

HEALTHY AND INCLUSIVE  
COMMUNITY  
SOCIAL JUSTICE  
HOLISTIC CARE  
*PARTNERSHIPS*  
RESPONSIBILITY  
COLLABORATION  
ACCOUNTABILITY  
**EQUITY & ACCESS**  
PROMOTE HEALTH *Wellbeing* AND  
*SOCIAL INCLUSION*  
*Respect* EQUALITY  
INTEGRITY CARE  
RESPONSIVE

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**each**

quality of care report 2012

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# ABOUT *each*

Vision A healthy and inclusive community.

Mission **each** works to enhance and promote health, wellbeing and social inclusion across a range of communities, prioritising people with the highest needs.

Values Equality. Respect. Integrity. Care. Responsiveness.

Principles Social Justice. Holistic Care. Responsibility. Collaboration. Accountability.

Scope of Services  
Mental Health Support  
Counselling/Psycho-Social Support  
Primary Health Care  
Disability Support  
Aged Care  
Child/Youth/Family Support  
Employment Support  
Housing

Culture  
Building Relationships  
Working with the Community  
Placing People at the Centre  
Quality, Innovation and Service Excellence

**each** acknowledges Aboriginal and Torres Strait Islander people as the traditional owners of the land. We pay our respects to their elders, past and present.

We particularly acknowledge the people of the Kulin Nation in the Melbourne Region, the Dughutti and Birapi people of the Mid North Coast New South Wales and Kamilaroi people of the New England region, as the traditional owners of the lands where **each** provides services.

Respect and dignity are the rights of all people and so we acknowledge with deep sorrow the dispossession, injustices, mistreatment and failure to understand, respect and value the cultural beliefs of Aboriginal and Torres Strait Islander people, both in the past and continuing today. We seek the assistance of Aboriginal Elders and Community members in strengthening our understanding of their culture, needs and aspirations so that we may work together to create a healthy and inclusive community for all.



The **each** reconciliation working group.

## TELL US WHAT YOU *Think*

Last year we asked readers to fill in a questionnaire and send it back to **each**. We received feedback that indicated readers found the stories interesting but that the report could be more accessible. In response to that feedback we have modified the format of the Quality of Care report and this year we have produced a calendar version of the report as well as the full report. The calendars will be available from Reception at all **each** sites.

We are committed to making the Quality of Care report an informative document for the whole community. To do this we need your help – we need you to tell us what you think! This will help us to make next year's report even better.

**TO MAKE IT AS EASY AS POSSIBLE FOR YOU TO GET IN TOUCH WITH US, THERE ARE A NUMBER OF WAYS THAT YOU CAN GIVE US YOUR FEEDBACK:**

A variety of focus groups for participants and carers of **each** will take place with the aim of providing more detailed feedback on the report.

Copies of the QoC Report Calendar and Feedback Forms will be displayed at all the **each** reception sites.

Provide your feedback on the report via our online survey at <http://www.surveymonkey.com/s/936KF36>

Phone the Quality Manager on **(03) 8720 1100**

## CHAIR & CEO INTRODUCTION

Once again the Committee was faced with the daunting challenge of presenting a small sample from the many services and programs across **each**. The examples that we have selected are felt to highlight the themes of access and equity from the perspective of consumers.

ACCESS was chosen as one of the themes for this report because, it was argued, the quality of services available doesn't matter if consumers can't access the services they needed in the first place. Factors such as the ease with which services can be found and navigated, the convenience of service locations and suitability of operating hours were important features that the Committee was looking for.

The development of a simplified Service Access System, based on a single 1300 phone number for Victoria has been a flagship program for **each** in 2011/12. This initiative reflects the importance **each** has placed on improving the accessibility of its services to the community.

EQUITY was also chosen as a key theme of the report because we know that not all Australians have equal health outcomes in their lives. We also know that this inequity in health outcomes is largely due to the circumstances into which people are born and under which they live. They include things like access to safe and affordable housing, positive early childhood development, access to education and employment, freedom from violence, addictions, exploitation, racism and stigma and having supportive social relationships.

In order to improve health equity within our communities, the Committee felt that it was important for **each** to ensure that its services were particularly accessible to individuals and population groups whose life circumstances make them vulnerable to health inequity.

This report also looked at how **each** has addressed the needs of particular population groups and communities which are vulnerable to health inequalities. The report highlights examples of how equity is restored through streamlined service access, the provision of services within a culturally safe environment and through the provision of health information by interpreters or the provision of appropriate information.

We would like to encourage readers to provide feedback to the Committee on any aspect of this report. In particular, responses to the consumer stories themselves, but also in relation to the format and readability of the report itself. This feedback will be an important guide to the Committee in undertaking the development of next year's report.

**Margaret Thomas**  
Chair

**Peter Ruzyla**  
CEO

The report highlights examples of how equity is restored through streamlined service access, the provision of services within a culturally safe environment and through the provision of health information by interpreters.

## HOW WE DEVELOPED THIS REPORT

The Quality of Care report is developed by a team of community representatives, board members and staff who are passionate about ensuring the services of **each** are meeting the needs of people in the community.

EQUITY and ACCESS is the theme of this year's report and is identified as one of **each's** five strategic priorities in the 2011-2015 Strategic Plan. You can read the Strategic Plan at: [www.each.com.au/about-us/publications](http://www.each.com.au/about-us/publications)



L-R: Peter Ruzyla, Dennis Wilson, Margaret Thomas, Judith Woodland, Jane Hancock and Chen Liu

## COMMUNITY SERVICES REPORT STEERING COMMITTEE MEMBERS

**Jane Hancock**, Quality and Risk Manager

**Peter Ruzyla**, Chief Executive Officer

**Catharine O'Grady**, General Manager, People, Quality and Culture

**Tenyle Toone**, Governance Reporting and Publications Officer

**Marika Jackomos**, Aboriginal Cultural Services Manager

**Dennis Wilson**, Consumer Representative

**Craig Colverson**, Consumer Representative

**Peter Ward**, Board Member of **each**

**Margaret Thomas**, Chair and Community Representative

**Karita Brokenshire**, Full time carer of an **each** consumer

**Judith Woodland**, Board Member of **each**

**Chen Liu**, Community Member

## COMMENTS FROM THE COMMITTEE

*"Joining the committee was my way of giving back to **each** for the wonderful help they have given me," **Dennis Wilson**.*

Quality of care is a very important issue for the Board and Peter Ward's involvement on the steering committee has given him the opportunity to play a more 'hands on' role on quality issues.

Judith sees membership of the steering committee as a link between community members and the Board; and demonstration of the value that the Board places on the work of the committee.

## SCOPE OF SERVICES

**each** provides an integrated range of health, disability, counselling, mental health and social services that aim to promote health and wellbeing by addressing the social determinants of health.

### HISTORY

In November 1998, the amalgamation of Outer East Council for Developing Services in Mental Health and Maroondah Social and Community Health Centre gave rise to Eastern Access Community Health Inc. In January 1999, Healesville Adult Day Care Centre also merged with Eastern Access Community Health (**each**). These agencies had strong histories of service provision to their respective communities. Their Boards of Management recognised that they shared a common vision for services to their communities based on shared values. In 2007 Regional Extended Family Services Inc. (REFS) merged with **each** resulting in an expansion of youth services in eastern Melbourne as well as in regional New South Wales (Armidale, Glen Innes, Kempsey and Port Macquarie). On 28 April 2009, **each** became a company limited by guarantee under the Australian Corporations Act, 2001.

### SERVICES AND PROGRAMS

**each** is committed to integrated and coordinated service provision. We recognise the increasing need for effective coordination of services, particularly for people with complex needs, and strive to provide seamless care that meets these needs.

**each** offers more than 150 different programs across metropolitan Melbourne and across the New England and Central North Coast regions of New South Wales, as well as some services on a Victorian statewide basis.

These programs and services are organised within five major service streams:

- Community Mental Health Support Services
- Community Inclusion & Support Services (Disability and Older Persons' Services)
- Employment & Social Enterprise
- Primary Health, Dental & Children's Services
- Regional Counselling & Youth Services, Health Promotion, Service Development and Bushfire Recovery

In 2011/12 we provided services to more than 11,500 new clients from 31 locations. Every year **each** handles approximately 28,000 phone requests for service and provides 15,000 referrals. Thirty percent of our clients receive multiple services.

As at 2012, **each** employed a total 760 staff including casual staff.

Our programs and services received invaluable support from our 267 active volunteers.

# STAGES OF PREPARATION for the QoC Report

## STAGES 1 - 4

### STAGE 1.

Identify processes for the development of the Quality of Care (QoC) report

### STAGE 2.

Discuss recommended reporting requirements

### STAGE 3.

Develop a workplan for the 2012 report

### STAGE 4.

Finalise reports, stories and relevant articles

## STAGES 5 - 8

### STAGE 5.

Collation of reports and relevant articles

### STAGE 6.

Design consultation

### STAGE 7.

Committee review of the first draft

### STAGE 8.

Quality of Care report final design and production

## STAGES 9 - 12

### STAGE 9.

Quality of Care report completion

### STAGE 10.

Committee feedback and evaluation

### STAGE 11.

Consumer feedback and evaluation

### STAGE 12.

Planning discussion for 2013

# OPTIMISING THE HEALTH STATUS of YOUR Community

Through its strategic planning process and **each's** strong networking with local agencies it was identified that the following groups were most likely to be health disadvantaged:

Aboriginal community

People with severe mental illness

Newly arrived refugees

Homeless people

At risk youth

People with multiple and complex needs

People affected by the 2009 bushfires

A whole-of-organisation service access priority to these groups has resulted in many of the key health services such as dental health, allied health, GP services, and counselling being increasingly accessed by these populations. Priority triaging, scheduling and wait list management strategies have been implemented to support clients on our already stretched waiting lists. By providing a priority service to target groups **each** has been able to intervene at a preventative, pre-acute level and to prevent secondary or tertiary presentations. As such **each's** programs have successfully engaged with vulnerable population groups.

Strong networks exist with culturally diverse leaders within the local community. Strong working relationships exist with local Aboriginal communities in Victoria and NSW, Karen, Sudanese and Chinese communities in Eastern Melbourne.

The following programs have been developed in response to this strategic priority:

Collaboration with local division of general practice to provide a youth Medical Benefits Scheme counselling program. Youth GP Clinic).

Well Women's clinic providing medical services, information, counselling, referral and education to all women.

Sessional GP services for Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse communities.

Mental Health and Alcohol and Drug Services increased the efficiency and effectiveness of support services to consumers with a dual diagnosis through staff training, dual diagnosis staff portfolios and secondary consultation by the regional Dual Diagnosis Team.

Employment of an Aboriginal Cultural Services Manager and an Aboriginal Liaison Officer undertaking a range of Closing the Gap initiatives, development and implementation of a Reconciliation Plan. **each** has made a clear commitment and initiated an organisation-wide strategy with strong actions for making **each** a model of 'Aboriginal-Friendly-Mainstream-Services'.

Refugee Health Nurse services providing comprehensive medical health screening prior to engagement with GPs.

Dental van collaboration with the Upper Yarra Valley Secondary College where 25% of the students accessed the clinic in the first 3 months.

# WHO IS ACCESSING Our Services?



## SERVICE ACCESS

### each SERVICE ACCESS SYSTEM

2012 saw the launch of the new **each** Service Access System. This new system helps clients gain access to the programs and services they are seeking quickly and easily.

The new system was launched following extensive consultation with clients, staff and other stakeholders, and a detailed review of other systems.

In developing the new system it was determined that the service access system should be measured against the following quality indicators:

Client-Centred

Effective

Appropriate

Efficient

Accessible

Acceptable

The new system makes it easier for first time clients to contact **each** with a single point of entry via the **1300 00 EACH** (1300 00 3224) number.

The new system is designed to provide enquirers with appropriate and speedy referrals that meet their needs, without the caller having to repeat their details to a number of different staff, and with no need to dial multiple numbers. In addition to assisting first-time callers to reach their destination faster, the new system also facilitates appropriate cross-referrals to other **each** programs.

### 1300 00 EACH (1300 00 3224)

The first half of 2012 has been dedicated to developing the tools needed to support the new system. This has included the development and implementation of a comprehensive, on-line **each** service directory; the recruitment and training of specialist Service Access Advisor and Initial Needs Identification staff; and the development and implementation of new service access protocols and procedures.

In July a significant milestone was achieved with the introduction of the **1300 00 EACH** number for all of **each's** services in Victoria. The new **1300 00 EACH** number has been further supported by a substantial investment in **each's** infrastructure: an advanced new telephone system which links all of **each's** major Victorian sites.

### SERVICE ACCESS ADVISORS (SAA)

Service Access Advisors (SAAs) are the first staff to whom callers will speak when they dial the new **1300 00 EACH** number. SAAs are able to provide information to callers regarding **each's** services (including eligibility criteria), and they can transfer enquiries quickly and efficiently to the appropriate service (or services) within **each**.

### INITIAL NEEDS IDENTIFICATION (INI)

For clients who present with more complex or multifaceted needs, the SAAs are able to transfer the call to an experienced Initial Needs Identification Officer (INI). The INI Officer is able to spend time with the caller to carefully identify their needs, and to ensure they are referred to the appropriate **each** intake service(s), as required or to appropriate external agencies..

### INTAKE

**each** Intake workers provide specific assessment and facilitate access into **each's** programs.

### FUTURE

**each** is committed to the successful implementation of its new Service Access System to ensure that our communities receives best quality, streamlined and comprehensive access to all **each** services.

While current development is focussed on **each's** Victorian services, **1300 00 EACH** is able to be dialled from anywhere in Australia; the next stage of development will ensure that information and referral about **each's** services in NSW, and potentially other states, will also be managed through the **each** Service Access System.

### CASE SCENARIO 1

A family friend recommended **each** to a 62 year old man who was socially isolated.

Due to an injury limiting his movement, he is in receipt of a disability support pension and is unable to do the many activities he enjoys. As English is also not his first language, he lacked the confidence to communicate to new people on a social level.

He needed guidance and advice on finding suitable services that would enable him to pursue the social activities he enjoys. Ideally, he wanted help to join relevant social groups in his local area.

### SERVICE ACCESS RESPONSE:

By placing a call through **1300 00 EACH**, the 62 year old man is provided with assistance to access external agencies. The Service Access Advisor speaks to **each** staff regarding external services options, searches on-line databases for suitable activities and groups in the man's local government area and contacts government agencies to obtain information on relevant services available to him.

### CASE SCENARIO 2

A 19 year old woman contacts **each** following a discussion with her GP.

She is recovering from a serious illness and receiving physiotherapy as part of her physical rehabilitation. The woman wants information on how she could arrange to speak with someone within **each** who could help her through her recovery.

### SERVICE ACCESS RESPONSE:

As the request for service is unclear, the Service Access Advisor transfers the woman to the Initial Needs Identification (INI) Officer to clarify her needs.

The INI Officer identifies the services she requires, makes internal referrals to **each** services as appropriate, and, with her permission, also assists her to access services provided by external agencies.

In July a significant milestone was achieved with the introduction of the **1300 00 EACH** number for all of **each's** services in Victoria.



each's Lilydale site



Claire Taylor, INI Officer

## PRIMARY HEALTH

### AHPACC AND ABORIGINAL HEALTH CHECK DAYS

Health Check Days provide a 'one stop shop' for members of the Aboriginal community ...

The most recent Health Check Day welcomed 40 clients and resulted in over 50 referrals to **each** services.

The Aboriginal Health Promotion and Chronic Care Program (AHPACC) is a primary partnership strategy between **each** and Mullum Mullum Indigenous Gathering Place (MMIGP). The program facilitates Aboriginal community access to appropriate health services including Health Check Days.

The Health Check Days provide a 'one stop shop' for members of the Aboriginal community to meet with a number of health professionals including a GP, optometrist, audiologist, dental nurse, psychologist, podiatrist, speech pathologist, physiotherapist, occupational therapist, financial counsellor, dietician and maternal & child health nurse.

Health Check Days have proven to be very popular and well attended by community members. The most recent Health Check Day welcomed 40 clients and resulted in over 50 referrals to **each** services. Since the introduction of the Health Check Days the numbers of clients attending has steadily increased.

### **each** ABORIGINAL CULTURAL SERVICES MANAGER

Access to **each's** services have been further enhanced with the appointment of Marika Jackomos, Aboriginal Cultural Services Manager, as part of the Closing the Gap Program.

*"All good things take time. What we are beginning to see is genuine learning, growing and organisational commitment to reconciliation. It's tangible and I am confident will forge a stronger relationship with the Aboriginal community,"*

Marika Jackomos, Aboriginal Cultural Services Manager.

### COMMENT FROM STAFF

*"I think the days have been great to give the community a chance to meet up with our health professionals in an informal and fun environment. It means that they are much more relaxed about having a formal appointment down the track when they need it. I believe it all comes down to relationships - building up trust in the community and reassuring people that our staff are friendly and are understanding and respectful."*

*"What we have learnt is that although it can be useful to have a focus, for example on youth or women, we have to always be prepared to see every member of the family. I think the days have been successful because we have done that and made the events 'family friendly'. We will be even better prepared in the future and are aiming to see anyone from babies to grandparents! The older youth remain the most challenging group to connect up with but that will hopefully improve as **each's** Closing the Gap Wilderness Project gets under way."*

Penny Wagstaff, Indigenous Health Facilitator, Aboriginal Health Promotion and Chronic Care Program.

### COMMENT FROM PARTICIPANT

*"I have been to a couple of Health Check Days and each time I go I get well looked after and I feel it to be a very safe, comfortable environment. I have had checks on my eyes, ears, feet and a diabetes check. These checks have picked up on my being in the high risk bracket for contracting diabetes which I now am very aware of and am doing things differently to help keep it at bay. Also after my eye check I now have reading glasses because of failing sight which I didn't take any notice of. My hearing test showed a problem in my left ear, and with my feet I had it explained to me how to trim my toenails properly so as not to cause damage with ingrown toenails later on. So without the health checks I may have quite a few problems to deal with now."*

### REFUGEE HEALTH CLINIC

**each's** Refugee Health Clinic and the Medical and Nursing Team were established in 2006 and 2007 respectively.

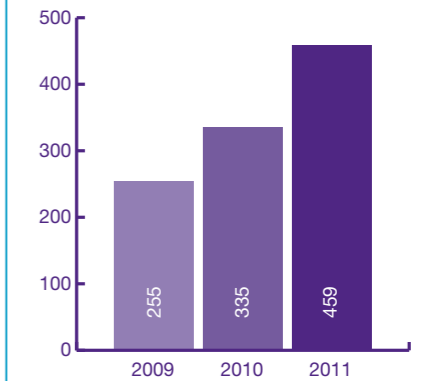
After recognising a significant need within this population group, **each** commenced the provision of the high dose Vitamin D injection and provided the ManToux test for newly arrived refugees. Previously these services were only available in Camberwell and the CBD. Providing the services from our Ringwood East site is not only more convenient for the significant number of refugees living in the area but also provides a valuable opportunity to connect this population group to the other services that **each** provide.

### MENTAL HEALTH NURSE

**each** has established a partnership with Eastern Health and across the wider Psychiatric Disability Rehabilitation Support Services to ensure that the physical health needs of people with a mental illness are identified and addressed. These partnerships are based on the findings of the Western Australian Duty of Care Report (2001) which found the physical health of people with a mental illness is considerably poorer than the general population.

In response to these findings a Mental Health Nurse position was implemented during 2011/12 and is part of the mental health support provided within our Primary Health Care services, focusing on the most disadvantaged clients. The Mental Health Nurse liaises with both **each's** Community Mental Health Support Services (CMHSS) and the Community Inclusion and Support Services (CISS) to ensure clients have access to all relevant programs within **each**.

### **each** CLOSING THE GAP



ABORIGINAL AND TORRES STRAIT ISLANDERS ACCESSING **EACH'S** SERVICES



L-R Jackie Kelly (GM - Primary Health) and Penny Wagstaff (Indigenous Health Facilitator - AHPACC Program)



## EACH EMPLOYMENT

**each** Employment Services (EES) assists people with disabilities, illness and mental health conditions to find and maintain meaningful employment – but EES is much more than just an employment agency. Client needs are addressed in a holistic manner to ensure that not only do we assist people to gain employment, but we also consider their overall health and wellbeing as part of their support plan.

Additional services provided to clients include pre-employment preparation training and ongoing support in the workplace when required to assist jobseekers who need extra assistance to remain in employment.

### each CLEANING

**each** Cleaning is a social enterprise specifically designed to assist clients who are highly disadvantaged and/or experiencing significant barriers to gaining employment. Participants have the opportunity to gain work experience and a qualification in Asset Maintenance. **each** Cleaning provides commercial cleaning services to businesses in the Melbourne Metropolitan region. The level of support provided to clients varies according to their level of skill and confidence.

Prior to 2012 positions at **each** Cleaning were made available only to clients of **each** Employment Services. After a recent review of the recruitment process, these positions are now able to be accessed by all **each** clients. This change is designed to strengthen the links with other **each** Service Areas and provide jobseekers with easier access to **each** Employment.

### COMMENT FROM A PARTICIPANT

*"I am enjoying the work, in particular the sense of purpose, working on my own and the early starts as it leaves me free for the rest of the day.*

*All in all I enjoy the work and the extra money each fortnight in my bank account."*

### ASSISTING THE ABORIGINAL COMMUNITY TO FIND EMPLOYMENT

In addition to **each** Employment's programs and practices to provide jobseekers of cultural and linguistically diverse background with culturally appropriate services, **each** Employment is working to actively engage the Aboriginal community by:

Working with the Aboriginal community to employ an Aboriginal Employment Case Manager for the Maroondah region.

Working with Mullum Mullum Aboriginal community, seeking employment opportunities for Aboriginal people into health traineeships.

The promotion of apprenticeships through liaison with Worawa Aboriginal College in Healesville, Victoria.

### each EMPLOYMENT IN ACTION

There are many examples of where **each** Employment's holistic approach to helping clients find employment has assisted them not only to find and maintain meaningful work but also to improve other aspects of their lives. Recently a client came to **each** Employment who had previously been unable to sustain employment for more than five weeks at a time as a result of ongoing behavioural issues due to his disability. Being aware of the client's behavioural issues, **each** Employment were aware that placing him into an open employment position would be setting him up to fail. In order to provide the client with the best chance of a successful return to the workforce, a supported work placement was arranged that provided paid work and training. During the work placement **each** Employment staff regularly transported the client to and from work and on occasion would stay on the worksite throughout the day to provide intervention and behavioural management when difficulties arose. In addition to supporting the client to achieve and maintain employment, **each** Employment arranged internal and external referrals for the client to assist with other challenges that he faced including risk of homelessness and the arrival of a new child.



Joe Cataldo, **each** Cleaning

## REGIONAL COUNSELLING SERVICES

Regional Counselling Services encompasses a number of **each** service streams including Gambler's Help Eastern (GHE). Such programs regularly evaluate their practice and look for new and innovative ways to engage with the community. The Chinese Peer Connection is a fantastic example of a program which improves community access to GHE. The Chinese Peer Connection is a partnership between GHE and the Chinese Gambling Concern Inc. which provides confidential telephone support to Chinese speaking people who are negatively affected by Gambling. Support is provided by a team of dedicated and trained Chinese-speaking volunteers who have personal experience with and have recovered from gambling related harm.

This culturally-appropriate service provides an alternate to the traditional face-to-face counselling provided by GHE – which is reported by clients to be an important factor in the program's success.

In 2010, a preliminary evaluation report showed that:

The client group consists of 51% males, 49% females

Male clients are 78% gamblers, 22% family/friends

Female clients are 47% gamblers, 53% family/friends

Language spoken 54% Mandarin, 40% Cantonese

Clients chose the Chinese Peer Connection Program because:

85% Chinese language

75% it is not face-to-face

100% of respondents reported an improvement in managing impulses to gamble and 50% of respondents reported a reduction in the amount of time and money spent on gambling.

In 2011 staff from this successful program presented a paper "New Intervention for Chinese Australian Problem Gambler - from Isolation to Connection" at the 3rd Asian Pacific Problem Gambling and Addictions Conference in Hong Kong.

### HOW DOES THE PROGRAM WORK?

Clients call 1300 755 878 or **1300 00 EACH** and speak with the Chinese Program Coordinator who assesses for suitability to take part in the program. The Program Coordinator will then match the client to a trained volunteer. An appointment is made for the volunteer to call the client and from there, further telephone appointments can then be arranged for ongoing support.

### COMMENT FROM PARTICIPANTS

*"I found the Chinese Peer Connection Program is really a 'client centred' service, very proactive in offering support and help, very considerate and caring 'human' service."*

### VOLUNTEER ACKNOWLEDGMENT

Ken is one of our senior volunteers and has served on the Chinese Peer Connection Program for 3 years. He works as a Chef in a Chinese restaurant, 6 days-a-week and volunteers his only day off to people who need his support and encouragement. Ken's joyful attitude to being of service is an inspiration to us all.

Ken is just one of the more than 260 volunteers who donate their time and energy to **each** every year. Without the support of volunteers like Ken we would not be able to provide services such as the Chinese Peer Connection.



Chinese Peer Connection Volunteers

## COMMUNITY INCLUSION AND SUPPORT SERVICES

**each's** Community Inclusion and Support Services provide support to people with a disability, mental health issue, complex care needs or just the everyday effects of getting older. Services are provided in people's homes or within the community throughout Metropolitan Melbourne and regional NSW.

Trained staff provide support to people 24 hours a day, 7 days a week. Support can include assistance to get ready for the day, to go shopping, to attend activities or appointments, to join in with the community and to stay in touch with family and friends.

### SUPPORTING ACCOMMODATION FOR VULNERABLE VICTORIANS PROGRAM (SAVVI)

The SAVVI Program works in the Supported Residential Services (SRS) sector, a large and important part of the continuum of supported accommodation in Victoria, providing accommodation and care for some of the most vulnerable and disadvantaged people in the community.

The SAVVI Program is Victoria-wide and funded by the Department of Health. **each** delivers the SAVVI Program to all eight SRSs in the Eastern Metropolitan Region. There are 217 residents in these SRSs with most residents being between the ages of 40 and 60.

As part of **each's** work with SRS residents through the Supporting Accommodation for Vulnerable Victorians (SAVVI) Program, it was identified that the residents' access to health services was limited.

### each COMMUNITY ACCESS PROGRAM

In response to this clear difficulty accessing services, the **each** Community Access Program was developed. The program recruits and trains volunteers who provide support to the SRS residents so that they can attend health-related appointments and activities within the community.

It was also identified that SRS residents were having difficulty accessing podiatry services. In order to receive these much-needed services a process whereby **each's** dedicated team of podiatrists regularly assess the SRS residents health requirements was put in place. Where appropriate an appointment is scheduled for the resident to attend the podiatry clinic with the support of a Community Access Volunteer, like Brendan Davis.

Like all of our volunteers Brendan is exceptionally dedicated and donates his time and energy supporting SRS residents to attend appointments on a weekly basis. On average, Brendan supports five people each week from the three SAVVI SRSs in Maroondah to attend their podiatry appointments.

### COMMENT FROM VOLUNTEER

*"I enjoy supporting the residents to attend their podiatry appointments as it gives me great satisfaction and pride knowing their ongoing health needs are met. I believe the residents enjoy the personal contact, friendship and rapport with me and all the professional staff and receptionists at **each**. I feel my volunteer work is valued. I have made a real connection with the community and am treated with respect and trust by the residents and all the professionals I work alongside."*

### COMMENT FROM AN SRS MANAGER

*Linda the Manager of Dunelm SRS also sings the praises of the SAVVI and podiatry programs and believes that without the ongoing commitment and dedication from the CAP volunteer and podiatry team at **each** that the health needs of her residents would not be met nearly as successfully."*

### 2012 MINISTER FOR HEALTH VOLUNTEER AWARDS

The volunteers who work as part of the Community Access Program were recognised as leaders in this area of volunteering at the 2012 Minister for Health Volunteer Awards.



L-R Jenni Wigg, Deb Munro, Brendan Davis and Anne Masina

**each** NSW delivers the Youth Connections program across the New England region. The program is designed to assist young people at risk of not completing year 12 or equivalent by increasing their engagement in education and training and increasing wellbeing through tailored case management. In order to assist young people to access education and achieve their learning goals, **each** delivers a variety of community activities to engage with 'at risk' young people, increasing their resilience and self esteem. Once young people are enrolled in Youth Connections, tailored case management and individualised support is provided to ensure they achieve access to required services and training.

#### BIKE BUILDING DAY

A workshop in Armidale this year gave young people the opportunity to learn about bike maintenance and to gain mechanical skills by working with experienced community members. At the completion of the program the participants had not only gained valuable skills but also a new mode of transport. Additionally, the workshop provided a valuable opportunity for Youth Connections to engage with the participants and link them with case management services as required.

A total of 25 young people joined this activity. The participants were referred from a number of services including TAFE Youth Links, **each's** Links to Learning, Armidale Police Community Youth Club (PCYC) and Drummond Memorial Tuition Centre. The activity was successful in identifying and connecting with young people who were severely disengaged from education, family, or community.

Case management provided the young people opportunities to reconnect with services which were relevant to the achievement of their learning and personal goals. Evaluations showed that resilience, self-esteem and social skills were enhanced through the program.

An essential feature of Youth Connections is the range of creative programs and interventions developed by staff to keep young people connected to family, education and community.



In the past 12 months **each** has strengthened its relationships with local communities through a range of strategies including:

Supporting Lakewood Community Social Housing development.

Securing funding to increase the number of social housing properties through **each Housing**.

Developing a Learning and Leadership Program to strengthen workforce leadership capacity.

Developing a service model and transitioned management of Comely Bank as a viable respite care centre in Healesville.

Governance level involvement in the establishment of the Eastern Melbourne Medicare Local, Victorian Primary Care Partnerships, Board of VICSERV (peak body for Victorian community based mental health services sector) and representation on the Regional Crime Prevention Committee.

## **each** strives to meet and exceed consumer needs and expectations.

**each** is committed to continuous quality improvement by ensuring that the services we provide are accessible to all, and that our consumers have a say in the way we do things.

**each** identifies potential risks to the organisation and the quality and safety of services through regular monitoring and review and through compliance with nationally recognised external accreditation systems such as QICSA and DESQA.

### RISK MANAGEMENT

**each** manages risk by developing strategies to minimise the potential hazards identified within all service areas. **each** has a systematic and focused approach to identifying and managing risks across all its activities and processes.

The Board and Senior Management regularly monitor risks and mitigation strategies through audits and report processes.

The Quality and Risk Team:

- Leads the Quality Systems and Internal Audit process for **each**
- Focuses on identifying and providing data which reflects the quality of services and organisational processes
- Manages the **each** Feedback and Complaints process, chairs the **each** Quality Improvement Committee and drives the planning and risk management processes.
- Supports service areas through their Accreditation processes and reports to the Board, Executive Management and EQIC committee.



L-R Irma Chavez and Jane Hancock (**each** Quality & Risk Team)

Every year **each** undertakes a range of audits and formal, external accreditations to ensure that the services we provide to the community are of the highest possible standards in terms of both quality and safety.

Disability Employment Services Quality Assurance Certification (DESQA) for **each** Disability Employment Services - March 2012

Standards Disability Services Victoria program (SDSV) Certification Assessment for Community Inclusion and Support Services - March 2012

Attendant Care Industry Management System (ACIMSS) for Community Inclusion Support Services - June 2012

Occupational Health and Safety Standards Review - July 2012 AS/NZS 4801-2001 OH&S Management Standard.

Quality Improvement Council Accreditation (QICSA) Whole of **each** including Homeless Assistance Service Standards (HASS), Psychiatric Disability, Rehabilitation and Support Services (PDRSS), Community Services Organisation (CSO) - June 2012

## **each** achieved 6 EXCEEDED results in:

### CORE MODULE

#### Standard 1.1 Governance:

Section 1. Building Quality Organisations

#### Standard 2.1 Assessment and Planning:

Section 2. Providing quality services and programs.

#### Homelessness Assistant Service Standards (HASS)

Standard 2.2 Initial Assessment

Standard 3.2 Engagement, Assessment and Case Planning

#### Psychiatric Disability, Rehabilitation and Support Service Standards (PDRSS)

Standard 4 Promoting Community Acceptance

Standard 11.3 Assessment and Review

In addition to external accreditations, **each** undertakes a number of annual internal audits. Areas audited internally include:

Client Files

Client Records

Complaints Management

Consumer Feedback

**each**child

**each** net

Equipment Maintenance

Financial System

HR and Staff Exit Interviews

Incident and Hazards

Legislative Compliance

OHS

Organisational Risks

Privacy

Program Records

Service Quality

Site

Staff Satisfaction Survey

### GENERAL EPISODES OF CARE:

Aboriginal and Torres Strait Islander	74
Refugees/asylum seekers	1200
Children	1118
Other	4000
<b>Total</b>	<b>6392</b>

### CURRENT WAITING TIMES AT THE **each** DENTAL CLINIC

General Waiting list	24 months
Denture waiting list	36 months
Priority denture waiting list (selection criteria applies)	3 months
Clients seen in the Van for 2011/12	1138
Emergency appointments at the clinic 2011/12	1455

## DENTAL INDICATORS

**each** Dental Clinic is funded for 3 dental treatment chairs in the Maroondah clinic and operates a dental van as a mobile fourth chair. The Dental Van provides outreach services to the outlying areas of the Shire of Yarra Ranges and parts of Maroondah. The clinic services people predominately living and working in the Outer Eastern Maroondah catchment with a focus on the priority population groups of refugees, supported residential service clients, Aboriginal and Torres Strait Islander community, frail aged and younger people with disabilities, mental illness and marginalised groups.

For the 2011/12 year, **each** recorded 6,952 visits between the Van and the clinic.

### DENTAL VAN

**each** runs the Eastern Metropolitan Region Dental Van as part of our outreach services. Providing dental care at Glenpark Community Centre, Yarra Valley Community Centre and shortly in Healesville accommodating Worawa Indigenous School as well as Healesville and surrounding residents.

### PROVIDING DENTAL SERVICES AT UPPER YARRA SECONDARY SCHOOL

Prior to the van providing dental services at Yarra Junction, the nearest dental clinic was in Lilydale, 27 kilometres away. There are more than 700 students at the Upper Yarra Secondary school with over 190 of these students accessing the van and for many it was their first visit. 90% of the clients seen through the Upper Yarra outreach dental service and all the refugees are co-payment exempt due to financial hardship.

### INFECTION CONTROL

**each** runs under strict quality and infection control measures and guidelines. The clinic's control policies and procedures are constantly updated to meet the requirements of the Dental Health Services Victoria Funding and Service Agreement, in accordance with their clinical governance guidelines. As well as a comprehensive and tailored infection control manual, the clinic has a fully qualified dental nurse with a Certificate IV in Nursing. The **each** Dental Clinic is one of only a few clinics to have a qualified Certificate IV dental nurse in-house, qualified to examine patients for oral health instruction, tooth brushing, flossing, plaque index and a range of other services now available to our Early Childhood and Refugee Support Services programs.

In upholding the highest cleaning and hygiene standards, **each** employs the services of a purpose-trained cleaner who specialises in cleaning services for dental clinics.

### ORAL HEALTH INFORMATION SESSIONS FOR REFUGEES

Oral Health Information Sessions for Refugees was a collaborative initiative between **each**, the Migrant Information Resource Centre and Women's Health East. Oral health promotion information was able to be targeted to particular cultural groups, such as a Sudanese Women's Day, through the provision of health information in their own language.

Refugees with oral health treatment needs identified through the Refugee Health Information sessions are given priority referrals to the dental clinic. This has been an excellent strategy for increasing oral health services to refugee children as well as providing opportunities for oral health promotion in a culturally accessible manner.

Translated information on the dental clinic is available on the **each** website.



## PEOPLE, QUALITY AND CULTURE

### TRAINING AND DEVELOPMENT

In 2011/12 **each** supported 120 students to attain higher qualifications in Management and Community Services.

The Training area supported students in obtaining tertiary Diplomas and Certificates in Community Services, Mental Health, Disabilities, Aged care and Information Technology. (see opposite page)

### LEADERSHIP DEVELOPMENT

In 2011 **each** commenced a Leadership and Learning Program for Executive and Program Managers with the following aims:

- Deliver relevant and enduring capability for staff currently in leadership and management positions, emerging leaders and those very new to their leadership roles.
- Pay particular attention to embedding the learnings about leadership in the culture of the organisation so that the capabilities developed are sustained and integrated throughout the organisation as a whole and over time.
- Ensure the program supports and enables the achievement of key strategic priorities varies **each**.

In 2012 the Program has continued with a rollout to Team Leaders.

### STUDENT PLACEMENTS

In 2011/12 **each** set up a Student Placement Unit to liaise with tertiary agencies and **each** programs to ensure the most beneficial placement of students. **each** has an ongoing relationship with Monash University, taking up to 12 medical students each year. By taking medical students on placement **each** provides the students with experience working in primary and community based care.

### OCCUPATIONAL HEALTH AND SAFETY

**each** continues to proactively manage the health and wellbeing of its staff. In 2011/12 a number of initiatives and projects have been commenced to enhance employee safety and wellbeing. These have included, **each's** participation in the VicHealth Reducing Stress in the Workplace Project, **each's** commitment to being a Health Promoting Workplace and the establishment of a Vicarious Trauma Working party.

### each VOLUNTEERS

In 2011/12 **each's** Volunteer program had 267 volunteers providing over 500 hours of support each week to the organisation. These volunteers supported a range of programs across **each** including the Community Access Program which supports particularly isolated and vulnerable people in the community who have unmet health and social needs. You can read more about the Community Access Program on page 19.

**each** volunteers provide invaluable support to all areas of the organisation. Without their assistance **each** would not be able to achieve so many of the quality health outcomes our clients currently enjoy. We would like to take this opportunity to thank all our volunteers for their hard work and dedication supporting **each** and our clients throughout the year.

### 267 VOLUNTEERS



Karen Matthews (**each** Volunteer Coordinator)



Cert III  
3 students



Cert IV  
28 students



Diploma  
65 students



Advanced Diploma  
2 students

### 2011/12 STUDENTS BY QUALIFICATION

Cert III Aged Care  
1 x staff member

Cert III Information Technology  
2 x staff members

Cert IV Business Administration  
1 x staff member

Cert IV Frontline Management  
1 x staff member

Certificate IV Training and Assessment  
4 x staff member

Cert IV Information Technology  
2 x staff members

Certificate IV Disability  
10 x staff members  
1 x external student

Certificate IV Mental Health  
2 x staff members  
2 x external student  
5 x **each** consumers

Diploma of Management  
15 x staff members  
2 x external students  
4 x NSW staff members

Diploma of Disability  
16 x staff members  
3 x external students

Diploma of Community Services Work  
17 x staff members  
8 x external students

Advanced Diploma of Disability  
1 x staff member

Advanced Diploma of Management  
1 x staff member

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