vision
Healthy communities, healthy people

mission
Improve health and wellbeing for all and tackle inequality, in partnership with people and the communities they live in.

values
We care about the whole person and place people at the centre of everything we do through:

**Inquiry and innovation**: we are curious and inquisitive and think outside of the box; research and evidence underpin our work.

**Respect**: we treat people with respect and dignity.

**Courage**: we are focused on doing our best, trying new things and speaking up for what is right without fear or favour.

**Social equity**: we are committed to fairness and equality, making sure rights are foremost in our thoughts and actions, and making sure no one is left behind.

We acknowledge the traditional custodians of the land on which our offices stand and pay our respects to Elders past and present.

We acknowledge the sorrow of the Stolen Generations and the impacts of colonisation on Aboriginal and Torres Strait Islander peoples. We also recognise the resilience, strength and pride of Aboriginal and Torres Strait Islander communities.

We acknowledge that this land is a place of age old ceremonies of celebration and initiation, and that the living culture of Aboriginal and Torres Strait Islander peoples has a unique role in the life of this region.

contents
4  health services for everyone
8  diversity and inclusion
11  holistic care
15  frank fisher award
16  young people
20  new arrivals
22  family violence
23  older people
24  kinship
28  snapshots
34  quality account
41  governance and finance
As we enter the final year of cohealth’s first strategic plan, it is pleasing to see so much of what we set out to do in establishing this organisation taking shape.

Operating from across 10 local government areas in the northern and western metropolitan regions of Melbourne, cohealth works in some of the fastest growing and most disadvantaged suburbs in the state. The communities we live and work in are highly diverse. Our clients speak many languages and originate from 163 different countries, some with asylum-seeker or refugee backgrounds. Increasingly, they are ageing and many experience complex or chronic health conditions. Making our services easy to access and providing integrated care that responds to the whole person is critical, given that the people who use our services often face significant vulnerability and poorer health outcomes.

These individuals and communities are resilient, strong and engaged. The opening of cohealth’s purpose built health centre at 78 Paisley St, Footscray in November 2016 was one of the highlights of the year, and the culmination of a ten year journey of advocacy by the local community working with cohealth and our predecessor organisations. Services available at the health centre today include a state of the art 12 chair dental clinic, medical, pathology and a broad range of more specialist health and support services, including refugee health clinics, podiatry, counselling, physiotherapy, dietetics and more.

Looking ahead over the next 18 months the upcoming Victorian State election presents an opportunity to secure political commitments on a range of issues that cohealth considers to be vital for the health and wellbeing of our communities.

First and foremost of these is the urgent need to address the gaps opening up in the mental health system, as a result of funding for community based mental health services in Victoria being withdrawn for re-investment into the National Disability Insurance Scheme (NDIS). It is estimated that as many as 20,000 Victorians with mental illness will not be eligible for the NDIS, and it is vital that these people can continue to receive support and rehabilitation services.

Similarly, we believe that the Victorian Government needs to look to increase investment into Victoria’s primary health care services as an essential part of the overall health system, a critical ‘front door’ for many consumers and a key strategy for reducing pressure on other parts of the health system.

As we look back on the last year and ready ourselves for the next, we would like to take this opportunity to acknowledge and thank our staff, volunteers and community advisors for their commitment. cohealth’s quality and effectiveness is only possible due to their efforts in co-designing, promoting, improving and delivering our services.

We would also like to thank the Board for their unstinting commitment, advice and support during another challenging and successful year. We are pleased to work with government and others to ensure community health can continue to promote health equity and ensure access to health services for all.

Together, as we build strong relationships with community partners, with government and with other non-government organisations, we are confident cohealth will continue to meet the challenges ahead, and lay the foundations for an even stronger community, and a strong and sustainable organisation.

Kay Rundle
Chair

Lyn Morgain
Chief Executive
health services for everyone

cohealth services support the health of communities by helping people to be healthy and stay healthy.

We promote and encourage healthy living and illness prevention and we support people to recover when they do become ill.

cohealth has a broad range of services to support health that include specialist services for people living with illness, children, Aboriginal and Torres Strait Islanders, and refugees and asylum seekers.

Mental health recovery services, medical and oral health services, counsellors and therapists support people to live independently and manage their health well.

a snapshot of cohealth services

physical health

doctors, dentists and nurses

specialists
• feet
• nutrition and diet
• pain and movement
• mobility
• exercise

programs for people who are living with illness, who are older, with disability

mental health

counsellors

mental health support
• working together
• one-off or ongoing
• specialised services
• health education and advice

diversity and inclusion

LBGTIQ inclusion
aged care
refugee health
disability
care coordination

child and family health

counsellors

therapists for children
• speech and literacy
• movement and motor skills

support for
• children, youth and families
• victims of family violence
• victims of crime

community health and connection

building social connections
working with diverse communities

harm reduction for people who use alcohol and other drugs
housing and homelessness support
arts and sports groups
Rudy* had many health challenges to address when he returned to cohealth Fitzroy after a five year absence. Living with an acquired brain injury, Rudy was prone to anxiety and depression. He had been prescribed Opioid Substitution Therapy (OST) to help with his recovery from long term substance abuse and had experienced many periods of homelessness.

Over a series of appointments with cohealth GPs and allied health professionals, Rudy received care and advice that addressed many of his health issues and concerns. Despite not being able to develop an ongoing relationship with health care providers in the past, Rudy kept returning to cohealth, partly due to a Clinical Care Coordinator being available to help him start the process of addressing his health issues in a safe and supportive environment.

Over the course of the year Rudy received medical advice to address postural hypotension, the effects of smoking, and social issues that impact on depression and anxiety. He was also able to receive nutrition advice, obtain a Fluvax inoculation and have the potential benefits of taking out a mental health care plan explained clearly. Rudy’s Opioid Substitution Therapy treatment also continued via cohealth.

Vulnerable clients with complex needs often end up missing appointments, thereby losing opportunities to receive treatment and improve their physical and mental health. Clinical Care Coordinators support at-risk clients by guiding them through the often overwhelming process of receiving health care. In addition, the importance of maximizing self-care and helping clients identify their own strengths to reduce long term care needs is a critical component of the role.

Cheryle, Senior Manager Medical Services at cohealth’s Fitzroy branch believes that more Clinical Care Coordinators are needed to assist vulnerable members of the community. “Many of the clients we work with are extremely marginalised and disadvantaged, and they’re not able to advocate for themselves terribly well. Clinical Care Coordinators not only coordinate care for clients but also provide long term stability by connecting clients to other services provided by cohealth and external organisations,” said Cheryle.

Seeing the ongoing positive impact that Clinical Care Coordinators have on clients, Cheryle is hoping to see more Clinical Care Coordinators added to the medical teams at cohealth clinics. “Many of our clients with multiple chronic conditions don’t have the capacity to navigate the health system on their own, so it’s often very difficult for them to improve their health. Having someone within the clinical team to advocate and coordinate appointments and other services for clients is very beneficial. We see great results time and time again,” said Cheryle.

* Name has been changed
reaching people in our fast changing suburbs

cohealth delivers services in the northern and western metropolitan regions of Melbourne from more than 40 locations across 10 local government areas that include some of the most disadvantaged and fastest growing suburbs.

local communities

With a network of community partners and outreach workers, cohealth is as much a part of the community as it is a health service. People and community are at the heart of cohealth – clients, practitioners, special interest groups, community advisors, volunteers and staff collaborate to improve the health of the community.

Total for FY17

<table>
<thead>
<tr>
<th>Service Group</th>
<th>Number of Clients</th>
<th>Occasions of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol &amp; Drug Services</td>
<td>12%</td>
<td>26%</td>
</tr>
<tr>
<td>Allied Health and Counselling</td>
<td>13%</td>
<td>19%</td>
</tr>
<tr>
<td>Dental</td>
<td>12%</td>
<td>5%</td>
</tr>
<tr>
<td>Housing and Community Support Services</td>
<td>23%</td>
<td>19%</td>
</tr>
<tr>
<td>Medical</td>
<td>26%</td>
<td>2%</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>12%</td>
<td>2%</td>
</tr>
<tr>
<td>Nursing</td>
<td>12%</td>
<td>2%</td>
</tr>
</tbody>
</table>
people with complex health needs

many people who use cohealth services have diverse and complex needs

• 45 per cent have a long-term health condition
  - depression or anxiety, high blood pressure or hypertension,
    and arthritis/rheumatoid arthritis are most common
• 9.3% are of asylum-seeker or refugee background
• 12.5% are aged 75 years or older

many languages, many cultures

Limited English language is one of the biggest barriers to achieving social connectedness, access to health services and employment in Australia.
Many of cohealth's clients are from culturally and linguistically diverse backgrounds.
• 34.7% were born in one of 163 different countries other than Australia

Strategies have been developed to improve access to services, including engaging and working closely with Interpreters and co-designing information and systems with clients and the community.
cohealth’s commitment to rights-based practice

cohealth is committed to providing responsive health and community services that respect the human rights of all people. We celebrate their diversity, enable their access and promote their participation in all aspects of their health and wellbeing.

Our work is underpinned by a Human Rights and Advocacy Framework (HRAF). Rights-based practice is carefully considered in the design of all organizational policies through the use of a Human Rights Impact Assessment (HRIA). We work to advance the human rights of all through advocacy and a focus on equity, social justice and a social model of health.

cohealth affirms human rights as essential entitlements to just and fair treatment that should be afforded to each person regardless of sex, age, gender, ethnicity, sexuality, gender identity, faith, socioeconomic status or ability. We recognize some individuals and communities experience complex social, political and historical barriers that prevent the full and equitable realisation of these rights. For this reason, cohealth is committed to advancing and promoting the human and healthcare rights of priority population groups. This commitment is met through the development and implementation of a suite of diversity and inclusion action plans.
cohealth’s diversity and inclusion action plans

cohealth’s diversity and inclusion action plans have a special focus on the human and healthcare rights of:

- Aboriginal and Torres Strait Islander peoples (Reconciliation Action Plan);
- lesbian, gay, bisexual, trans, intersex and queer (LGBTIQ+) communities and cisgender women (Gender & Sexuality Equity Plan);
- people with disability (Disability Inclusion Plan); and
- people from refugee and asylum seeker background (Refugee & Asylum Seeker Action Plan).

The diversity and inclusion action plans identify proactive steps (special measures) and activities to be undertaken by teams across the organisation to support enhanced access and health equity for some of cohealth’s most vulnerable and marginalised communities. Each plan reflects similar focus areas, including organisational leadership, values and governance; communication and advocacy; community engagement and partnerships; service design and accessibility; and capacity building and staff development.

Human Rights & Advocacy Framework matrix

The diversity and inclusion action plans identify proactive steps (special measures) and activities to be undertaken by teams across the organisation to support enhanced access and health equity for some of cohealth’s most vulnerable and marginalised communities. Each plan reflects similar focus areas, including organisational leadership, values and governance; communication and advocacy; community engagement and partnerships; service design and accessibility; and capacity building and staff development.
Key activities during 2017-18:

**Reconciliation Action Plan**
- cohealth’s Wellness Dreaming initiative and commitment to Reconciliation was profiled at the National Rural Health Conference, Cairns.
- In addition to internal activity, more than 80 staff participated in external cultural immersion activities during National Reconciliation Week and NAIDOC Week, including a guided Spiritual Healing walk through Darebin Parklands on Wurundjeri Country, and the NAIDOC March.
- Culturally safe communications guidelines are currently being developed in partnership with cohealth’s Aboriginal & Torres Strait Islander Health team.

**Refugee & Asylum Seeker Action Plan**
- Development of a cohealth Language Services Booking Portal.
- Active participation by cohealth in OPTIMISE, supporting a model of integrated primary health care for those with refugee and asylum seeker backgrounds.
- To mark Refugee Week 2017, cohealth mobilized an art exhibition and event showcasing the works of people seeking asylum. The event was attended by 200 people, and was promoted through local radio, including Conversation Hour with Jon Faine on ABC.

**Gender & Sexuality Equity Plan**
- cohealth’s Recruitment Policy & Procedure reflects an organisational commitment to advancing human rights and promoting diversity and inclusion, including considering how to reduce opportunities for unconscious biases to affect decision making.
- cohealth’s Recruitment Policy & Procedure reflects an organisational commitment to advancing human rights and promoting diversity and inclusion, including considering how to reduce opportunities for unconscious biases to affect decision making.

**Disability Inclusion Plan**
- An accredited access auditor will be engaged to review the accessibility of priority cohealth sites.
- An annual access retrofitting program at four cohealth sites will be commenced, responding to the results of the accredited access audit.
- An annual Equal Opportunity Act compatibility review will be conducted of recruitment processes to ensure that candidates and applicants with disabilities compete for cohealth positions on an equal footing with other candidates.
Miranda Cox was 36kg when she came to cohealth’s Collingwood clinic in 2013. Her physical health was poor and her mental health was critical. She was addicted to alcohol, using drugs, eating poorly and caught in a workplace bullying case that had caused her anxiety to escalate.

Fast forward to 2017 and Miranda is 49kg, working part-time in a local café, completed an aged care certificate and Certificate 3 in Community Service, one semester away from completing a Diploma of Social Welfare; learning to enjoy her food and is three years in recovery and has not had a drink or taken drugs for two years.

Importantly, Miranda, 41, has hopes and dreams for the future.

The constant for Miranda through the past four difficult years has been cohealth staff including doctors, dentist, physiotherapist, podiatrist, dietitian and counseling services.

"Without cohealth I don't think I would be here now. I know I have done the work, but the people there have stayed with me every step of the way. They gave me a sense of worth and nurtured me in a way I never knew was possible," Miranda said.

Miranda first came to cohealth in December 2013 when she moved to the area from Heidelberg. She wasn’t well, but had no idea how sick she really was.

"It was like I had to start at the beginning and fix my physical health before I could get to some of the other problems. But at the core of it all was my addictions," Miranda said.

Despite making progress in her physical health in the first few months with cohealth, Miranda’s mental health spiraled and she considered suicide. She found another lifeline with the Bolton Clarke (formerly RDNS) Homeless Person’s Program, which allocated her a caseworker. Then she was able to tackle her mental health and addiction problems.

"cohealth nurtured me back to good physical health and opened the door so that I could take the holistic journey filled with recovery on all levels finding emotional, mental and physical health filled with self love and acceptance,"
cohealth has introduced the Commonwealth Home Support Program and the My Aged Care website to clients in a number of different ways, which recognise the importance of keeping community members informed about how to access the services they need.

Among the steps taken to ensure clients are aware of how to access services, we have developed educational materials; we display promotional material at all sites and we have allocated extra staff to assist clients to access the website.

In 2016, the Commonwealth Home Support Program took over responsibility for the funding of all aged care services including home support, allied health and home nursing. The centerpiece of this program, the My Aged Care (MAC) website and clinical portal functions, is an information hub for aged care services, a pathway for seeking services and a confidential record for client information.

A well-attended community information session on Aged Care and the National Disability Insurance Scheme (NDIS) held at cohealth’s Collingwood branch, proved to be a successful way to connect with and inform the community. With five interpreters present on the day (speaking Cantonese, Vietnamese, Greek, Serbian and Dari), about 60 members of the community were able to ask questions and find out more about services.

Although it is considered a significant advance for quality service delivery, the My Aged Care process isn’t without risks. Some clients may have difficulty navigating the system and may not access the services they need. With this in mind cohealth will continue to educate, advocate and support community members using My Aged Care to ensure that vital services such as podiatry, physiotherapy and occupational therapy are accessible to all clients in need.
Mary loves coming to work each day at cohealth’s Collingwood site, in the heart of her own community. She’s humbled and inspired by the courage and resilience of the clients she meets. Some have survived wars; some have built a life in Collingwood after leaving their countries decades ago; others have lived lives of poverty and difficulty but still face each day with hope and determination.

As a Community Health Aged Care Nurse Mary ensures that these clients are supported in various aspects of their lives as they age. Part of that care can involve Advanced Care Planning, which helps the person plan for future healthcare when they may no longer be able to communicate decisions themselves.

Mary is privileged to be able to support people through the Advanced Care Planning process because it can relieve a lot of anxiety about who might one day make difficult decisions about their care.

“Sadly, many end of life decisions are made in hospitals at a very stressful time for families. Helping people discuss their healthcare plans with their loved ones while still reasonably well gives many people comfort,” Mary said. “One of the things I love most about working in community health is that it is holistic and we can address so many areas of a person’s life.”

End of life conversations can be confronting, but Mary has built relationships with her clients and knows many from her decades of community nursing in the area. As well, most of the clients have a history with cohealth and trust the services and staff.

Mary has witnessed the difference Advanced Care Planning can make to a client’s state of mind. One client, Stella, chose to nominate her youngest son and then her nephew as substitute decision makers, as she felt none of her older children would be able to follow her wishes and let her die without active intervention.

Mary tries to involve families in the conversations where possible and provides brochures in different languages to be shared. The discussion will happen over several visits to cohealth or in the client’s home when Mary visits.
There is strong evidence to indicate that Goal Directed Care Plans (GDCPs) are an effective way to increase health and wellbeing outcomes. cohealth has introduced GDCPs to clinical practice over the last three years with great success.

Documenting end of life care wishes requires deep reflection and acknowledging one’s mortality. The most important thing I can do as a nurse is to encourage conversations between clients and their relatives, with the focus being on their values and beliefs and on their wished-for quality of life, rather than the focus being on their death.”

Mary’s work sits comfortably with her own belief that people have the right to have control over their own health. Bringing Advanced Care Planning into a care plan also gives her the chance to provide other health information and dispel myths that could impact on their future care.

Some older people, for example, have little understanding of palliative care. One elderly client, Salvatore, told me that he had seen his wife, Adrianna, be administered a Morphine injection and die soon after – Salvatore had considered this to be a deliberate action by the nurse to speed up his wife’s death. I was able to explain more about palliative care. In primary health settings we have time to address clients’ misunderstandings,” Mary said.

“When I go home each night I know that what we do here at cohealth is important work.”

Goal directed care plans deliver clear benefits

There is strong evidence to indicate that Goal Directed Care Plans (GDCPs) are an effective way to increase health and wellbeing outcomes. cohealth has introduced GDCPs to clinical practice over the last three years with great success.

When clients receive services at cohealth, a GDCP is also frequently included. It is essentially a documented conversation between the client and service provider that can be used to develop the client’s goals for the health services they are receiving.

In the past the focus has typically been on creating care plans that simply provide staff with information on the types of services being delivered. A goal directed approach requires staff to shift their focus onto developing care plans that are meaningful and useful for clients.

Once developed and documented, cohealth’s GDCPs ensure that:

- all services are working towards the same goal
- the service delivered is specific to that client
- the desires of the client inform the actions of the service provider
- the service is based on the client’s strengths
- the client and service provider can evaluate progress.

During 2016 - 2017, 350 service providers have undertaken training in developing GDCPs. They have also created individualised templates and gained client input on the best way to facilitate GDCP discussions.

Over the past year cohealth’s service providers have developed more GDCPs than in the past, so a greater number of clients are benefiting from their introduction. An audit revealed that 10% of clients had GDCPs in 2014. In 2016, that figure had risen to 42%. Of those clients who received a GDCP, 97% said they found the plan useful.

In 2017-18, cohealth hopes to further embed the GDCP practice by continuing to offer training and development opportunities to staff, to audit the frequency and quality of GDCPs and to attain feedback from clients on the usefulness of the GDCPs.

In 2014, 10% of clients had Goal Directed Care Plans. By 2016, that figure had risen to 42%.
ardent advocate for inclusive health care

Anne Law’s contribution to community health has been formally recognised in winning the cohealth annual Frank Fisher 2017 Award.

Anne is a long-term user of cohealth services and an ardent advocate for an inclusive health care system. She is a champion for community rights and environmental sustainability.

Having to deal with the many challenges of our complex health care system through her own life health experiences, and when supporting her husband who passed away from cancer, Anne has sought to contribute to improving community health services. She has worked to ensure consumer voices are heard in the planning and delivery of health services. She has advocated for accessible, health literate and inclusive approaches to service provision, by undertaking an active consumer advisor role on the Community Advisory Group (CAG) and by being elected as an advisor representative on the Community Advisory Committee (CAC).

Anne stands up for people who are at risk of disadvantage, who suffer discrimination, or who are newly arrived and refugees. She is actively involved in the craft group at Niddrie Library, supporting people of all abilities; she assists with cohealth client surveys and with implementing visual health literate posters and fliers for dental health; sitting on innovation grant selection; being involved in the hand hygiene audit, goal directed care planning and codesign group, and supporting dental staff with the introduction of OPG XRay machine at Niddrie and Footscray.

Anne believes that sustainable practices ‘contribute to behaviour change and to improving community social, mental and physical health; that it is about treading lightly on our earth, leaving a small footprint, using only what we need, and reusing where ever possible’. She contributes to community appreciation of the connection between personal, community and environmental health, and fervently promotes sustainable practices and the reduction of energy consumption. Anne works passionately for the good of the community and community health, her motto being: ‘don’t tell me what I can’t do, let me do what I can’ for the community.

Anne Law, 2017 Frank Fisher Award winner.
Coorah*, a young Aboriginal woman from country Victoria, entered the cohealth Youth Residential Program when she was just 18 years old. Having lived in either kinship or foster care since an early age, Coorah lacked the strong support network needed to address and overcome her significant challenges. Despite this, she is now on the road to recovery thanks to the guidance and support she received during her time in the program.

Referred to the program after fleeing emotional, financial and physical partner violence and sexual assault, Coorah had been receiving psychiatric treatment since the age of 12 for self-harm and depression. On entering the program she was assessed as having low self-esteem, poor living skills, limited ability to manage her mental health and no social connections in Melbourne.

After 12 months in the program Coorah managed to complete many of her goals including abstaining from self-medicating via cannabis use and self-harming as a form of coping, disengaging from criminal behavior, managing her anger more appropriately and dealing with conflict in an assertive manner. She successfully made the transition out of the program without a decline in her mental health and secured affordable, private accommodation. Within less than two weeks of living in the new area, Coorah received a job trial and reported that she was “… thankful for the help the cohealth program gave her in developing the skills and confidence she needed to be more independent”. She also “… has a better sense of herself, has made some friends and had developed a sense of hope for her future.”
cohealth Youth Action Council (cYAC) was established in December 2016 to identify, discuss, and respond to issues, both within cohealth and the wider community and to develop the cohealth youth program to influence positive change.

cYAC is formed from consumers of the Youth Residential Rehabilitation (YRR) program, across Reservoir, Essendon and St Albans. The group has quickly become a huge success, having heard 21 different voices, with approximately six core members at each monthly meeting.

cYAC meets once a month to discuss and action issues that are important to young people in the program. cYAC has been strongly involved in the co-designed improvement of the Youth Residential Rehabilitation program with consumers actively engaged in writing new policy alongside staff. One such development has been the adaptation of the visitor policy, to allow consumers more support during the difficult transition stage into the program.

Additionally, residents co-designed a film in partnership with Youthworx with the dual purpose of introducing the program to both incoming participants and key stakeholders. The film has been consumer led and is currently in post-production.

coughalth’s Youth Residential and Youth Support Services are responsible for delivering programs that assist some of the community’s most vulnerable young people. They play an integral role in the lives of many young people at risk of falling through the cracks in the system.

Billy, Practice Manager at Youth Residential and Youth Support Services in Reservoir believes that a stable, secure living environment is key to assisting young people like Coorah on the road to recovery. “Young people in our program tell us that without a safe and stable living environment where the right support is available, recovery is close to impossible. Without a program like ours and the support it provides…life becomes just about survival with no room for recovery,” said Billy.

The cohealth team derive satisfaction from working with young people like Coorah. “Supporting at-risk youth on their recovery journey by coaching young people to explore their strengths and use them to achieve goals and overcome barriers is extremely rewarding. Seeing how this effort leads to increased wellbeing and better health outcomes provides our team with a great sense of achievement,” said Billy.

* Names have been changed

quotes from cYAC members:

“A bridge between consumers and the workers”

“A space where we can collaborate to improve mental health care”

“A place where you’re treated equal”
‘food first’ draws young to mobile health service

• The food, rather than the message, attracted young people.
• The Green Cross bus is taking health care to those who need it.
• Repeat clients are coming back for care and health advice.

It was the food, rather than the message, that attracted young people to the Green Cross bus when it first started appearing around Melbourne’s western suburbs.

The hot sausages in bread, fresh sandwiches and fruit are still a great drawcard, but now young people, who might not have been to a mainstream health service for a long time, are coming to the bus for health care. Cohealth’s Green Cross bus team have seen more and more young people with drug and alcohol issues presenting for advice, referrals and care for a range of health problems.

The Green Cross bus, a partnership with Green Cross Project Inc, is part of Cohealth’s new Mobile Health Access Point Program (MhAP). In May the bus hit the road, parking at various locations around Wyndham, Melton and Brimbank, taking health care to those who need it.

Chris, Program Manager of Cohealth’s Alcohol and Other Drug Treatment Services, said the Green Cross bus team was using hospitality and food to make initial connections with the young people. The team, comprising a nurse, alcohol and drug counsellor and two health workers, are all licensed to drive the bus and can each turn their hand at cooking.

Three days a week they pull up, pull out the barbecue and start cooking. "It’s a really effective way to engage with young people and develop their trust," Chris said.
The bus is set up for use as a mobile health clinic and services offered to the 12 to 25 year target group include:

- access point for Hepatitis C diagnosis and treatment;
- clinical nursing service providing support around immediate and long term health issues;
- brief interventions and counselling;
- assistance with referrals to external agencies; and
- counselling and support to families.

“We are pleased with the way the service is now being used. The first few weeks were about engaging with the communities in a range of ways to let them know the bus was coming. Then people started dropping by to see what it was all about and now we are seeing repeat clients coming back for care and health advice,” he said.

Chris hopes that the bus project will strengthen links between the communities and cohealth and encourage the young people to attend a mainstream health centre for any necessary ongoing care.

“a really effective way to engage with young people”
Sabira, an Hazara woman from Pakistan, joined her husband in Australia in the summer. She wanted to fit in and to feel at home, but even the summer here was different to the season she knew so well.

“Everything is different. It is most difficult to overcome the language and financial issues. Many people come here without any family networks to rely on. If you are older you need someone with you to do everything, even to buy groceries,” said Sabira, one of 17 interns recruited from refugee and asylum seeker communities to participate in cohealth’s Bi-cultural Community Health Literacy Project.

The project, run by cohealth’s Community Engagement Officer Jasmine and Refugee Health Coordination Support Worker Jamad Hersi, aims to improve refugee and asylum seekers’ overall health literacy so that they can better understand and access services.

Jasmine designed the project so that the interns from newly arrived communities, including Burmese Chin, Somali, Tibetan, Amharic, Tigrinya, Arabic, Oromo and Persian, will:

• build networks and share lived experiences; develop strategies to better advocate and support newly arrived people.

• strengthen existing health literacy skills and group facilitation skills to share their knowledge in workshops for newly arrived communities.

• develop skills in bi-cultural work and community advocacy within an Australian context.

“Working with bi-cultural workers will in turn help cohealth staff gain a greater understanding of issues within refugee and asylum seeker communities. This means we can deliver more culturally appropriate services and create stronger connections with communities,” Jasmine said.

Six months into the project a lot has been learned.

“What has emerged is the importance of employment in these newly arrived communities. The lack of employment affects almost every health outcome,” said Jasmine.

Sabira and other interns participate in fourteen workshops up to December 2017. After that it is hoped they will then deliver workshops in their own communities.

“Most of the volunteer interns are leaders in their own communities and give so much of their time and energy to building capacity in youth groups, men’s groups, religious groups and women’s groups.”

Jasmine has seen far too many people ‘slip through the cracks’ because they couldn’t access services, housing or employment.

Sabira wants to take the knowledge she has gained back to her community. Being part of the project has already changed the way she sees herself.

“I joined the workshops because I wanted to find out how things worked and meet people who could help me learn. I thought it was only me who found things difficult to understand in Australia. But I discovered that everyone experienced the same problems as me. Now I want to share what I know with other people.”
Through art we tell our stories. Art expresses who we are, how we feel, the roads we have travelled. Art reaches out and touches the viewer without telling them what to think. Through art we share what it is to be human in all its light and shade, joy and despair.

“Our Shared Humanity is an exciting and moving exhibition of creative works by refugees and people seeking asylum. It was launched during Refugee Week in June featuring Internationally Acclaimed Spoken Word Artist, Abe Nouk, and an exclusive film showcasing the artists’ journey. Many of these people don’t make it to safety and for those who do, the journey is often harrowing. Through shared hardship comes stories of resilience, love, strength and beauty. cohealth is honoured to present to you the works of some of these brave individuals. The exhibition will go on tour to other centres across Melbourne and Victoria.”
cohealth’s Connections program has changed the lives of many women who have experienced abuse. Many come to recognise their strengths and see how they would like their life to be. Importantly, they find support.

Martha* came to cohealth’s two-day Connections program this year, her first time out for a long time. Martha doesn’t go out much anymore since the violence she has endured has left her with significant physical injuries. The other six women in the group made her welcome, knowing only too well how some scars and bruises were left. Martha told some of her story in the safety of the group, facilitated by cohealth’s family violence counsellors including Mercedes, Family Violence Practice Lead.

Martha said she felt safe to share her experiences. She also talked about how connected she felt to the other women in the group. Some of the participants exchanged contact details and arranged to take this woman out for her first meal in a café for many years.

cohealth has been running two Connections groups each year since 2009, bringing together women from various backgrounds and ages who all have one thing in common. They are living with, or have left an abusive or hurtful relationship.

Connections uses the idea of the ‘Tree of Life’ to focus on aspects of the women’s lives that have sustained them through difficult times and to help them reconnect with their dreams and preferred ways of living.

“We invite women to draw their own ‘tree of life’ in which they get to speak about where they came from, their skills and knowledge, their hopes and dreams, as well as the special people in their lives,” Mercedes said. The women then join their trees into a ‘forest of life’ and discuss some of the ‘storms’ that have affected their lives and ways that they have responded to these storms, protected themselves, and others. The women are encouraged to speak about their lives in ways that make them stronger.

Sadly, Mercedes has seen many women feeling ashamed, isolated and fearful because of family violence and she has witnessed the benefits of the Connections group.

“Family violence is often internalised by many women leading them to think that they are the problem. But when women come together in a group, that belief can be challenged. In a group, the women’s experiences are shared. Meeting other women, seeing that they are okay as people, but have experienced violence too, can help a woman observe and reflect differently on her own experience,” Mercedes said.

Through the “The Tree of Life”, women are invited to acknowledge their strengths, skills and values and what they have done to protect others, and to challenge the belief that they are useless and a failure as a woman or a mother, which is what they have been told for many years.

Connections is one of the family violence services offered by cohealth, which struggles to meet the demand. About 85% of all clients seeking counselling do so because of family violence.

Mercedes, who has worked in the service for 11 years, has seen an increase in the numbers of women seeking counselling because of family violence. In the past year cohealth supported 287 new family violence clients and the wait list is about 12 weeks. A woman in immediate risk will be seen as a priority.

*Not her actual name
Faith wishes *Maya’s story was unusual. But as a lawyer with CoHealth’s Older Person’s Legal Service, she supports many people who are not safe where they live because of some kind of abuse, often from a close friend or family member. In Maya’s case it was her daughter who took her money; bought herself a car; drove her mother in the car to an aged care facility and drove away.

Around the same time Faith was giving a talk about legal rights for older people at a CoHealth connected group. Veda, Maya’s sister, heard Faith and spoke to her about her sister’s plight and her desire to bring Maya to Victoria to live safely.

CoHealth collaborated with Justice Connect’s pro bono lawyers interstate who worked for several months through a complex web of language, legal and financial barriers. Finally, after many court hearings, Veda was appointed Maya’s financial manager. With Veda’s assistance, Maya is now empowered to manage her own affairs.

Maya, who moved to Australia from Spain to be with her daughter, settled in Melbourne. While the legal issues have been resolved, the emotional cost has been great.

“It’s easy to forget when we write and talk about elder abuse and how it can be avoided or handled, that it takes great courage for people to speak up. Many people who are living in unsafe environments will not speak up for fear of losing contact with their children and grandchildren or because they fear being put into a nursing home. To speak up puts so many relationships at risk,” Faith said.

Faith has trained CoHealth staff to help them identify signs of abuse, which could range from controlling behaviours by a well meaning relative, to physical abuse from a son or daughter or loss of control of all finances. “People will often present at a clinic asking for help to get another house, or for money, rather than say directly what has happened. A lot of people want to protect their family and they are afraid of getting their family into trouble,” she said.

CoHealth’s workers refer the majority of Faith’s clients and others come after discovering they can do something to protect against elder abuse, particularly financial abuse.

Faith gives regular talks at community events, particularly culturally and linguistically diverse communities who may have difficulty accessing the information.

“I talk to older people about how to prevent problems in the future. Often older people will sell their home and give money to their children and move in with their son or daughter’s family,” Faith said. “There are documents that can be drawn up to protect the person and ensure they are not left without anything if they need to find other accommodation. But taking this preventive action, having these conversations, also requires a lot of courage. We want to make it easy for older people to get legal help.”

Many clients will choose to stay in an unsafe environment and Faith does what she can to ensure they know their rights and what services are available to them to help them manage, such as counselling.

“What we want to do is to tell more and more older people how to prevent these situations and that they do have the right to live in safety.”

*Not her real name
cohealth’s Wellness Dreaming training encouraged Heather Gillard to see herself and her community in a different way. “People are always saying, ‘what’s wrong with you, what’s your issues?’ It was really good for someone to finally say, ‘what are your strengths?’.” As a newly trained Wellness Dreaming Messenger, Heather wants to support others in the Aboriginal and Torres Strait Islander community to recognise their strengths and passions.

Heather, from Melton, was one of 26 people who participated in cohealth’s second Wellness Dreaming training for Aboriginal and non-Aboriginal people from a variety of sectors in the north-west. Wellness Dreaming Project Officer Nicole said the training “flipped thinking” on Aboriginal wellbeing, moving from a negative to a positive way of seeing communities.

Once trained, Wellness Dreaming Messengers run programs in their own communities and workplaces, using skills, resources and cultural wisdom gained through the program. Questions that focus on what’s strong, not what’s wrong, are at the heart of the training led by Wellness Dreaming Project Lead Karen, a member of cohealth’s Prevention and Population Health Team.
“It’s interesting when you ask people to identify three things they love, three passions or things they care about. It’s a very different response to the one you get when you ask people what they need,” Karen said. “The positive question can lead to people identifying their gifts and what they know, the wisdom they have, and how that can be utilised. Some great community led actions can come from this way of thinking.”

Dreaming Circles led by Wellness Dreaming Messengers happen in a variety of settings. One group of Indigenous elders in Melbourne’s north-west participated in a Dreaming Circle and talked about going on a trip to their country.

“Once the group decided on what was important to them they soon came up with the idea of a camp on country to connect with culture and where they could take their pets. The Messenger guided the thinking towards steps for the group to research locations, budget and exploring ways to raise funds,” Karen said.

Karen has been inspired by the hopes and plans that have come from some of the 16 Dreaming Circles held in the past year, involving 178 people. A group was determined to build their confidence in chairing meetings and Acknowledging Country and in another Dreaming Circle a woman talked about her yearning to do something special for her children.

“The woman had been separated from her children for some time before eventually being reunited. She had never cooked a cake and didn’t know how to do it. But it was something she really wanted to do for her kids,” Karen said.

“Even though she had been involved with the other people in her group for some time, she had never had the opportunity to talk about wanting to do this thing for her children. Others in the group responded by organising to gather and help her bake the cake,” Karen said.

“It’s hard to measure the impact of this experience, not just for the woman, but for the group who helped make it possible and importantly for the woman’s children,” Karen said. “This was her passion and it enabled others to show their strengths.”
Scattered Tribes: Healing through Kinship

cOHealth Arts Generator’s Scattered Tribes First Nation’s art group produced an important exhibition for NAIDOC week in 2017. The exhibition was created through an arts program that explored the relationship between arts practice and healing in an Australian Aboriginal context. The project was led by Bardi/Jawi and Karajarri woman, visual artist and community leader Ngardarb Riches, who is exploring the relationship between kinship and arts practice in her PhD studies at Melbourne University. The following is a quote from Ngardarb written for the printed exhibition program:

“When we think of kinship, we are automatically thrown back into time when our ancestors roamed this country. However, kinship is so alive today. Some of our tribes may not practice it in its entirety today as it was practiced in ancient times.

It is the very essence of our bonds that keep our family structures operating. In our modern world our kinship bonds are challenged and we need to stop and rekindle our relationships. Of course there is added adjustments that need to be put in its places within the kinship laws.

We have extended families that form the whole make up of our worlds. We are governed by our kinship laws and structures that govern our family heritage. This in turn connects and links us to our tribal boundaries.

So in the case of trauma, everyone within a family setting feels and carries these hurts hence the generational passage of these traumas. The unique thing that happens with our Aboriginal families is that we act upon our relationships and keep those bonds strong.”
This project focused on holding a space for Aboriginal community members to reconnect with country, with story and with each other in a culturally safe way. The making of a new possum skin cloak was central to the project. The group process of stitching together the possum pelts of the cloak provided a touchstone for the development of other works in the show. These included new paintings by Ngardarb, and a series of photographic portraits that are collaborations between community members and photographer Arun Munoz. The portraits brought together cultural and urban elements to create images of representation that speak of strength and connection to one another and to country.

The next phase of the Scattered Tribes project will investigate further presentations of the exhibition in regional and outer urban communities.
snapshots 2016-17
The opening of cohealth’s innovative new health centre in Footscray in November, 2016 was the culmination of a ten year journey to create a four floor, purpose built health centre.

Clients and staff are delighted with the new centre at 78 Paisley Street Footscray, which offers a comprehensive range of health and support services that will improve the health and wellbeing of the people in Melbourne’s west. It continues a 40 year history of service delivery in the Footscray area.

Services available at the health centre include a 12 chair dental clinic, medical, pathology and a broad range of health and support services including refugee health clinics, podiatry, counselling, physiotherapy, dietetics and more.

Making services easy to access is important, given that the people who use our services often face significant health equity challenges and have ongoing or complex needs.

The State Government which committed significant funding toward the purpose built dental clinic within the health centre.
Community health services have been an integral part of the Collingwood community – in one form or another – for nearly 150 years. They form a critical part of the local primary health service system, particularly responding to the needs of people in the area who experience disadvantage.

For the last 50 years cohealth’s building at 365 Hoddle Street has served as a key site for this service delivery, with a suite of medical, allied health, mental health, community nursing, pharmacy, and other specialist support services provided to the surrounding community.

However the building itself, whilst much loved and used by local residents as a community hub is becoming old and worn out, requiring costly maintenance to keep it operational.

The floorplan is inefficient, limiting the type and number of services that can be provided. In order to continue to meet the health and social support needs of the local community into the future, cohealth has commenced planning for a significant redevelopment of the site.

Over the coming months and years we will work closely with the local community to design a shared vision for the site, and to secure the necessary funding to bring that vision to life. In the meantime cohealth remains committed to delivering high quality care from the site, and will in early 2018 undertake minor refurbishments to improve the safety, functionality and amenity of key client areas.

“We will need community support and guidance”
mental health gaps a concern

Community mental health services are a key advocacy priority for cohealth. We are concerned about emerging service gaps for people with a serious mental illness in Victoria, both for those eligible for the NDIS and those who aren’t.

We have long advocated that the State Government collaborate with mental health service providers, consumers and carers to develop a comprehensive plan to meet the holistic needs of people requiring psychosocial rehabilitation support. In addition, we are urging the Government to commit adequate funding to new models of care that ensure that community led psychosocial rehabilitation services continue to be available to those who need them in the changed mental health system, particularly for those who are not eligible for the NDIS.

We have also advocated to the Commonwealth Government via the Joint Standing Committee into the National Disability Insurance Scheme – recommending that State and Territory governments meet their obligations to ensure that psychosocial rehabilitation is adequately funded; that the NDIS pricing structure be reviewed to ensure it allows sufficient resources to effectively meet the needs of people with psychosocial disability, and that planning processes be improved to better meet the needs of people with a mental health condition.

With a State election on the horizon for Victoria in November, 2018, we will look to join with others in the mental health sector to make addressing the gaps in Victoria’s mental health system a key election issue.

business support services relocated

Late in 2016 cohealth became the largest tenant at the Dream Factory at 90 Maribyrnong St, Footscray. Over the ensuing months and early into 2017 our offices were equipped and furnished. The Dream Factory, which is a coworking space, is now the home of the majority of our administration and support services such as finance, IT and people and culture.

In keeping with our determination to be flexible and to encourage interaction among staff from different services and locations, our Dream Factory site has a number of hot desks, numerous meeting rooms and a communal kitchen and socialising area that has become a focal point for meetups and collective notices.
random drug testing for pensions and benefits ‘deeply troubling’

coothalth made a submission to the Senate Standing Committee on Community Affairs on the Social Services Legislation Amendment (Welfare Reform) Bill 2017. We are deeply troubled that the Federal Government has introduced amendments to social welfare legislation that will require some welfare recipients to undergo drug and alcohol testing in order to be eligible to receive pensions and benefits.

We believe the targeted compliance framework proposed by the Government will exacerbate economic inequality. This directly contributes to health inequality, negatively affecting the health outcomes of individuals and families in economic hardship and ultimately results in greater costs to society as a whole.

medically supervised injecting centre supported

There have been more than 900 deaths from drug overdose in Victoria in the past two years. These deaths were preventable.

The evidence from more than 100 medically supervised injecting centres across the world is unequivocal. No deaths have been recorded at these centres. They are a success because lives are saved and opportunities for treatment and rehabilitation are made possible.

As one of the largest providers of services to people who use drugs in Victoria, cohealth has been a long term advocate for the introduction of supervised injecting facilities at key drug hot spots around the State. This advocacy included joining with 43 leading health, community, specialist and AOD organisations and prominent individuals to make a public statement supporting the trial of a Medically Supervised Injecting Centre in Richmond.

The report of the inquiry into the trial of a Medically Supervised Injecting Centre recommended an 18-month trial of a Medically Supervised Injecting Centre in Richmond, and we hope the Victorian Government will follow the advice of health experts, residents and community leaders.
A lack of access to dental care can have a very big impact on people’s lives. People with diabetes, for example, can end up with serious gum disease that can then lead to other infections or the loss of teeth if they don’t get regular access to a dentist. Having poor teeth and gums can also make people reluctant to smile and really affect people’s confidence in social settings. This can affect their personal and working life, and can making getting a job difficult.

Current wait times – averaging approximately 18 months – to access public dental services such as those provided by CoHealth are unacceptably long. The Federal Government’s recent 30% cut to adult public dental funding is likely to worsen this situation still further – for the CoHealth community that’s potentially 3000 less people we are able to see every year.

There is physical capacity within fantastic dental facilities and equipment, such as those located at 78 Paisley St to see far more people, if adequate funding for service delivery is provided – and CoHealth will continue to advocate strongly for the urgent need for additional funds.

“A lack of access to dental care can have a very big impact on people’s lives.”
quality account summary

accreditations

cohhealth undertakes independent quality and safety reviews of our programs. All of our reviews have shown that cohealth provides high quality and safe services. We use feedback from the reviews to develop continuous improvement plans for our services. These reviews are just one way in which we ensure the quality and safety of our work.

cohealth is currently accredited against the following standards:

<table>
<thead>
<tr>
<th>Standards</th>
<th>Services Covered</th>
<th>Outcome</th>
<th>Next Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>QIC</td>
<td>All of organisation</td>
<td>Met all</td>
<td>July 2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exceeded standard</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>in 2 domains</td>
<td></td>
</tr>
<tr>
<td>RACGP</td>
<td>Medical Practices</td>
<td>Met all standards</td>
<td>Various through 2017 &amp; 2018</td>
</tr>
<tr>
<td>NSQHS</td>
<td>Oral Health</td>
<td>Met all Standards</td>
<td>July 2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Met with Merit in 7 areas</td>
<td></td>
</tr>
<tr>
<td>HSS</td>
<td>- Integrated Family Services</td>
<td>Met all Standards</td>
<td>July 2018</td>
</tr>
<tr>
<td></td>
<td>- Family Support Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Indigo Care Coordination Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCS</td>
<td>All Aged Care Services</td>
<td>Met all Standards</td>
<td>August 2020</td>
</tr>
</tbody>
</table>

client experience survey

In 2016 cohealth participated in the Department of Health and Human Services client experience survey, the first survey of its kind. This client survey is an important way for cohealth to better understand how we can improve our services and sites.

Overall, 93% of clients reported a positive experience of the care they received at cohealth. They told us we are doing well at:

- Referral to other services
- Giving them a copy of their care plan
- Helping them to understand how to make a complaint

Clients told us we could do better at:

- Making it easier to make appointments
- Providing information before appointments
- Helping to make and review client goals

Most people who participated in the survey are from our Collingwood and Inner Space sites and so we will be implementing local improvement activities at these sites. In our next survey we will aim to increase participation and ensure that consumers from all our sites and services are represented in the results.
incident report helps staff to be prepared

Cohealth regularly reviews incidents to ensure that we are continuously improving the quality and safety of our services and to support our staff to be skilled and prepared to manage incidents that affect both our clients and our staff.

Our internal Clinical Governance Functional Group monitors this data and guides the implementation of improvement activities across the organisation. This Functional Group is made up of representation from all service delivery areas, and it focusses on the quality and safety of the work we do. This year the group has implemented new policy, training and made recommendations related to site lay out in response to the reviews of incidents.

The largest number of client related incidents are behaviour related. This includes the management of suicidal ideation, self harm, challenging behaviour due to mental state or substance use that is not directed at staff; aggression and violence between clients and clients who have been missing from residential or day activity programs.

Health deterioration is a combination of clients presenting to services and physical or mental health status deteriorating unexpectedly and requiring intervention (internal or external).

Service delivery incidents are related to infection control, clinical handover, consent, neurological issues and other issues deemed to have occurred during service delivery.

2016-17 break down of incident classifications

- Behaviour Related: 53
- Service Delivery: 188
- Health Deterioration: 219
- Other: 219
- Overdose Management: 8
- Slip Trip Fall: 5

client feedback by type

- Compliments: 53
- Complaints: 188
- Suggestions: 219
oral health in the spotlight

As an area of health care that is often overlooked, the links between poor oral health and chronic disease are well-known. Improving the quality of dental care offered to communities with significant barriers to accessing affordable health care is of paramount importance. Treating patients from diverse backgrounds including Aboriginal and Torres Strait Islanders, refugees and asylum seekers, and people who are homeless or at risk of homelessness, cohealth’s team of dedicated dental practitioners, technicians and educators have successfully improved the quality of dental care delivered to the community in a number of tangible ways.

Having reduced retreatment rates for children from 3.8% in 2013-2014 to 1.8% in 2016-2017, cohealth is making a positive impact on the oral health of children within the community. Adult patients are also benefitting from the service, with a reduction in the return rate of surgical extractions from 4% in 2014-2015 to 1.4% in 2016-2017.

Working with vulnerable members of the community, cohealth has been able to improve service delivery to Aboriginal and Torres Strait Islander patients. In 2016-2017 cohealth has reported an 8% increase in the number of Aboriginal and Torres Strait Islander people who visited the clinic (as compared to 2015-2016) and since welcoming all Aboriginal and Torres Strait Islanders to cohealth in 2007, 280% more Aboriginal and Torres Strait Islanders have sought out oral care assessment and treatment at the centre.

Undoubtedly, the oral health of children is of huge importance yet many children still aren’t accessing dental care during their formative years. Working in collaboration with the Kensington Community Children’s Co-Operative, cohealth completed dental hygiene screening for 141 children at the centre throughout the year. Apart from dental screening, cohealth educators and dental technicians also provided children with information and education on oral health and cultivating healthy eating and drinking habits. Health promotion such as this works to safeguard the oral health of children and hopefully reduce or eliminate the incidence of future dental health issues in adulthood.

pharmacotherapy network supports opioid management

In Victoria, deaths from pharmacetical misuse are higher than the road toll.

cohealth leads one of five Victorian Pharmacotherapy Area-Based Networks to provide local support for primary care medical practitioners, pharmacists and health professionals to prevent, manage and treat opioid dependence.

Each Pharmacotherapy Area-Based Network has achieved significant increases in opioid pharmacotherapy prescriber numbers in Victoria. On average, net prescriber numbers increased by 26% and net community pharmacies authorised to dispense opioid pharmacotherapy increased by 12% across the state.

Networking and support is vital in the recruitment and retention of opioid pharmacotherapyprescribers and authorised dispensing pharmacies in the Victorian community-based model for service provision. The North West Melbourne Pharmacotherapy Network and South East Melbourne Pharmacotherapy Network partner to facilitate education and training for health professionals to up-skill in topics related to opioid dependence and to strengthen local peer networks.

Heroin use ‘in the last 12 months’ has declined from 0.8% in 1998 to 0.2% in 201638. However, Australia has seen an increase in the prescription and use of licit opioids. In particular, the supply of oxycodone and fentanyl increased 22 fold and 46-fold respectively between 1997 and 2012.

Consistent with these trends, hospital separations associated with prescription opioid poisoning have increased substantially.

community session on aged care and the national disability insurance scheme

A special community session on Aged Care and the National Disability Insurance Scheme was organized at cohealth Collingwood in July in response to a request from cohealth community advisors.

Five interpreters were present on the day: Cantonese, Vietnamese, Greek, Serbian and Dari. About 60 members of the community attended the session where a lot of questions were raised.

The Aged Care session was conducted by Greg, Senior Manager, Complex Needs and Inner North Programs. The session explained what is the ‘My Aged Care’ system, how do people now receive aged care services, who is eligible under My Aged Care (MAC), what is the pathway to service for a person over 65 via the My Aged Care portal, what are the risks of the new My Aged Care system, and how we can work to limit these risks.

There was also information on the eligibility of Community Health Services packages, and how people can apply for these.

The NDIS session was presented by Rachael, Service Development project leader. Rachel explained that cohealth is providing services for participants who have an NDIS package and need support from several different agencies. Our services are currently operating out of the Hoddle Street office in Collingwood.

Cohealth helps to coordinate supports to ensure participants’ needs are met. Support coordinators help to identify the most suitable providers, manage service agreements, and encourage communication between the support services involved in participants’ care.

The support coordinators work with consumers to develop the skills needed to independently manage services into the future.

cis a registered NDIS provider for support coordination. cohealth is also providing NDIS services in the areas of:

1 Improved health and wellbeing
2 Participation in the community
3 Improved daily living skills

These services include:

1 Counselling
2 Physiotherapy
3 Occupational Therapy
4 Dieticians

The Life! Program run by Diabetes Victoria is funded by the Victorian Government. cohealth is the provider.

"support coordinators work with clients to independently manage new services"
‘people matter’ survey

In 2016 50 per cent of cohealth staff participated in the annual People Matter survey.

Program managers and executives held two consultations to discuss implications, learnings and ways leadership can improve including quality and safety. We conducted open staff consultations and team meeting presentations at a number of sites to talk about the results and invited staff input and suggestions.

cohealth also undertook the following specific activities:

- **71%**
  
  average receiving feedback in 2016

  **Performance feedback**

  (this was comparable with 2015 and up from 62%)

  cohealth believes that through regular, effective and timely management and reflective supervision, staff are supported to provide high quality and safe services. In late 2016 Supervision training was conducted for all managers to upskill them and reinforce our Supervision Policy. These results were also used to reinforce our 2017 Performance Management policy and process.

- **67%**
  
  Management is driving us to be a safety centred organization

  (results not comparable to 2015 due to survey format changes)

  cohealth conducted tailored, in-house training for all managers on Safety is your responsibility – Manager Obligations

These actions were undertaken in conjunction with the Quality, Client Safety and Evaluation Team and the Work Health and Safety Team.

Key highlights relating to quality and safety from the survey:

- **92%**
  
  My organisation provides high quality services to the Victorian community

- **81%**
  
  I am encouraged by my colleagues to report any patient safety concerns I may have

- **78%**
  
  My suggestions about patient safety would be acted upon if I expressed them to my manager
making it easier to access services

Making cohealth Easy means ‘health jargon’ will disappear

It will be much easier for clients to make appointments at cohealth with shorter waiting times.

The ‘teach back method’ ensures clients have understood the information.

Gordon is the ideal person to oversee the plan to make cohealth’s services easier for clients to access, understand and use. He is happy to strip away the jargon and tell it like it is so that everyone can understand. That’s one of the key messages behind, Making cohealth Easy, a plan being rolled out across cohealth’s 40 sites.

Making cohealth Easy is part of cohealth’s 2015-18 strategic plan and there are 37 actions. Like all cohealth initiatives, Making cohealth Easy, was informed by clients who participated in community consultations. Two hundred staff were also involved as they are key to how services are delivered.

Some of the 37 actions have been completed and Gordon, Senior Manager Prevention and Population Health Planning, hopes clients are already noticing the difference.

"By the time we have completed the 37 actions we believe it will be much easier for clients to make appointments at cohealth with shorter waiting times, to be more in control of their own health choices and for us to be communicating more effectively with them,” Gordon said.

Making cohealth Easy means ‘health jargon’ will disappear. Staff from different teams are receiving training and will develop standards for how staff should work with clients, making sure that clients are understanding each step in the process. cohealth will be the first in Australia to develop such health literacy standards for staff. A key thing so far has been the use of the ‘teach back method’. This means all clinicians ask clients to repeat key pieces of information to ensure they have understood the information.

“We still have work to do and there are a lot of people working to make cohealth easy right across facilities, client services, allied health, dental and medical. It’s a way of delivering services that we will constantly refine even after the 37 actions are complete,” he said.

cohealth’s bricks and mortar developments in the past year have been well celebrated, particularly in Footscray. It’s the behind-the-scenes changes that Gordon hopes will be just as significant.

Some key Making cohealth Easy changes have already been implemented and include:

- Introduction of a single phone number for all allied health services and changes to the process so clients get their first appointment sooner, with reminders sent via SMS.
- Nearly half of cohealth clients have their own care plans developed around goals set by them.
- Key service information translated into multiple languages and clients being given translated materials to help them manage their health after the appointment.

Making cohealth Easy
Training empowers staff to effectively manage conflict in the workplace

Over the past year cohealth has taken a number of actions to address the risks associated with emergency response and managing conflict in the workplace.

Cohealth staff have collectively undertaken extensive training in conflict resolution and de-escalation by implementing a number of strategies to effectively prevent, manage and minimise the impact of challenging and aggressive behaviour in the workplace.

A training program covering how to resolve conflict through negotiation has educated staff on how to actively de-escalate conflict and ensure staff safety. Targeted towards staff with client-facing positions and back up support responsibilities, the program uses actors to roleplay situations that are relevant to mental health and community workers. Fifteen sessions of this training program were booked for the year and by September 166 staff members had attended a session.

Caitlyn, Manager Work Health & Safety believes that cohealth staff have benefited from this training program, especially when considering the broad range of factors that influence client behaviour. “Many of our clients experience a number of difficulties in their lives including chronic illness and pain; English as their second or even third language; discrimination and limited income. All of these factors can impact on a person’s behaviour,” said Caitlyn.

The training has been well-received by staff who now understand that changing the way they approach a situation can lead to beneficial outcomes when dealing with clients in distress or displaying challenging behaviours.

“Staff have been given skills to negotiate conflict, rather than simply react to it. The training has given staff a package of skills that allows them to identify when clients are becoming agitated or upset and respond accordingly to minimise escalation,” said Caitlyn.

Staff training programs are one way to improve conflict management within a clinical setting but there are other factors that can help to reduce the potential for challenging behaviours to arise. For instance, safety reviews of foyer and client areas at several cohealth sites revealed that improvements could be made.

Making cohealth clinics more welcoming for clients and safer for staff is a priority with renovations either planned or recently completed at the following sites: 6 Gower St, 12 Gower St, Drop-in 215 Nicholson St, Innerspace, Central City, 365 Hoddle St and 72 Paisley St.

Further to conflict resolution training and renovations to key clinics, a review of the Emergency Management Response Policy and Procedure has been completed. Evacuation Warden Training has also been conducted across the organisation to ensure all sites are prepared in the event of an emergency.
We are pleased to present the cohealth financial statements for 2016/17 financial year. It has been a year of solid investment in building cohealth’s business capability, a necessary effort for an organisation working to improve health and wellbeing for all and tackle inequality, in partnership with people and the communities they live in.

Further contributing to cohealth’s capability building has been the investment in organisational development, and our commitment to service quality and innovation, including:

- the provision of integrated community health care;
- activities to improve service access including a unique partnership with Victoria University to advance interdisciplinary care;
- strengthening our engagement with our communities through collaboration and co-design;
- being a strong voice for system reform and health equity with thirteen policy submissions;
- building culture, development of tools and resources to best support, engage and retain staff;
- ongoing integration of key organisational systems;
- a significant contribution to the improvement and renewal of the physical infrastructure of the organisation; and
- advancing organisation sustainability, through business development activities.

In 2016/17 cohealth produced an operating surplus of $5,066,305 after the inclusion of a government capital grant of $8,438,000 (relating to the Paisley Street property) compared to an operating deficit of $774,316 in the prior year. As a result of this and a revaluation of our other land and buildings by $6,900,000 cohealth’s equity increased from $23,421,564 in 2015/16 to $35,387,869.

One of the most significant initiatives over the last two years came to fruition in December 2016, when the Minister for Health and Ambulance Services proudly declared the Paisley St, Footscray Health Centre open. This was an undertaking that represents the continued strong and growing relationship with Government and community and a commitment to invest in infrastructure to support the delivery of quality services following 10 years of continued advocacy.

It has been a difficult year with losses in government grants (as a consequence of transition to National Disability Insurance Scheme) and increasing employment costs necessitating strong management of the services cohealth provides. Despite this cohealth has managed to achieve a strong result and ends the year in a very sound financial position, well placed to tackle the many challenges we face in the provision of community health in Victoria.

We commend our Board colleagues, cohealth management and staff, and our many community advisors and representatives for their passion and commitment. This enables cohealth to continue to provide services and support that are responsive to individual and community need, promote health and wellbeing, prevent ill health and better manage health conditions.

We look forward to continuing to work together with communities and stakeholders to improve the health and wellbeing for all.

Kay Rundle
Board Director
Chair

David Nairn
Board Director
Chair, Finance and Audit Committee
The following persons were directors of cohealth during the whole of the financial year and up to the date of this report, unless otherwise stated:

Kay Rundle  Chair
Qualifications
BSocWork, GradDipComp, MBUS, MAICD
Role within the Company
Chair and member of the Finance and Audit Committee (ex officio).
Other current experience and expertise
Extensive experience as a local government leader as CEO of the cities of Maribyrnong, Greater Geelong and Port Phillip; Executive coach with CEOs in local government, hospitals, schools and government; First elected President of Local Government Professionals and was awarded the SACS Executive Leadership award in 2006; and Chair Western Leisure Services and Public Transport Ombudsman.

Kerry Thompson  Deputy Chair
(appointed to Board effective 1 July 2016)
Qualifications
BBus, GradDip Management, FAICD
Role within the Company
Director and Deputy Chair from 1 December 2016.
Other current experience and expertise
Highly accomplished and experienced CEO in the local government sector of Maribyrnong and Wyndham City Councils, and in the not for profit sector of Lost Dogs Home; In 2009 seconded to work with the Victorian Bushfire Reconstruction Authority; Director on various boards for over 15 years; and Recently appointed to a Deputy Secretary role in Transport for Victoria.

Other current experience and expertise
Lawyer by background and experience in corporate law, international development, community legal centres and the public sector; Experience in establishing health justice partnerships, organisational development and social innovation; Manager of client access at Victoria Legal Aid; and Former Executive Committee member of the Vietnamese association of Victoria.

Khoi Cao-Lam  (appointed to Board effective 1 October 2016)
Qualifications
BBus, LLB (Hons)
Role within the Company
Director and member of the Quality and Risk Committee
Other current experience and expertise
Lawyer by background and experience in corporate law, international development, community legal centres and the public sector; Experience in establishing health justice partnerships, organisational development and social innovation; Manager of client access at Victoria Legal Aid; and Former Executive Committee member of the Vietnamese association of Victoria.

Sally Cunningham
Qualifications
BO.T, GradDipMHSci (Community), MPubPol&Mgmt, GAICD
Role within the Company
Director and member of the Quality and Risk Committee
Other current experience and expertise
Clinical, project, and management roles in acute, sub-acute, mental health and community health services Manager, Allied Health Workforce Development at Melbourne Health; Workforce and service development roles in health networks since 2008; Director on not for profit boards for more than 15 years; and Practitioner member of the Occupational Therapy Board of Australia.

Leanne Dillon  
Qualifications
BHSci (Nursing), GradDipAdminMgmt, LLB, GradDipLegPract
Role within the Company
Director and Chair of the Quality and Risk Committee
Other current experience and expertise
Previously worked in the health sector as a clinician and in senior management roles including Board Secretary, Legal Counsel and Director Clinical Governance and Medico Legal at Western Health; Project Director at Alcidion Corporation a health informatics company that builds software to support the delivery of patient care; and Board Secretary with the National Disability Insurance Agency.
Ron Exiner
Qualifications
BA, BEc, BSW, Dip Ed
Role within the Company
Director and member of the Finance and Audit Committee; and
Chair of the Community Advisory Committee.
Other current experience and expertise
Extensive background in local government and a wealth of experience in Corporate Governance, strategic planning and accountability;
Former Director at Inner North Community Foundation; and
Committee member of the Hanny Exiner Memorial Foundation and Post Polio Victoria.

Helena Maher
Qualifications
BA(Hons), MPubPol&Mgnt, GAICD
Role within the Company
Director and member of the Quality and Risk Committee
Other current experience and expertise
Manager of Strategy and Planning at Royal Women's Hospital and has written and researched on a number of key health issues, including violence against women.

David Nairn
Qualifications
BComm and Admin, GAICD, FCA, FCPA
Role within the Company
Director and Chair of the Finance and Audit Committee (from October 2016).
Other current experience and expertise
More than forty years’ experience as a chartered accountant providing services to a wide range of organisations including not for profit, family business, public sector organisations and listed companies in New Zealand, Canada and Australia;
Chair of the Finance and Audit Committee of the Victorian Institute of Teachers;
Chair of the Audit and Risk Committee of the Victorian Electoral Commission; and
Past member of the International Committee of the Red Cross.

Michael O’Neil
(resigned effective 30 September 2016)
Qualifications
BEc, BED, GradDipAcc, GAICD
Role within the Company
Director and Chair of the Finance and Audit Committee (up to September 2016).
Other current experience and expertise
Experienced Director and senior executive across financial services, health, sport and technology;
Executive career spanning a range of commercial disciplines and organisations including KPMG, NAB and ANZ.
Non Executive Director of Teachers Mutual Bank, Tidswell Financial Services, the Royal Women’s Hospital and Incolink; and
Chair of Gymnastics Victoria.

Phillip Templeton
Deputy Chair
(up to 30 November 2016)
Qualifications
BArch
Role within the Company
Director and Deputy Chair (up to 30 November 2016).
Other current experience and expertise
Director of PTA Architecture for over 20 years. The Practice portfolio includes Retirement and aged care facilities and primary care, as well as residential and commercial projects in the inner north west of Melbourne;
Served as a Director on a number of Boards and community groups, including Rotary, Doutta Galla Aged Services and continues to be involved in the promotion of Community Health Services.

Company Secretary
Barbara Horn has been Company Secretary since 2014. Barbara has extensive experience as a CEO and senior executive, and a strong governance background as a member of boards and roles reporting to boards in the public and not-for-profit sector. She is a Graduate of the Australian Institute of Company Directors.
Statement of Profit or Loss and Other Comprehensive Income
For the year ended 30 June 2017

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income from continuing operations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating revenue</td>
<td>66,569,767</td>
<td>67,630,642</td>
</tr>
<tr>
<td>Capital grant revenue</td>
<td>8,438,000</td>
<td>-</td>
</tr>
<tr>
<td>Other income</td>
<td>1,218,724</td>
<td>1,189,506</td>
</tr>
<tr>
<td><strong>Total income from continuing operations</strong></td>
<td>76,226,491</td>
<td>68,820,148</td>
</tr>
</tbody>
</table>

|                              |          |          |
| **Expenses from continuing operations** |          |          |
| Employee benefits expense    | (52,227,685) | (50,260,653) |
| Depreciation expense         | (1,508,223)  | (1,315,863) |
| Service delivery expenses    | (2,330,904)  | (4,154,826) |
| Client related expenses      | (4,646,116)  | (4,403,893) |
| Consultancy and legal expenses | (1,878,556) | (772,284)  |
| Information technology and communication expense | (1,316,948) | (1,482,842) |
| Occupancy expense            | (3,127,121)  | (3,271,387) |
| Motor vehicle expenses       | (876,994)    | (844,839)  |
| Administration and other expenses | (3,247,639) | (3,087,877) |
| **Total expenses from continuing operations** | (71,160,186) | (69,594,464) |

|                              |          |          |
| **Profit / (deficit) from operations for the year** | 5,066,305  | (774,316) |

|                              |          |          |
| **Other comprehensive income for the year** |          |          |
| Items that will not be reclassified in subsequent periods to profit or loss |          |          |
| Revaluation of land and buildings | 6,900,000  | -        |
| **Total comprehensive income for the year** | 11,966,305 | (774,316) |
# Statement of Financial Position
## As at 30 June 2017

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>14,337,551</td>
<td>15,392,518</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>1,795,503</td>
<td>405,534</td>
</tr>
<tr>
<td>Inventories</td>
<td>-</td>
<td>47,046</td>
</tr>
<tr>
<td>Other assets</td>
<td>1,091,992</td>
<td>1,206,266</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>17,225,047</td>
<td>17,051,364</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>39,771,122</td>
<td>29,184,209</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td>39,771,122</td>
<td>29,184,209</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>56,996,168</td>
<td>46,235,573</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>2,785,744</td>
<td>1,618,420</td>
</tr>
<tr>
<td>Employee benefits provisions</td>
<td>8,664,675</td>
<td>7,087,052</td>
</tr>
<tr>
<td>Borrowings</td>
<td>2,842,781</td>
<td>90,000</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>5,217,772</td>
<td>11,206,538</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>19,510,972</td>
<td>20,002,010</td>
</tr>
<tr>
<td><strong>Non-Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits provisions</td>
<td>1,947,328</td>
<td>2,571,999</td>
</tr>
<tr>
<td>Borrowings</td>
<td>150,000</td>
<td>240,000</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
<td>2,097,328</td>
<td>2,811,999</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>21,608,300</td>
<td>22,814,009</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>35,387,868</td>
<td>23,421,564</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributed capital reserves</td>
<td>25,605,569</td>
<td>25,605,569</td>
</tr>
<tr>
<td>Asset revaluation reserve</td>
<td>6,900,000</td>
<td>-</td>
</tr>
<tr>
<td>Accumulated losses/(Retained earnings)</td>
<td>2,882,300</td>
<td>(2,184,005)</td>
</tr>
<tr>
<td><strong>Total equity</strong></td>
<td>35,387,869</td>
<td>23,421,564</td>
</tr>
</tbody>
</table>

The following financial information is provided by the Directors of cohealth and is extracted from the audited results of cohealth for the year ended 30 June 2017. The full financial statement can be found at www.cohealth.org.au
cohealth funding and support

cohealth gratefully acknowledges funding and support from the following:

Local Government:
City of Maribyrnong
City of Melbourne
City of Yarra
City of Moonee Valley
City of Brimbank

Australian Government:
Department of Health
Department of Social Services

State Government of Victoria:
Department of Health and Human Services
Department of Justice and Regulation
Department of Premier and Cabinet
Dental Health Services Victoria
cohealth in the community

Collingwood, Fitzroy*, Carlton, and Melbourne CBD

North Melbourne, Kensington, Moonee Ponds, Essendon, Strathmore, Niddrie, and Reservoir

Footscray, West Footscray, Braybrook*, Sunshine, St Albans, Deer Park, Hoppers Crossing, Laverton, Werribee, Sunbury, and Melton

*Includes specialist Aboriginal and Torres Strait Islander Health Services

Free access to interpreter. Phone 131 450 and ask them to call us

cohealth.org.au