allied Health Specialists to Aboriginal Children (0-8) living in Dubbo.
- Aboriginal and Torres Strait Islander Children's development by utilising screening and health promotion.

- Allied Health outcomes for the Aboriginal Children in the Dubbo Community.
- The knowledge and involvement of the parents/carers in their child's development.
- The knowledge and skills of Allied Health Services to the Indigenous Workforce.
- Community engagement.

Outcomes of program

ACTT continues to provide Allied Health Services to Aboriginal Children living in Dubbo. The Aboriginal Community and Therapy Support Workers at ACTT play a vital role working alongside therapists assisting in providing a holistic child centred service to children and their families. They develop strong partnerships with families, supporting engagement in the program and linking families where identified to medical, community and educational programs.

This year the program has faced challenges recruiting to clinical positions. The Aboriginal

Community and Therapy Support Workers worked hard to engage and support clients with our services through this period. Client support includes home visiting, attending therapy sessions, facilitating transport to and from appointments, advocate and liaising with external agencies.

More recently, due to COVID-19 restrictions, the ACTT service delivery model has moved from face to face to a telehealth and phone contact service model. ACTT has created therapy packs to encourage engagement of clients during therapy session and therapists are adapting sessions to an online platform. In addition staff have participated in training opportunities in order to expand programs ACTT can deliver to families, including

1-2-3 Magic, upskilling to support clinicians with Therapy Aide and home programs for clients.

Partnerships with external service providers are key to supporting health outcomes for ACTT clients. Families are linked with services such as Hear Our Heart Ear Project, who run community day ear screening appointments and link families with Ear Nose and Throat Specialists.

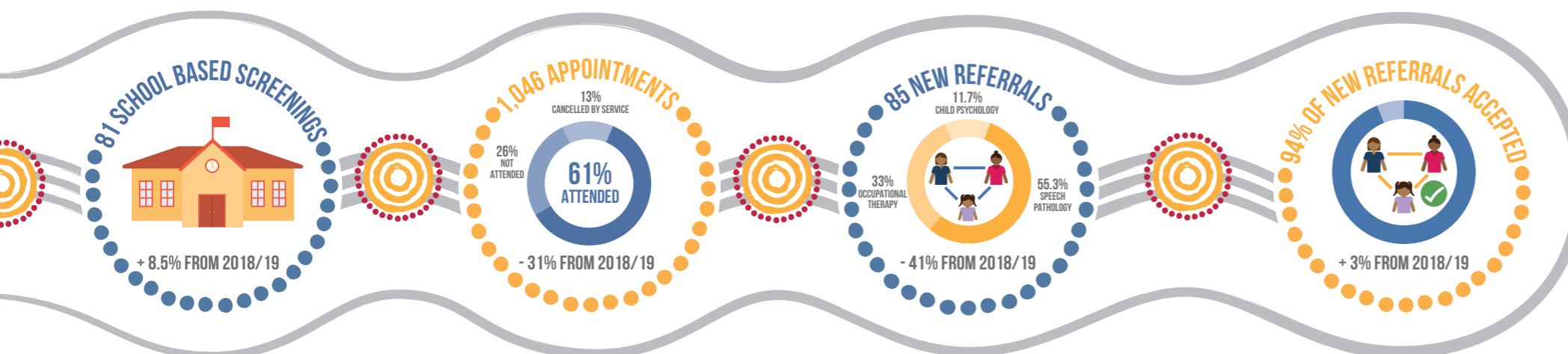
ACTT has continued to partner with Department Primary and Community Health (DPaCH) to screen Kindergarten school students in a program called KAS (Kindergarten Articulation Screening). Clinicians screen children early in the year, support school representatives to facilitate small targeted skill groups and rescreen at the end of the school year. Those identified as needing further intervention are encouraged to refer to ACTT or Community Health for further support.

COVID-19

COVID-19 has allowed ACTT to reflect on the program objectives and how to deliver services to clients during a period where traditional service delivery models were not possible.

Staff participated in training such as 1-2-3 Magic, Emotion Coaching and Key Word Sign workshops via Webinars. This training allows us to offer families these programs at a time that is relevant to them, in a supportive and comfortable environment.

ACTT has partnered with Educational Services in the local area to support Allied Health outcomes for Aboriginal children. These partnerships are just one of the referral pathways available to children accessing ACTT services.



Prior to COVID-19, ACTT provided families with face to face services at our office, through home visits or in education settings. Telehealth therapy appointments have allowed clients to continue to receive therapy while face to face services were suspended.

ACTT has engaged external service providers to deliver this therapy with the support of our Aboriginal Community and Therapy Support Workers who facilitate and support families engagement in the program. Telehealth allows the therapists to be in one location, the child in another with their parent/carer and ACTT working from the HUB.

Providing Therapy Packs to clients at various stages of their therapy journey has been a positive addition to telehealth therapy. It has provided families with resources, such as scrapbooks and pencils, to use to complete activities during therapy sessions. Families receive different packs according to the support they are receiving.

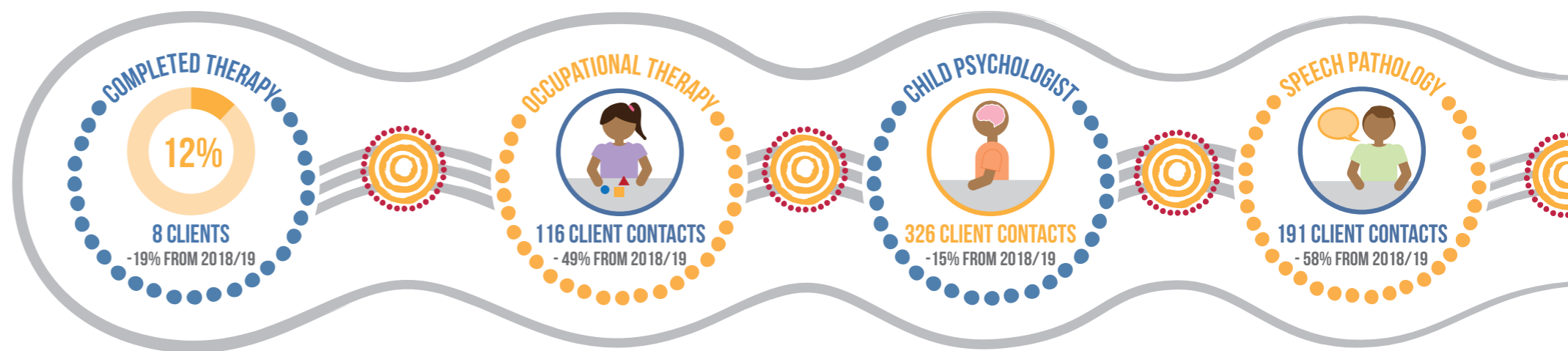
Our program has faced challenges in providing face-to-face therapy sessions for clients during this reporting period. ACTT has recently been able to continue delivery through outsourcing services via a telehealth model, in addition to existing school-based therapy sessions.

The Aboriginal Community and Therapy support workers prepare the following packs:

1. Intake pack – includes promotional items and resources needed to complete developmental screeners to support with allocation and service priority.

2. Welcome to therapy pack – starting telehealth: folder containing therapy resources, appointment time table.

3. End of therapy pack – at the conclusion of therapy this pack contains a home program and resources for families to keep practising the strategies they have been using during their therapy sessions.



Maayu Mali

MOREE ABORIGINAL RESIDENTIAL REHABILITATION SERVICE



Program purpose

The purpose of the program is to promote individual and community wellbeing and reduce harmful substance use through the provision of culturally appropriate alcohol and other drug (AOD) prevention, education, treatment, rehabilitation and aftercare services for Indigenous Australians.

Maayu Mali provides a minimum 12-week residential rehabilitation program for 14 men and 4 women aged 18 years old and over.

The program aims to provide a holistic approach in supporting and healing the whole person including the provision of individual and group treatment, individual case management, skills and training, recreation support, health and fitness, wellbeing, art and cultural support.

Aim of program

To support individuals to improve their quality of life and focus on recovery using a trauma informed

and cultural healing focus aimed at achieving long-term sustainable outcomes.

Objectives of program

To deliver a 12-week residential rehabilitation program for up to 18 residents, the program is delivered by utilising the Aboriginal Drug and Alcohol Residential Rehabilitation Model of Care focusing on culturally safe practice.

The program aims to deliver to each client:

- Assessment and Care Planning, including case review.
- AOD Treatment groups.
- Education, living skills and other appropriate groups.
- Individual AOD treatment focused on the needs of the client.
- Individual case management and case coordination.

- Cultural and community connection and healing through group work, art and cultural craft, excursions to country.
- Appropriate referral pathways – for example specialist mental health services, primary health care.

- Improvement in Quality of Life.
- Reduction in risky practices (including sharing of injection equipment, drink driving).
- Reconnection to family.

Outcomes of program

Individual outcomes

- Reduction/cessation of harmful use of alcohol and other drugs.
- Reduction in severity of addiction.
- Reduction in psychological distress and mental health symptoms.

Program outcomes

- 100% of clients undertake a comprehensive assessment and an individualised treatment plan.
- 100% of clients co-design an aftercare plan.
- Clients participate in treatment program including therapeutic groups, case management, cultural, recreation, training and education activities.

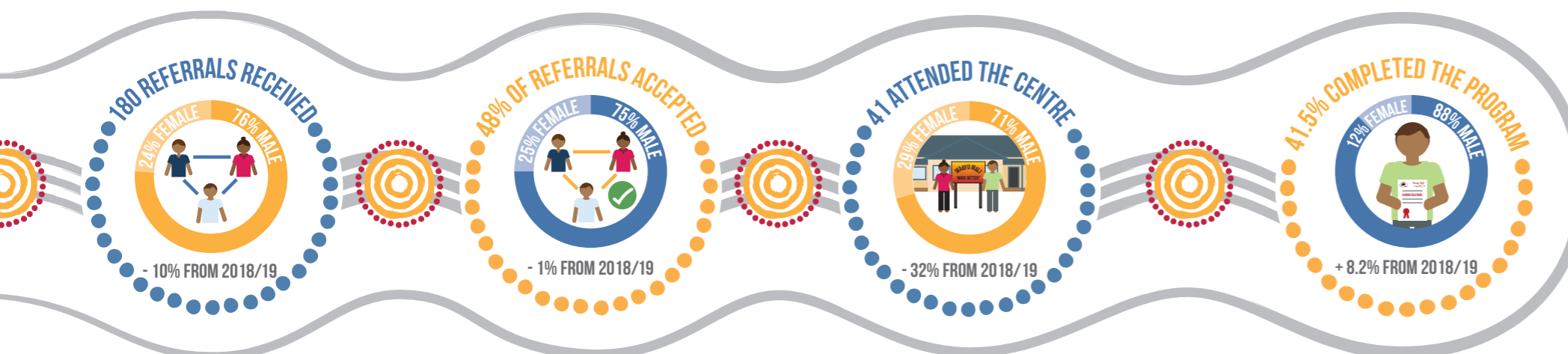
COVID-19

Maayu Mali couldn't take new residents during COVID-19 due to restrictions with isolation and not being able to guarantee clients safe arrival.

Some of our major challenges experienced were;

- New way of delivering services to clients.
- Lockdown impacted off site excursions due to limited numbers in cars and social distancing.
- Client visits with family members – clients had not seen family members for a long period of time as they were unable to visit in jail.
- Provide ongoing support around groups (Maayu

Unfortunately due to COVID-19 we were unable to take any new referrals during this period, hence the reflection in the statistics. We did however, have a high completion rate which was due to the July – December 2019 period.



Mali on lockdown from service providers).

- Isolating clients for 14 days once intake resumed.
- Isolating new clients from current residents.

Maayu Mali overcome challenges by;

- Working with clients, ensuring their safety and providing ongoing support.
- Regular temperature checks for staff and new clients.
- Decreased isolation period for new clients by organising COVID-19 testing, with the results available within 3 days.
- Providing safe mechanisms of serving food to residents.
- Educate clients around hand hygiene.
- One Resident per room.
- Arranging facetime with family members.
- Regular phone calls.

Staff story

Inspiring Moree local, Sarah Moore, is a determined mother-of-three who has studied a

The level of psychological distress and quality of life both seen increases in improvement for clients. Methamphetamine (Ice), remained the primary concern for clients with an increase of 25% compared to last year.

Certificate III and IV in Community Services at TAFE NSW Moree to upskill and give her the practical, hands-on skills for her return to the workforce.

She is now working full-time at Maayu Mali Aboriginal Residential Rehabilitation Centre as a Drug and Alcohol Support Worker after completing her TAFE courses.

Sarah has learnt strategies to communicate with people, strong computer skills, how to be an

advocate for others, working with a diverse range of people, case management and much more and now she is studying a Diploma of Community Services online through TAFE Digital.





**Greater Western Aboriginal
Health Service**

About GWAHS

Greater Western Aboriginal Health Service (GWAHS) delivers holistic comprehensive primary health care within the Western Sydney and Nepean Health Regions.

GWAHS is a health service for Aboriginal and Torres Strait Islander people in Western Sydney and Nepean regions providing services that include GP's, health checks, chronic disease programs, men's health, drug and alcohol, mental health and child and family services.

In February 2017, WACHS announced that it had been successful in its bid to tender for the provision of culturally appropriate Aboriginal and Torres Strait Islander health services. The Commonwealth funding had been awarded to WACHS under the Indigenous Australian's Health Program for Western Sydney, Nepean and Blue Mountains region. The transition from WentWest to WACHS operations took place on the 1st April 2017.

Our new Blue Mountains service will be open in January 2021.

Our Vision

To provide and be recognised for providing the Aboriginal community of Western Sydney with high quality, appropriate, efficient and effective primary health care and related services

Our Purpose

- a. To provide the highest standard of client care whilst incorporating a holistic approach toward diagnosis and management of illness
- b. We are committed to promoting health, wellbeing and disease prevention to all clients
- c. We do not discriminate in the provision of excellent care and aim to treat all clients with dignity and respect

Mt Druitt & Penrith Clinic



Program purpose

To plan, deliver, coordinate and advocate for effective clinic and community based primary health care to the Aboriginal Community.

Aim of program

To deliver culturally appropriate primary health care services tailored to the needs of the Aboriginal and Torres Strait Islander community through diagnosis, treatment prevention and health promotion.

This approach aims to improve population health in the areas of antenatal care, postnatal care, child health, child and adult immunisations and to deliver screening initiatives around diabetes, sexually transmitted infections, and chronic disease management.

Objectives of program

- Early diagnosis and treatment of acute illnesses
- Prevention and detection of chronic diseases
- Links to eye, ear and oral health
- Health crisis intervention and referral
- Health promotion for nutrition, alcohol, holistic health, women's health and men's health

Outcomes of program

Mt Druitt clinic has achieved great patient experience whilst delivering culturally appropriate primary health care for the Aboriginal Community, with 96% of patients rated the service as excellent, very good and good in the AGPAL survey report 2020.

The Clinic has performed 1,146 Flu Vaccinations this year, which is a significant increase from last year.

1,200 Health Checks have been completed in conjunction with "Deadly Blues" Health Check Campaign.

We have had a "GWAHS Development Day" in February 2020, where all staff participated spontaneously and expressed their innovative ideas and suggestions to enhance effective delivery of primary health care to the Aboriginal community in Mt Druitt.

We have established good working relationships with external stakeholders like Western Sydney Local Health District (WSLHD), in an aim to improve health promotional activities, such as smoking cessation campaign, promoting cervical screening, improve Hep B and Hep C management for our Aboriginal Community. Chronic disease educational events have been conducted in

collaboration with WSLHD to promote healthy lung, quit smoking, better management of diabetes, healthy diet, and engage in physical activity and also to promote Social and Emotional Wellbeing. We have organised "Women's Day" to promote cervical screening tests and provide education around family planning and contraception.

GWAHS have received funding for free Nicotine Replacement Therapy from Aboriginal Health & Medical Research Council (AH&MRC) and our friendly clinic staff supported our clients in the smoking cessation journey. In addition, our funding application has been approved by The Rural Doctors network to fund the chronic disease

educational events. We have built partnerships with the Western Sydney Diabetes team with whom we have organised more than 50 Diabetes case conferences in the last year. There is a significant increase in the post health check follow up which is 435 in comparison to last year which was only 23.

In addition, there is huge improvement in chronic disease follow up by our Registered Nurses and Aboriginal Health Practitioners which is 133 this year in comparison to only 12 last year. There is increase in the numbers of Lung function follow up tests and completion of Diabetic cycle of care which reflects better management of chronic disease among our Aboriginal people.

Clinic numbers represent both Mt Druitt and Penrith Clinic's client contacts (total), GP's, Clinic Nurses and Aboriginal Health Practitioners for the 2019-20 financial year.



GWAHS has established strong partnerships with the visiting specialist services such as the Podiatrist service which has increased from fortnightly to weekly appointments, Paediatrician visits twice a month, Audiologist fortnightly, monthly Ear, Nose and Throat specialist service, service by Hearing Australia, Legal Aid, Speech Pathology and Optometrist service. GWAHS clinics also established a relationship with Flourish Australia and had the opportunity to have more frequent psychiatry case conferences which is facilitated by our Social and Emotional Wellbeing team.

Our strong commitment and ongoing quality improvement in clinical processes lead to significant improvement, exceeding the National benchmark for the following KPI's;

- In terms of all the chronic disease management indicators
- Influenza immunization for 50 years+
- 0-4 years health checks
- Fully immunized children 60-72 months
- First Antenatal visit
- 25 years+ Health Checks
- Smoking status recorded
- Alcohol consumption recorded
- Audit C result

COVID-19

- Strict infection control measures and physical distancing in place. Educating the clients who are presenting at the service about how to be

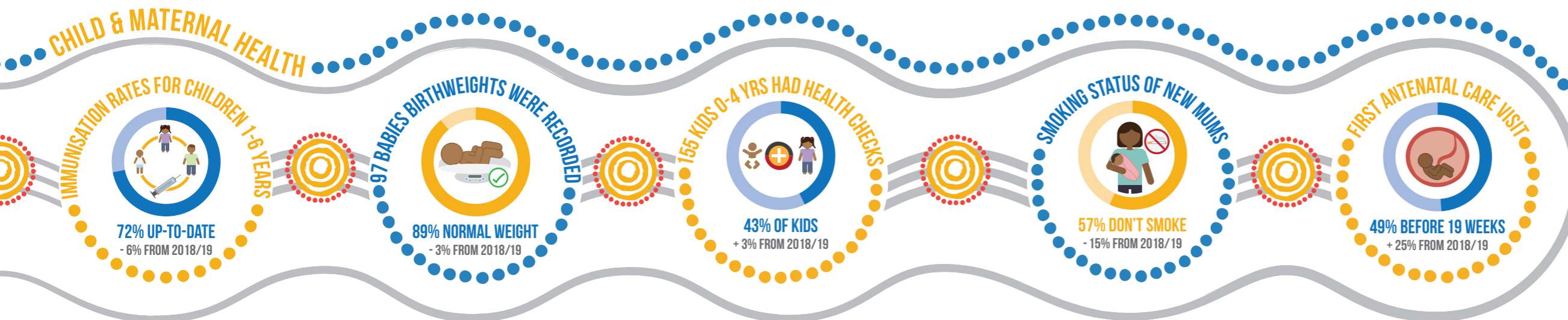
COVID safe and spreading the same message to the community.

- Encouraging patients to contact the service via phone and encouraging appointments for phone consultation. Clear messages have been displayed at the entrance and GWAHS website to call ahead if patients have any respiratory symptoms.
- COVID-19 screening at the entrance and hand hygiene for all staff, clients and contractors.
- Signage related to COVID-19 has been placed at the front area, so that patients can easily read the information. A bucket with disinfectant has been placed for all staff and patients to dip their shoes before entering the service. Our priority is to keep our staff and patients safe. All patients are given "COVID Screened" sticker once they complete the screening at the front.
- It was made mandatory to wear a mask inside the clinic for all patients and staff.
- COVID-19 screening tool has been included in Communicare under clinical items for recording the data in patient's file and the screening tool is constantly updated in accordance with NSW health guidelines.
- Staff temperature is being monitored every morning before start of the shift along with the full screening for COVID-19 symptoms. Staff are made aware that if they are unwell not to attend work and notify the Team Leader.
- Encouraging and offering patients telehealth consultation rather than face-to-face to

minimise risk to patient and staff and ensure delivery of best possible care.

- Following COVID-19 screening, patients presenting with respiratory symptoms were provided with a mask and isolated in the respiratory tent. A Doctor and Nurse wearing full PPE would review them as soon as possible and direct them to the nearest testing centre for follow up.
- Developed COVID-19 flow chart with Category 1-4 for the staff to deal with patients who presented at the service and also COVID-19 phone triage flow chart to triage over the phone.
- COVID-19 Response Team including a GP and RN has been created to respond to any enquiries related to COVID-19.
- Organised more PPE for our staff and received gowns, masks and shoe covers for our team. Also, hand sanitisers, disinfectant sprays have been arranged for the clinic to ensure strict infection control.
- Cleaning contract with the cleaning agency has been updated and added once weekly COVID-19 specific detailed cleaning.
- Clinic room floors marked with tape lines to encourage social distancing.

Child and Maternal National KPIs are based on regular Aboriginal clients. The percentages are averaged across the year from the total number of clients who were eligible in each indicator. Comparison is based on the same KPIs from the previous year.

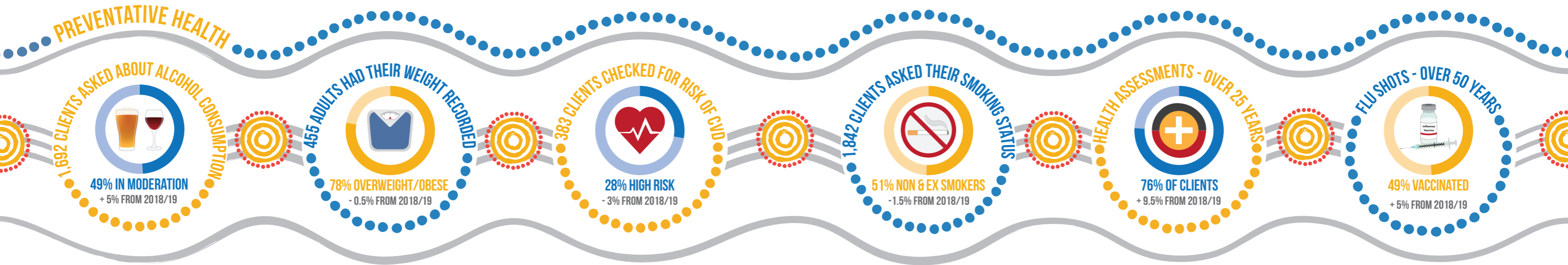


- Enforced social distancing and re-arranged meeting room/ staff break room with 2 meters gap between the chairs to ensure adequate distancing.
- Seating arrangement in the waiting rooms were re-organised, ensuring adequate distance in between patients.
- In the reception area we applied signs to stand behind the yellow line to ensure adequate

- distance between patient and reception staff.
- An isolation room was set up. Ensuring proper cleaning of all surfaces including the floors, hand washing facility, sanitiser, and clinical waste bin available. PPEs available at the entrance of the room.
- Regular and routine cleaning of commonly used areas such as staff break room, consultation rooms, reception and waiting room.

- Fact sheets available for patients to read and take home covering basic COVID-19 info, good hygiene, social distancing and isolation guidance.
- All staff have completed the Infection control-COVID-19 online module and are aware of infection prevention and control policies.
- Unnecessary equipment has been removed from consultation rooms.

- All transport has been cancelled until further notice. If urgent transport is needed, a risk assessment is conducted prior attending the transport.
- Visiting specialist service has been cancelled until further notice.
- Flu clinic tents and observation tents were setup in the front car park area to accommodate more clients for flu clinics and also to avoid



Preventative Health National KPIs are based on regular Aboriginal clients. The percentages are averaged across the year from the total number of clients who were eligible in each indicator. Comparison is based on the same KPIs from the previous year.





overcrowding inside the building. Strict screening process maintained to minimise any risk of infection. We recalled all vulnerable clients over 50 years and with chronic health conditions for the flu vaccination.

- Provided list of vulnerable clients with chronic health issues to the Registered Nurse to follow up and check on how they are managing their health. Also, to provide them more ideas on how to stay active and maintain nutritious diet while staying home in isolation, encourage them on smoking cessation and reduced alcohol intake etc.

- Providing health education to our patients via phone regarding how to be COVID safe.
- Regular meetings have been organised to update the team with the ever-changing situation with COVID-19. Maintained regular communication with the whole team to keep everyone well-informed about the new changes and strict measures.
- Positive feedback was received from patients regarding the opportunity of having phone consultation with the GP.
- A mixed response was received from patients

on performing COVID-19 screening at the entrance. A few patients expressed that they are frustrated with new rules and changes, but most of the patients' feedback was positive about the screening process.

- Received a few compliments from different patients regarding the cleanliness of the clinic – that staff are friendly, supportive, more welcoming, and they feel safer inside the clinic.

- Positive feedback received from one of our regular clients who appreciated the way we have maintained our COVID-19 screening process throughout the Pandemic period. Also, acknowledged the friendly staff who are trying to assist the clients either by arranging taxis or phone consultations.

Chronic Disease National KPIs are based on regular Aboriginal clients. The percentages are averaged across the year from the total number of clients who were eligible in each indicator. Comparison is based on the same KPIs from the previous year.



Social & Emotional Wellbeing Team

MT DRUITT



Program purpose

To provide mental health, general medical services and drug and alcohol services for clients within a culturally appropriate setting.

Aim of program

The social and emotional wellbeing team work with nursing staff and GPs to case manage and coordinate care for the treatment of medical, substance and mental health disorders.

Objectives of program

- Holistic evidence based and culturally sensitive care for families on site at Mt Druitt and Penrith Clinics and Australian Nurse Family Partnership Program, Mt Druitt.
- To provide a treatment framework for clients with dual diagnosis.
- Work collaboratively with other service providers in our community.

Outcomes of program

The SEWB program currently has the following staff:

- Team leader
- Youth Worker
- Female Family Health Worker
- Link Worker
- Psychologist
- Chronic Disease Worker
- Elders Support Coordinator
- Elders Support Worker

The program also supports weekly case conferences from two visiting Psychiatrists from Flourish Australia.

The program has successfully supported, via case management and a coordinated care model, a large cohort of patients with mental health conditions and/or alcohol and other drugs use disorders, with access to regular onsite and external medical services.

The program operates from multiple GWAHS sites, including Mt Druitt Clinic, Penrith Clinic and Australian Nurse Family Partnership Program. It also successfully utilised the Integrated Team Care Program by providing access to relevant specialist and allied health appointments to meet clients' social and emotional wellbeing needs as well as their complex chronic medical conditions.

With additional staff, extra visits from the Flourish Psychiatrists and enhanced systems for managing SEWB patients this has seen an increase to overall statistics.

COVID-19

Emergency Response Indigenous Elders Support Program

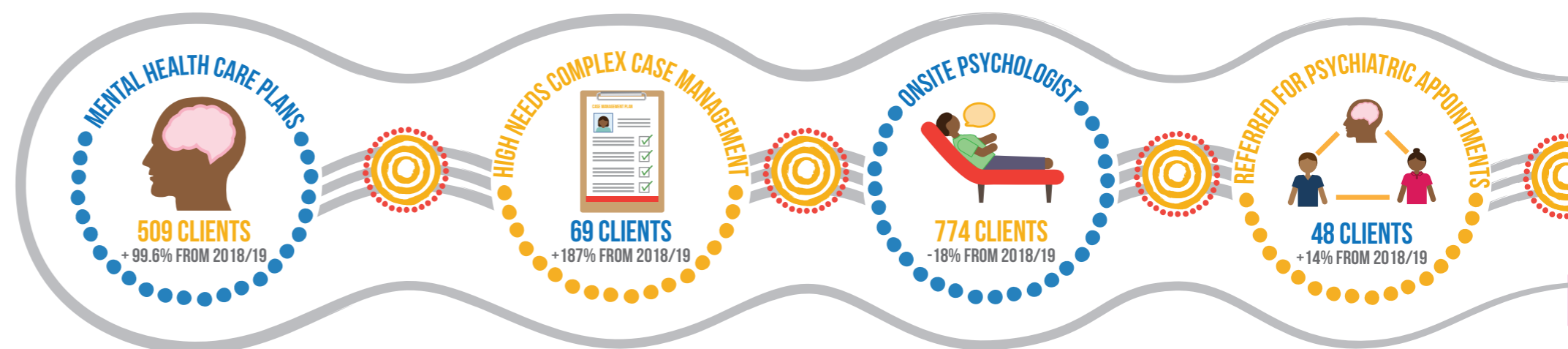
Since May 2020, the Team also delivers the COVID-19 Indigenous Elders Support Program. This is comprised of temporary funding to provide support to those who are identified as being especially vulnerable during the Pandemic. Elders receive weekly welfare checks, deliveries of groceries that include fresh fruit, vegetables and meat, and transport to medical appointments.

This program was initiated by the Institute for Urban Indigenous Health who have been advocating to the Australian Government and

its Department of Health (DoH) the need for a re-focus on an urban strategy for the Indigenous Elderly.

This need has become more apparent as a result of the restrictions imposed on the community because of the COVID-19 Pandemic and this program was initiated nationwide to support the many isolated Indigenous Elders. The program was targeted at Elders who have chronic health conditions and have limited aged care or other supports.

The program commenced rolling out in April/May 2020, with an initial 50 Elders receiving support from the program and since then the program has grown to supporting over 280 Elders.



The program is a short-term emergency response that will last for 6 months and offers Elders weekly welfare checks conducted by phone and if required face to face, transport to medical appointments, food and meal deliveries; including boxes of groceries, meat and fruit and vegetables; and referrals to relevant medical, specialist and allied health appointments.

The program has been very successful with the Elders being most appreciative of this extra support during this time especially when families are under additional stress and those without family support are struggling even more so because of the restrictions.

Approximately 60% of Elders in the program have mental health conditions in association with a range of other chronic health conditions.



Connected Beginnings

MT DRUITT



Program purpose

Prevention and early intervention, to assist children throughout their health journey and to be able to provide school readiness support.

Aim of program

The aim of this team is to integrate early childhood, maternal health and family support services within school settings. The program is for pregnant mothers and children aged under 5 years in the Mount Druitt and Doonside regions so that children are healthy and well prepared for school.

This includes engaging families in health care to facilitate better outcomes by the time they start school with a focus on the following domains:

- Physical health and wellbeing
- Social competence
- Emotional maturity
- Language and cognitive skills
- Communication skills and general knowledge

This project delivers the health component of the Connected Beginnings Projects that are led by education agencies Ngroo, Mount Druitt and Ngallu Wal, Doonside.

Objectives of program

- Engagement from (preferably before) birth with mothers and families.
- Early Diagnosis of developmental issues and immediate access to specialist services.
- Highly structured explicit instructions from age three (not play based activities).
- Holistic Management of the child.
- Strong school leadership and instructional activity.

Outcomes of program

Connected Beginnings currently has 65 Clients and 32 of these have enrolled with us in the last 12 months.

Our team has been organising Immunisation catch up's with all our current clients to make sure that all children entering School in 2021, have an up to date Immunisation status and a copy of their Immunisation statement for enrolling at school.

This year we have had a total of 38 Connected Beginnings clients advise us that they have completed their 715 Health Checks.

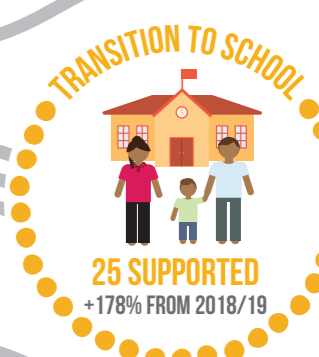
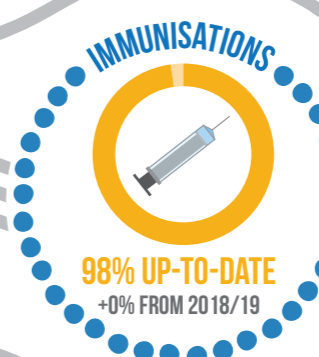
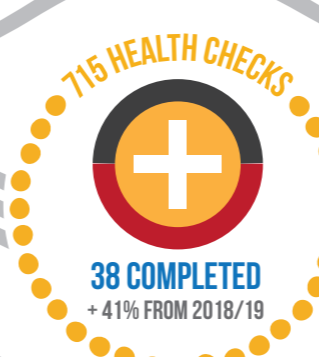
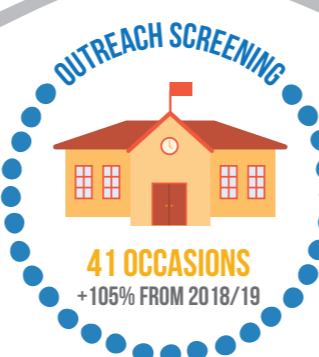
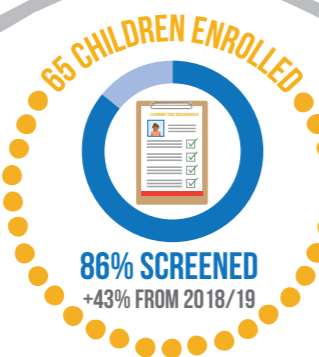
Prior to COVID-19, our staff were making weekly visits to Yenu Allowah which is the local pre-school in Mt Druitt. During these visits they were conducting outreach screening and also linking up with Education service Ngroo, to offer Speech Pathology services for Yenu Allowah children.

Unfortunately due to COVID-19 we have been unable to continue with the outreach screening but this will recommence once restrictions have been lifted. Regular screening and outreach services (Speech Pathology) were being provided late last year and earlier this year.

From July 2018 to June 2019, 49% of our Clients enrolled with Connected Beginnings have been referred from Yenu Allowah.

Speech Pathology

Prior to COVID-19, Sydney University Speech students were attending GWAHS Clinic and provided screening and assessment for our Clients that were waiting to access Speech Pathology





services. During their period of placement they also attended Yenu Allowah where they conducted group therapy and assessments on the children.

Education agencies, Ngroo and Ngallu Wal were providing Speech Pathology to our clients for part of the year. As their service was in high demand, Ngallu Wal were unable to offer spots for our clients but created a waitlist and parents/carers were notified of this.

ACHW staff within Connected Beginnings are collaborating with Sydney University Speech students to create specific resources for our families to access whilst on the waiting list.

Occupational Therapy

Monthly access to Occupational Therapy at Ngallu Wal will continue once restrictions are lifted. This service had been operating prior to COVID-19 however, Ngallu Wal had not been offering positions to our clients due to a high demand and we have been utilising other services in the community.

ENT & Audiology

Weekly Audiology and monthly Ear, Nose and Throat Clinics were running well and facilitated by Connected Beginnings staff throughout the year. We aim to continue providing these clinics to our clients as soon restrictions allow.

Paediatrician

Paediatrician appointments were previously managed by our GWAHS clinical staff and they continue to do so but unfortunately there is a large wait list for this service. We are hoping to continue working with the Paediatrician over the next 12 months to obtain a regular time slot for our Clients.

Education

We have been working well with Education Lead, Ngroo with regular planning days and meeting with Ngroo and Connected Beginnings Health staff to organise screening days and arrange how support services were going to collaborate to assist families. Connected Beginnings attended several School readiness days in late 2019.

Ngallu Wal had several meetings with education lead Ngalluwal, to address reduced interaction and lack of integration of the Health Team in Education's Connected Beginnings Project. We have been working together on developing strategies so we are all working as a collective.

Community

GWAHS, Connected Beginnings and Western Sydney Local Health District along with Sydney University had a meeting to discuss communities speech needs and how we were able to support one another in providing Speech assistance for those in Western Sydney. There were actions discussed to achieve outcomes for families.

GWAHS and Connected Beginnings submitted an application to RDN for funds to have a resident Speech Pathologist onsite. However, due to restrictions, RDN has not advised of any update and funding period has now ended.

Connected Beginnings have been able to provide support for 20 clients in their transition to school at the end of 2019 in preparation for 2020.

Connected Beginnings has screened: 56 children and made 118 referrals to Allied Health and Support Services for Children enrolled in the program from 2019-20.

COVID-19

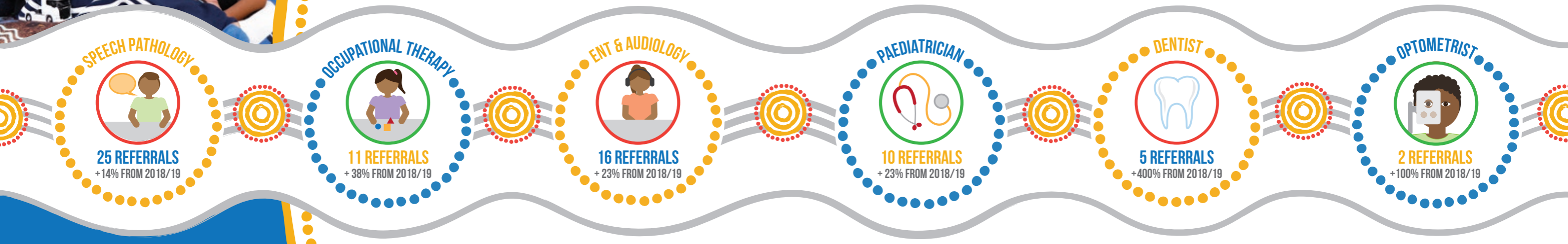
Connected Beginnings has been working with families and supporting Children's transition to school alongside Education lead agencies Ngroo and Ngallu Wal for 2019/2020.

Current Partnership with lead education Ngroo and Ngallu Wal has been reduced due to Pandemic. Team Leaders meet via Zoom meetings weekly to discuss future projects and ongoing plans. Plans to meet the new team once team members are on board have been put into place.

During COVID - 19, the Connected Beginnings team continued to contribute to the GWAHS Clinic operations by assisting in the Flu Clinics, Clinical assessments, Triage of COVID-19 patients, etc.

Our Audiology clinic is currently not operating due to restrictions. Connected Beginnings staff will be facilitating clinics once restrictions are lifted.

Speech Pathology is currently on hold, awaiting response from Sydney University as students can't onsite due to restrictions.



Australian Nurse-Family Partnership Program

BLACKTOWN & NEPEAN



Program purpose

The ANFPP is an evidenced-based, sustained home visiting program that helps transform the lives of first-time mums living in the Blacktown and Nepean LGA's. The program empowers and supports first-time Indigenous mums or mums whose partner is Aboriginal or Torres Strait Islander, walking alongside the family until their child is two years of age, encouraging them and equipping them to reach their personal goals and grow strong, healthy families.

Aim of program

The aim of the program is to support clients and their families to experience improved health, wellbeing and economic self-sufficiency. This is achieved through the provision of a culturally safe, strengths-based program. The home visiting team, made up of an Aboriginal Family Partnership Worker and Nurse Home Visitor, provides valuable support and education to families, promoting healthy development in the early years of a child's life and building the self-efficacy of the family.

Objectives of program

The underlying objective of the ANFPP is to improve the health, wellbeing and self-sufficiency of parents and their children using a client-centred, strengths based, solution focused approach.

The first goal is to improve outcomes in pregnancy by working alongside and supporting women to address their health needs and engage effectively in preventative health practices. The second goal of the program is targeted at improving child health and development by working with parents to support them to be the best parents possible.

The third and final goal of the program is to improve parental life course by working with and supporting parents to develop a vision of their own future, family planning, continued education and employment.

Outcomes of program

The GWAHS ANFPP team continue to grow in client numbers and staff. We enjoyed celebrating the first birthdays of a number of our clients in 2020 and we will soon be celebrating some 2nd birthdays and we are excited to be planning our first client graduations at the end of 2020. We have growth in our client numbers this year with over 65 clients in the program currently.

Of course 2020 has been a different year for our team. As part of our response to COVID-19 we transitioned to a telehealth model of service delivery, utilising Australia post and emails to get our content and activity packs to clients prior to their telehealth home visits.

As our program has grown, so too have referral numbers and how many clients are accepted into the program. Self referrals are relatively high and reflect our increased community engagement.

We have delivered ANFPP to 12 women in custody during their pregnancy in 2019/2020 at 3 different correctional facilities. This has involved Nurse Home Visitors and Aboriginal Family Partnership Workers adapting the program to meet the needs of clients in custody and providing visits in correctional facilities. These clients have remained engaged in our program after they have been released. We continue to work closely with Justice Health who refer women eligible for our program who are incarcerated in our catchment area.

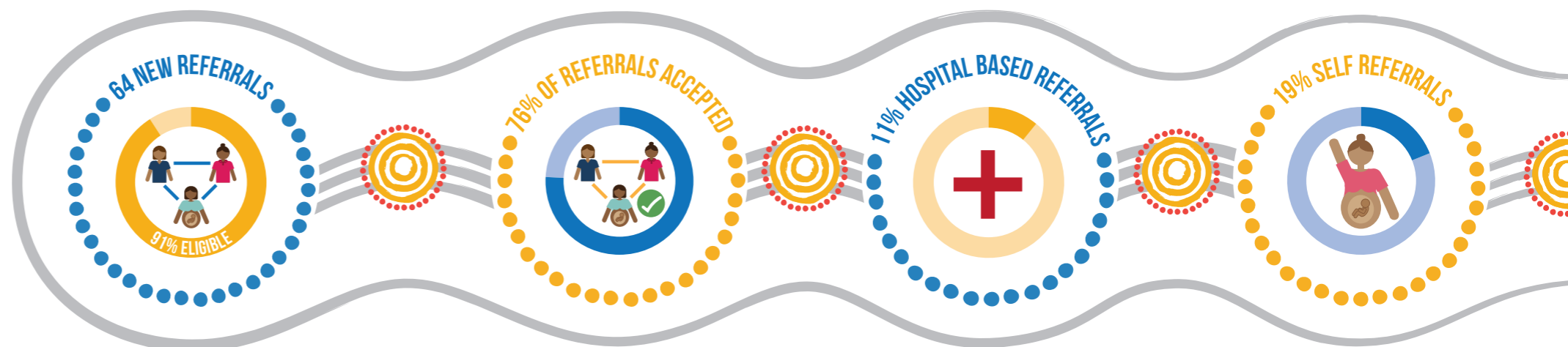
The team have supported a number of clients who are parenting for the first time. A number of families who have had previous children removed from their care at birth have taken their babies

home and have been supported in the restoration process with their other children.

All of the children in the program are thriving and the team continue to be very proud of what amazing Mothers our clients are.

Over the past year, the team have seen a number clients reach goals they have set through the program. A number of clients have moved into their own private rentals, gained their drivers licence and returned to work, TAFE and school.

Prior to COVID-19 restrictions our 6 weekly group days have been a great opportunity for families to come together and for the babies to socialise with other children promoting social development.



A number of families who have formed connections through these group days now catch up on a regular basis with their babies.

Some highlights from our 2019/20 client group days were a family pool day, a Mother's Day high tea, a 4 week cooking class, a baby welcome to country event (where new babies were welcomed by local elders into the community), Halloween and Christmas parties. Our Christmas party was a huge success and had 80 guests attend, including clients and their families. All clients socialised with each other and worked on creating strong networks with each other for the New Year.

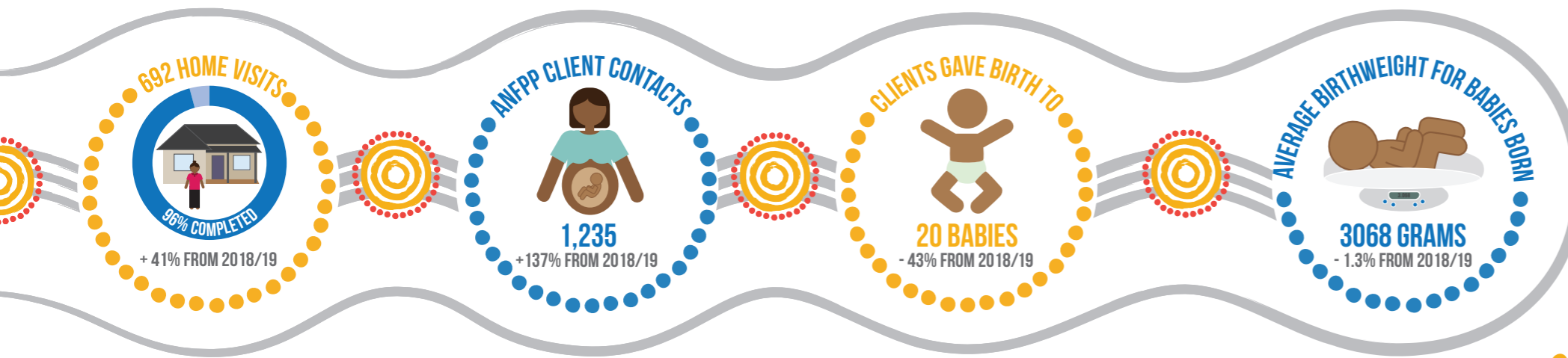
In the months of August and September ANFPP held four cooking and nutrition classes, that included both theory and practical work. Clients learnt about the food pyramid and what your plate should consist of each day and how much fruit and vegetables should be consumed.

The workshop covered the sugars and fats in common things that are sold locally, the effects of food that aren't too good for you and how they affect your body and energy, healthy alternatives, quick and easy healthy recipes, baby food and purees.

All the clients that attended were well engaged and loved the practical side which included prep, cutting and slicing skills, measuring, stirring, cooking, reading from a recipe, tasting new foods, combining spices, presenting and plating. Over the four classes most clients attended all and there was a prize for the most creative as clients got to take home packs of the items that they cooked that day.

Many clients were excited about the take home packs and couldn't wait to cook for their own families.

One client attending 3 classes and missed one as she gave birth to her daughter but she quoted two days after giving birth and still in hospital "do you think I can still come please"! It's great to see the clients having an amazing time and learning new skills, but also making friends within the group and positively working together in a group.



As our program and client numbers have grown over the past year, we have seen an increase in clients on the program, home visits and client contacts compared to last year.





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