

annual report 2006/07



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mission statement

each is a creative, responsive and outcomes oriented organisation that promotes and delivers integrated community health, disability and support services to individuals, families and groups in melbourne's eastern region.

vision

each is committed to a healthy and inclusive community that promotes the well-being of all.

values

integrity, accountability and respect are the values that underpin our relationships with individuals and the community.

guiding principles

each is guided by the principles of the social model of health; holistic service provision; continuous quality improvement; consumer and community participation; and development of the diverse social assets of the community.

president's report

each, our community health service, continues to develop, grow and provide services to meet the social health needs of our community. but with growth there is a risk of becoming overly inwardly looking. this can detract from the focus on the community that each serves and is an issue that we must constantly address.

In the past year, EACH reassessed its aims and objectives and did so with considerable input from the consumers, staff, management, and the Department of Human Services - the funders of the many service contracts awarded to EACH on merit. This process is undertaken every five years and helps to re-focus all of us on the ongoing fundamental aims of EACH.

EACH, however belongs to the community and the services it provides must be aligned to the community. It is imperative the community is involved in all aspects of EACH but particularly that we, the community, are aware of the services provided and also the services needed by the community. We as a community should be identifying and suggesting the needs that EACH should be considering. We should also be aware of the people in our immediate neighbourhood and their needs, and, where appropriate, encouraging neighbours to seek assistance from EACH or other appropriate community services.

EACH has a long and valued tradition of support and caring from community minded people. It is too easy to lose sight of this solid grounding and culture and I wish to take this opportunity to remind all the community that EACH was founded by the community and for the benefit of the community.



members of the board

back judith woodland, les smart, david agnew, frank tinney, peter ruzyla, peter ward, bram southwell **front** darren rattle, dorothy barber, di moore **absent** karen milward, david farrall

To continue to be relevant, EACH must also be part of the community. However, EACH can only do this through all the individuals involved with EACH and therefore it is up to all of us within EACH to maintain that long and fundamental tradition of support and caring. A public example of this attitude is found universally among our volunteers, the volunteer Board of Management, the managers and staff of EACH.

Under the notable leadership of our CEO, Peter Ruzyla, the culture of EACH is alive and well and this year EACH received the prestigious Premier's award for "the best primary health organisation in Victoria".

Thank you to the management team and all the staff of EACH for their ongoing professionalism and award winning standards. I also wish to thank Mr Frank Tinney, the immediate past President of some 17 years standing for his vision and maintaining the attitudes of caring with people within the EACH organisation, and also to the two Board Members who are retiring, Mrs Di Moore and Mr Darren Rattle. Mrs Di Moore, who will continue in a new role with EACH with a specific focus on community and service users, has been a Board Member since the inception of EACH and a Board Member of many years standing of the Healesville programs that merged into EACH in 1998. Mr Rattle is the retiring Treasurer and has also given outstanding service and support to EACH as a previous Finance Manager and then as a Board Member for six years.

EACH has continued to enjoy substantial growth and this trend is likely to continue because of the ongoing collective needs of our community. EACH has a very determined community support and I am confident it will at all times maintain its core values and vision. I am also confident that it is this strong focus on the central values and vision that makes EACH the successful organisation it is, and will see it through the challenges that lie ahead.

Les Smart
President

ceo's report

each works in a changing community. people lead complex modern lives. all of us experience the challenge of balancing relationships, children, work, paying the bills, ensuring we have a secure and comfortable place to live, getting an education, planning the occasional holiday and completing those long overdue projects. we also accept that life will inevitably throw up adversity and challenge such as illness, loss of employment, bereavement or breakdown in relationships. for the most part, we manage to cope with the occasional episode of adversity – with support, assistance and a bit of good luck.

However, what if adversity was to continue to pile up, one problem on top of another? What if we experience a chronic and debilitating illness and loss of independence? What if we lose our job, our self-esteem? What if our circumstances lead to depression, anxiety, problem gambling or substance use? What if these factors strain our relationships and supports to breaking point?

Increasingly EACH is working with people whose lives are not just complicated in the 'normal' way, but who are experiencing a range of problems that require a co-ordinated and integrated approach to getting 'back on track'. But what does getting back on track mean anyway? The relatively new concept of 'recovery' offers us a fresh insight into our role as a helping organisation when working with clients with complex and multiple needs. Increasingly, we have had to recognise that our clients have to be the architects of their own recovery.

the challenge to each

The challenge for EACH is to provide access to the skills and resources of the organisation on an integrated and co-ordinated basis to meet the needs of clients as and when they require - not as it suits us.

Why is this so difficult?

Partly because the funding we receive is tagged to particular programs, each of which has a targeted population, activity and eligibility criteria. And partly because EACH, like all organisations, is structured into discrete teams that reflect these funding arrangements and which allow efficient management of people and resources.

The challenges of service integration arise when clients require services across team and program structures; where they find that they do not meet the eligibility criteria for particular service types; or where the timing of their support needs cannot be easily met in a co-ordinated way.

Yet, changes in community needs and in government policy demand that we increasingly tailor our services towards people who are older, have more complex problems and who are more marginalised. It is ironic that in such an environment we still struggle with incompatible electronic data and reporting systems that have been mandated by the accountability requirements of different government departments, state and federal.

each's response

In this complex environment the role of EACH is to not only to work with and support people in their process of recovery, but to assist the community to recognise and include those people who are isolated or easily forgotten.

Sometimes this means we have to prick the social conscience of the community to remind it that an inclusive community means 'everyone', including the people who present challenges and inconvenience. It also means we must work with communities to build skills and the community's ability to support and include people.

EACH also has a strong voice at a policy level, reminding our politicians and government departments of the social determinants of health and well-being. We take every opportunity to remind policy-makers that improvements in health and well-being, and the prevention of illness and social disadvantage, are more affected by access to housing, education, employment, and social opportunity than to the provision of more hospital beds, psychiatric wards or stronger law enforcement.

the pace quickens

This year saw a rapid increase in the pace of change. There has been an unprecedented increase in changes to legislation and policy associated with mental health, disability, Medicare, legal aid, family law, children and young people, as well as in supported employment and other welfare provisions. These have all directly impacted on EACH. Simultaneously we have experienced a 20 per cent growth in the organisation. These factors in combination have caused a high level of change to structure, personnel and processes.

I am pleased to report that against this potentially disruptive background of rapid change, EACH remains committed to its community focus and the constant improvement of its service provision.

stage club

“I reckon stage club is just a fantastic example of community inclusion.”

I reckon Stage Club at the Lifeworks hall is just a fantastic example of community inclusion. Or integrating with the community, if you want to put it like that. It's like a coffee shop or café with a roving mike and consumers performing on stage. You've got people from outside who perform, you've got consumers running the show with volunteers. The audience is consumers, families, friends, and local people.

Our day programs like Lifeworks for people with an enduring mental illness have always been centre-based. They're safe places to relax, make friends, and enjoy activities – to regain a sense of confidence.

In recent years we've actively linked clients into the community through neighbourhood houses or sporting activities. Some want to step out from the day programs and do things not identified with a mental health service.

Stage Club connects with the community on a different level. It reduces stigma and increases awareness of mental health issues by inviting the wider community into a mental health setting. It trains clients in hospitality and administration, and stage and sound production in a place where they feel safe. And it offers a friendly alcohol-free environment where people can enjoy local performers and low-cost coffee and snacks.

stage club runs fortnightly on a friday evening, staffed by volunteers. quality furniture and fittings create a warm and welcoming ambience. four or five acts from local community groups and mental health services perform every second friday night. most are musical but there has been dance and a comedian. friendly bar staff sell light meals and hot and cold drinks, but pride of place goes to the coffee machine where baristas deliver a perfect latte. art works by consumers adorn the walls and are available for sale.



stage club reduces the stigma and increases awareness of mental health issues”

ceo's report



presentation of the premier's award for outstanding primary health care service of the year by the minister for health, hon daniel andrews mp.

premier's award for primary health service of the year

It is testimony to the quality and commitment of our Board, volunteers, staff and management, that even in this unsettling environment, EACH won the Premier's Award for Outstanding Primary Health Care Service of the year for 2007.

The companion document to this Annual Report is the EACH Community Report. I would urge you to read both documents. Together, they illustrate the work of EACH over the past year and provide an insight into how EACH is responding to our changing communities.

It is through paying attention to the feedback from clients and the community, as well as the vision of the Board, volunteers and staff, that we will continue to change and shape the work we do, the way we work and ultimately, the organisation that is EACH.

thanks

This is a year in which Members of EACH elected, and the Minister for Health appointed, Board Members to a new three-year term of office. I want to extend my personal thanks to the Board of EACH for their incredible commitment and integrity in providing governance to EACH over the preceding three years.

EACH is truly fortunate in having consistently had such a capable Board, with a strong sense of vision combined with an unwavering focus on the needs of service users and the community. As the CEO I am grateful for their guidance and support. In particular, I want to acknowledge the personal and professional support I have received from Frank Tinney as outgoing Chair of the Board for the past 17 years. I am sure that without his mentoring support neither I nor EACH would be where we are today.

This year has been one of particularly rapid change. I want to thank the senior management team who have had to wear the brunt of the disruptive effects. I and all of EACH are deeply indebted for their consistent sound management, good advice, encouragement and support throughout the year.

**Peter Ruzyla
CEO**

services report



integration is a lot more than co-operation.”

introduction

“each will operate as an integrated platform of services that are co-ordinated and responsive to consumer and community needs.”

Item 7.4 of the EACH Strategic Plan 2006 – 10: Service co-ordination and organisational integration.

EACH can offer consumers a wide range of services, but must also be able to co-ordinate and integrate those services in order to provide our consumers a truly holistic health care experience.

This year's report reflects on the theme of service integration from the viewpoint of our four service areas.

The four service areas are: Regional Counselling Services, Primary Health Care, Community Inclusion and Support Services, and Community Mental Health Support Services. In considering the issues of service integration we asked ourselves:

- what does service integration mean?
- how does service integration work in each of our service areas?
- what are the challenges for us in integrating services well?

This report reflects our thinking about these questions and the issues they raise in practice.

why service integration?

Service integration is a principal tool of holistic health care, care that caters for the whole person rather than just their foot, or head, or heart.

A whole person is more than an ache in their leg, or an inability to gamble in moderation, or a mental illness they're managing, or the reclaiming of their life after acquiring a brain injury.

A whole person is more than the sum of the parts, as EACH must be, if it is to provide the holistic healthcare described in our vision statement and service principles. This is why service integration is one of our strategic objectives.

what does service integration look like?

Service integration means that a range of different client needs are met without the client feeling that there's any separation between those services. The client doesn't enter, exit and re-enter the system, nor need to keep telling their story: once they've told their story the organisation manages their information to provide the client with a set of services that meets their needs. Service integration means we have the systems and the capacity to do this.

Service integration means that we bring a holistic and co-ordinated approach to meeting each person's needs. It means that programs talk to each other, with the client's permission, know what each is doing, and have clear expectations. There's continuity and co-ordination of service provision: somebody takes overall responsibility for the client's care, organising things, sharing the information, and clarifying what each service is bringing to the client's care and co-ordinating the sequence or timing of different services.

The key to service integration is that we consider each person as a client of EACH, rather than as a client of a particular service area or specific program. So as workers, we converse with people about what's happening in their life, what's affecting their life, what's affecting their capacity to manage their health, and who else might be helpful. Those sorts of conversations about the whole person are the cornerstones of integrated services.

the challenges of service integration

Despite this commitment, the reality of providing an integrated service system is a daily challenge.

Some of the factors that make service integration a challenge are locational. For example, it is logistically difficult to ensure that staff potentially involved in a client's care plan can communicate and co-ordinate their service provision, their waiting lists and service schedules when we have more than 50 program budgets and services located at more than 20 different sites.

Differences in professional backgrounds can act as an obstacle to service integration: historically the culture and language of mental health services are different to those of counselling services, and both are different to the culture and language of clinical primary health care and disability services.

And, of course, there's the human element. How do we ensure that the over 400 EACH staff have a shared understanding of what it means to provide integrated services?

service co-location

EACH's geographical situation – being spread over many sites in seven municipalities – enables us to place appropriate services close to where a client lives rather than having the client travel extensively to access services. Also, locating services together under the one roof, or at the same site, can make accessing multiple services more convenient.

The presence of a problem gambling counsellor at Lilydale has increased referrals of mental health support services clients to Gambler's Help Eastern. Similarly, financial counsellors based at Yarra Junction have provided great benefit for mental health services clients with financial concerns. The services sit naturally together and their co-location has been a boon in meeting clients' service needs.

EACH has adopted the approach that all new service sites are planned around the principle of co-location - unless there is good evidence of the incompatibility of service types and a preference by clients to have their services delivered in separate locations.

seamless intake: only having to tell your story once

Another way of overcoming the tyranny of distance is better intake processes.

EACH is working towards the development of a seamless intake system where entry points across EACH are consistent in their approach, so that no matter where a new client comes into EACH, they receive consistent information, experience a consistent standard of care and the referral pathway is the same.

In the future we aim to supplement and support this approach through establishing a well resourced referral centre within EACH. Specialist intake staff will have up-to-date knowledge of all EACH programs as well as services provided by other agencies in the community to be able to direct people to the most appropriate service. Also, through the use of the Eastern Region Electronic Referral System, clients can be efficiently and effectively referred to and offered appointments in other participating services.

We are well aware that although EACH has a wide range of services it can offer, we know that we cannot meet all of a client's needs. EACH works in partnership with literally dozens of other community agencies, including GP's, hospitals, justice system, schools and church groups to provide a person-centred, holistic approach.

child and family services

“they move in and out of the system according to their level of need.”

We have a family and the client is now the grandmother and we see the mother and the children. The mother attended our occasional child care ages ago. The grandmother, who was the mother then, had support from our family support worker, who has also been here for a long time.

She received support from the financial counselling team and from our counselling team at MSCHC while her own children were growing up. As her children got older and had their own children, they were in occasional child care until it closed. The grandmother is now looking after the children and is back with us. The grandchildren are in the long day care centre. Two of them see workers in the child health team. The grandmother receives support from the family support worker and also has counselling, and financial counselling. She's participating in one of our parenting programs as a way of developing connections with her grandchildren.

She's being supported by the kindergarten teacher and she's joined the parent committee in child care. They're a family that needs support and they move in and out of the system according to their level of need for that support.

“
at grandmother is participating in one of our parenting programs as a way of developing connections with her grandchildren”



amber

“we are the team of the client”

Amber attends a number of our services. She first came to us through the youth clinic. She's involved in Rosie's program (Footholds to the Future), and has been involved with EDAS, the EVAC program, and our employment services.

She is primarily a client of the youth program and all her services are negotiated through us. We've been able to broker services for her from all over our service area, and beyond, to make sure her needs are met.

She knows that we'll speak on her behalf and doesn't have to retell her story, doesn't have to fill out extra forms, doesn't have to go through intake systems, because we are able to do that for her. We have systems and processes going that respect her privacy.

She feels like she's a client of EACH. She knows she can speak to any member of the youth team. She knows each staff member and what she can come to each of us for. So she has all her needs met just by popping in and out as she needs to.

There are other young people involved with youth services in the same way as Amber; that's our way of doing it – nobody actually 'owns' a youth client. We are the team of the client.

“
amber has all her needs met just by popping in & out as she needs to”

service areas report

culture, language and training

Differing language, training and culture of different professional groups and disciplines can present a challenge to implementing an integrated service system. For example:

“At intake a social worker may listen to a client's story and make an assessment of need. With the client's consent, it might be decided that a referral to another service is required. Although the use of electronic referral systems has improved our efficiency in passing on the original assessment information, the next staff member, who is probably from a different professional background or discipline, may still want to revisit some aspects of the original assessment. For example, they may want to review the client's medical history or the drug and alcohol history, or re-take the mental health history, even though the original service provider may have already done so.”

This example challenges EACH to ensure that staff from differing professions and disciplines undertake joint training, have opportunities to share knowledge and to develop a shared understanding of their respective skills and scope of practice.

The provision of high quality integrated services requires EACH staff to be skilled in recognising their own professional limits and, when it is appropriate and with their consent, to refer a client to more specialised services. Client confidence in the referral, as they pass from one service provider to another, is enhanced when all parts of the service share the commitment to meeting the client's needs rather than starting with a focus on the limitations and constraints that may exist within the service.

“The ability to make a confident referral to a trusted colleague in another service area or another agency requires us to be able to speak a common language, to understand and trust the training, the professionalism and expertise of others. It also requires us to share a common philosophy about person-centred, holistic care.”

the human element

changing attitudes and developing knowledge

Most people who come to EACH come because they've heard of (or been referred to) a particular program that might meet a specific need. In many cases the new client will have their health needs satisfied by that program. In many cases an astute intake and referral process, or knowledge gained by caring and alert program staff, will reveal other health needs that one program alone can't address.

Staff need to have initial conversations with new clients that open and widen the dialogue by asking questions around what's happening in their lives, what's affecting their capacity to manage their health, and who else might be helpful.

For such an approach to work in a consistent, systematic and whole-of-organisation manner we have to make our program boundaries more permeable and ensure that staff are aware of other services – not only within EACH, but in the wider community.

With a constantly growing workforce and an increasing number of different services and programs across multiple sites, EACH faces the challenge of keeping all staff informed of the many resources and service options available to clients. The use of intranet, staff meetings, fortnightly bulletins and periodic newsletters are some of the staff information strategies which aim to keep staff abreast of developments across the organisation. Consistent feedback at CEO/staff forums indicates that EACH staff are keen to know about new service options that could be of assistance to their clients, but also recognise that within such a rapidly changing environment maintaining up-to-date information is challenging.

service integration progress

getting buy-in

Increasingly staff from different services across EACH are working together to improve the overall health status of clients. A number of compliments and 'thank you' letters from clients attested to the benefits from systematically adopting such an approach. Equally, Service Managers reported on the positive responses of staff and programs when this happens. Nonetheless, all agree that there is a need to plan for greater levels of collaboration in the future.

The challenges outlined above indicate that to achieve the vision of a fully integrated service system - particularly for clients with multiple and complex needs, we must be constant in our endeavours to embed service integration as an underlying principle of service. And perhaps this will be a never-ending endeavour, as illustrated by the following observation:

"Every time we take on a new service, it changes the face of EACH. It changes target groups and the way we deliver services. For example, we now offer a small amount of counselling for women recovering from family violence. This has brought to light the need for a systemic response that ensures the safety of women and children. It has increased the demand by men wanting to deal with some of their behaviours and to be more responsible."

getting a holistic, quality service should not depend on personal relationships alone

There is no doubt that even the best service systems work better when human relationships work. Staff all say they feel a lot more comfortable about referring into a service where they know the person they're referring their client to.

"You feel more confident that the referral will work because the other staff member knows you, gives you a good hearing, trusts you, and respects your competence and you respect theirs. So you have that mutuality. It just works better."

However, the real challenge for EACH in ensuring integrated services is to embed our service provision within protocols that, paradoxically, take out the human element. For, while it may be the quality of human relationships that personalise services, clients should not be dependent on good relationships or good luck to ensure that their health needs will be met.

Our goal is to develop and be able to ensure organisationally-consistent practices that meet clients' needs in a holistic, person-centred way – every time and in every location.

john: macni client

"it was great to involve another service so quickly to respond to a crisis situation."

John came to us in crisis through the MACNI panel (a DHS referral panel). He had a variety of diagnoses: he had an ABI, criminal justice issues, and drug and alcohol problems. We quickly realised we needed some support from other specialist areas, particularly drug and alcohol.

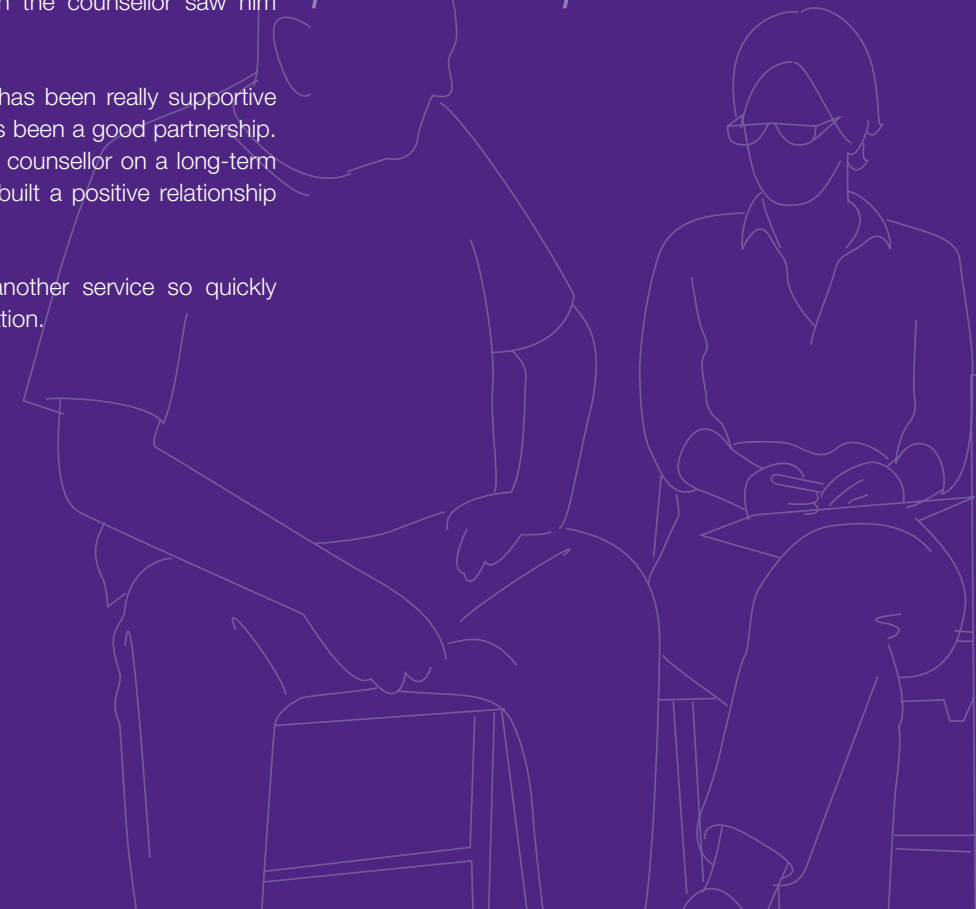
We went to Sue and Darrell and asked if they could help us. John needed counselling but he also needed extra support around his drug and alcohol issues. He was given priority on their waiting list and seen pretty much straight away. Then the counsellor saw him each week.

Over the long term, Sue has been really supportive of the MACNI program: it's been a good partnership. We've had access to that counsellor on a long-term basis and the counsellor built a positive relationship with John.

It was great to involve another service so quickly to respond to a crisis situation.

“

over the long term, sue has been really supportive of the macni program: it's been a good partnership”



client statistics

number of new each registered clients by first service accessed

Allied Health	463
CAMHA Waters	21
Carers Offering Peers Early Support	7
Child & Family Services	186
Community Inclusion & Support Services	32
Counselling & Assessment	222
CREST	14
EACH Employment Services	129
Eastern Drug & Alcohol Service	872
Eastern Victims Assistance & Counselling Program	681
Family Relationships Centre	867
Family Relationships Services Program	12
Financial Counselling	352
Gamblers Help	354
Golden Wattle (Planned Activity Group)	20
Halcyon	19
Healesville Early Intervention Program	8
Killara (Planned Activity Group)	23
Lifeworks	23
Personal Helpers & Mentors Service (commenced June 2007)	1
Reachout	8
Rivendell	11
Shades	17
Yarra Junction (National Respite for Carers Program)	38
Youth Services	144
Well Women's Clinic	493
total	5017

number of new each registered clients by country of birth

Australia	4107
Burma (Myanmar)	14
China	45
England	234
Germany	29
Greece	29
India	27
Italy	26
Malaysia	19
Netherlands	34
New Zealand	56
South Africa	19
Sri Lanka	17
Vietnam	24
Other	337
total	5017

number of new each registered clients by preferred language spoken

Arabic (including Lebanese)	10
Cantonese	14
Chinese	13
English	4849
Greek	10
Mandarin	11
Vietnamese	18
Other	92
total	5017

number of new each registered clients by local government area

Banyule	41
Boroondara	198
Cardinia	21
Casey	31
Darebin	20
Glen Eira	18
Knox	567
Manningham	406
Maroondah	1859
Monash	173
Nillumbik	39
Whitehorse	316
Yarra Ranges	1134
Other	194
total	5017

number of new dental clients treated by the each community dental clinic

total	887
Of these new clients:	
18 years of age or less	15%
aged between 19 and 35 years	22%
aged between 36 and 50 years	16%
aged between 51 and 65 years	15%
aged between 66 and 75 years	24%
aged 76+ years	8%

72% of new clients were born in Australia, 2% from Italy; 1.5% from Burma and 1.4% from Sudan. 0.03% identified themselves as being Indigenous persons.

The vast majority of clients spoke English at home - 96%, with the Cantonese language spoken by 1.6% of this client group.

legislative report

freedom of information act

Under the Freedom of Information Act, people have a right to ask for access to documents held by Eastern Access Community Health. During 2006/2007 there were four formal requests under Freedom of Information for access to information. The information requested for three of these requests was provided with no alteration or notation. One request was provided in part under section s.31(1)(c) of the Act.

information privacy act

Eastern Access Community Health collects information when providing services. All information collected is used only for the primary purpose intended and remains securely and confidentially retained unless otherwise required by law. Where disclosure of information is required this is undertaken in accordance with our policies.

By law, service users can access their personal information held by EACH. Further information regarding access of information can be obtained by contacting the Privacy Officer on 9871 1800.

whistleblowers act

Eastern Access Community Health complies fully with the requirements of the Whistleblowers Act. EACH has developed written procedures and a policy statement and has implemented a confidential reporting systems.

No disclosures were made for the period July 2006 to June 2007.

Disclosures may be made to:

chief executive officer
eastern access community health
46 warrandyte road ringwood 3134 vic
t 03 9871 1800 **f** 03 9870 4688
ceo@each.com.au

OR

the board president / chair whose contact details are available through the manager, secretariat services

OR

the victorian ombudsman
level 22
459 collins street melbourne 3000 vic
t 03 9613 6222 **f** 03 9614 0246
toll free 1800 806 314
ombudvic@ombudsman.vic.gov.au
ombudsman.vic.gov.au

leeanne

“put the client in the centre and put the services around them.”

Leeanne first had contact with EACH when her first baby was born. She was a very unhappy and unhealthy girl with a myriad of problems, including severe injuries following a car accident, a drug problem, an anxiety disorder, family and relationship conflict. She was at great risk; it was hard to imagine how she was going to survive all of these challenges.

In the 14 years Leeanne has been a client of EACH she has had a second child, who has a mild disability. She has had numerous periods of increased anxiety disorder, depression and feelings of hopelessness. She has struggled with housing and financial issues. She has been in two troubled relationships.

She's been a client of the child care centre; her children have been clients of other early childhood services and school-age counselling. She has attended our employment services, seen one of our psychiatrists, attended parenting programs, financial counselling and recently been through family mediation with the Family Relationships Centre.

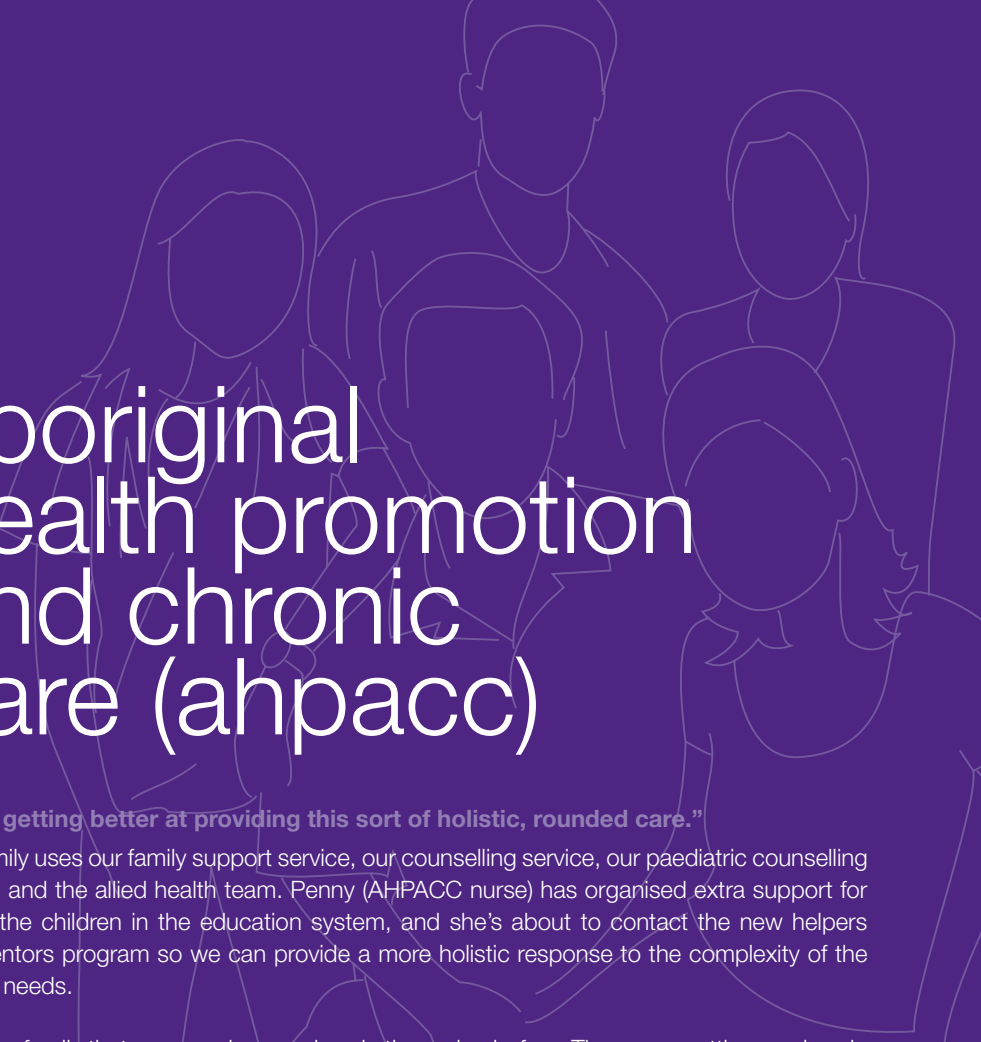
Leeane is about to graduate from services at EACH. She's given up drugs and no longer requires treatment for anxiety or depression. She is in stable housing and has worked hard to develop life skills and be a positive parent. She is a warm and lovely young woman.

We have kept her out of the forensic system, the penal system, kept her out of hospital, kept her from being any more damaged by relationship conflict, kept her alive. She's been involved in a number of program evaluations through client focus groups and been put forward to be a member of a consumer group. Now she's a volunteer and looking for work.

Basically she sees EACH as her saviour. She doesn't see EACH as one person or one service. She sees EACH as a safe place. She trusts us. She doesn't need to be re-introduced anywhere. She knows that EACH will always be here.

People like Leeanne move around the organisation. They need to be centrally managed by somebody rather than have to enter and exit via a lot of different doors: put the client in the centre and put the services around them.

“
leeanne is a warm & lovely young woman who has worked hard to develop life skills & be a positive parent”
”



aboriginal health promotion and chronic care (ahpacc)

“we’re getting better at providing this sort of holistic, rounded care.”

This family uses our family support service, our counselling service, our paediatric counselling service, and the allied health team. Penny (AHPACC nurse) has organised extra support for one of the children in the education system, and she’s about to contact the new helpers and mentors program so we can provide a more holistic response to the complexity of the family’s needs.

They’re a family that accessed no services in the region before. They were getting services in Fitzroy. Now they can do that in their local environment in a way that they tell us is culturally responsive and respectful.

Because their contact has been through Penny they’ve re-engaged with the Mullum Mullum Indigenous Gathering Place where there are programs that our AHPACC workers offer with the Mullum Mullum workers. The mother participates in the women’s network, and we’re getting her together an exercise program.

We’re getting better at providing this sort of holistic, rounded care.

“

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and respectful”*



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partners in building healthy communities

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