

Annual Report and Quality of Care Report 2011





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Merri Community Health Services Annual Report and Quality of Care Report 2010/2011

Each year, Merri Community Health Services produces an Annual Report and a Quality of Care Report to inform the community of our financial position and about the measures we are taking to ensure the services and programs we provide are of a high standard. This year we have combined the two reports to make this information more engaging and accessible.

This report details how we have performed against a number of key performance indicators. It also highlights areas of safety, governance and quality improvement measures and includes stories and quotes from our clients and staff. Over 35 staff, clients and carers were involved in the preparation of this report, helping to ensure its contents are informative and also relevant to our community.

This year's report will be distributed to all new members and members who attend the Annual General Meeting in November 2011. It will also be placed on our website, in the reception and communal areas at our service and program locations as well as being sent to local government offices and other health service providers in the local area.

Producing an annual Quality of Care Report is a requirement of the Victorian Department of Health and Merri Community Health Services is committed to making it as valuable a reporting tool to the community as possible. We encourage you to tell us what you think of our report by completing the feedback form on page 43 so we can continue to improve how we communicate to you the quality and safety of our services.





Chairperson's Report

Change has been a key feature of the last 12 months at Merri Community Health Services. Several long serving board Directors, including Katerina Angelopoulos (Chair), Margaret Burdeu (Finance Audit and Risk Management Committee Chair), Tony Helou, Milad El-Halabi and Michael Caputo retired. We record our appreciation of their dedication to Merri Community Health Services. Vince Abelardo joined the Finance Committee, Paul Geyer (Chair Finance Audit and Risk Management Committee) was appointed to the board and Leo Santomartino, Johnny El-Halabi and Marleine Raffoul (Chair Community Engagement Committee) were elected to the board. They joined Stephen Duns (Deputy Chair), Genevieve Juj (Chair Strategic Research Development and Evaluation Committee), and I on the board. We also welcomed community members Sanjay Gund, to our Finance Committee, Robyn McLachlan, to the Research Committee and also Mustafa Koukklan to the Community Engagement Committee.

We farewelled our Acting CEO Jacqui Wilson who did a great job and ensured a smooth transition for our new CEO. Our new CEO, Nigel Fidgeon has made an impressive difference in a short time as well as generating a positive response from staff to the changing culture of the service. He is pulling together a strong management team and developing key relationships with community partners, funding bodies and policy makers. Ensuring the ongoing quality of service delivery, while delivering on the extensive internal development sought by the board at a time of major health reform is no small task.

I would like to congratulate my colleagues on the board as well as the staff. We have worked hard together to ensure the good governance and leadership of this important community organisation. This has included refreshing the board charter and a series of governance training sessions led by Dr Heather Wellington and her colleagues.

It has also included implementing several independent reviews dealing with complex and sensitive issues.

For example the board has acted on detailed recommendations to ensure the membership register is up to date, accurate and compliant with legal and company constitution requirements. We have been heartened by the support and cooperation of members through this process.

The Merri Community Health Services Board is confident the steps we have taken over the past year and the improved management systems and processes the CEO and his team are putting in place will help ensure the quality and responsiveness of the organisation to our community for considerable time to come. We have been especially grateful to Russell Kennedy Solicitors, Middletons, the VMIA, Dr Paul Scown, SACS Consulting, Trevor Rowe Communications and the Department of Health, North and West Metropolitan Regional Office, for their assistance through this period. On behalf of the board I would also like to thank Mallesons Lawyers and Pitcher Partners accountants, company secretary Peter Corrigan and our board secretary Joan Wilkinson.

Meredith Carter, Chairperson

Left to Right:

Marleine Raffoul, Johnny El-Halabi, Meredith Carter (Chair), Stephen Duns, Genevieve Juj, Peter Corrigan (Company Secretary), Leo Santomartino.

Absent:

Paul Geyer, Vince Aberlado



CEO Report

My first six months as Chief Executive Officer has been busy and challenging. The organisation is in an exciting phase of change with the largely new Executive Team leading a range of innovations that will strengthen and position Merri Community Health Services for a strong and successful future.

To ensure we continue to deliver high quality services to our community we have undertaken some key initiatives that have further strengthened us as an organisation. This has included maintaining our disability services accreditation status with positive accolades; centralising our corporate functions to our Harding Street site; undertaking a review of our Dental Service to better meet community needs and the changes associated with the new government funding model; and reviewing our Information Technology Service to enable us to proactively respond to current and future strategic issues and opportunities.

To ensure sound governance there has been a review of a range of corporate functions and reporting to the Board to ensure Directors receive the necessary information required to effectively govern the organisation. This has been challenging in relation to managing our data and reporting functions due to the variety of information systems we are required to administer in line with our funding requirements. Our review of IT services and the implementation of a range of strategies that arose from this review will position us to more effectively meet these challenges as we move forward. We also finished this past year in a sound financial position.

Recognising the diversity and complexity of our services as a community health organisation, we rely on strong collaborative relationships with diverse groups and other service providers. It is through these strong working relationships that Merri delivers over 70 different services to the community across our sites. I'd like to thank all our partner organisations and supporters that either work with us or support us to ensure we can deliver our services.

The year ahead will be a busy year focussing on consolidating and strengthening our organisation to better meet the growing challenges facing us as a community health service

provider in an environment of national health reform. Key areas of focus will include advocating to our funders so we can continue to meet the growing demands on our services in delivering health services to our community; focussing on our facilities and clinical services planning to best respond to the identified needs of our community; and confirming the strength and commitment of our staff across the organisation as key to our ongoing success as we enact the findings from our staff climate survey to support change and ongoing improvement throughout the organisation.

I am fortunate to be leading Merri Community Health Services and our team of dedicated staff at a time of change within our organisation and I would like to acknowledge and thank the staff, Board and the broader community for the support they have given me since joining the organisation.

Nigel Fidgeon, Chief Executive Officer

Our Board

Merri Community Health Services Limited is a not for profit organisation established to provide health, community and advocacy services and programs. As a Company Limited by Guarantee it has a board of 9 directors, a company secretary and a Chief Executive Officer.

The members of the board as at 30th June 2011 were

Meredith Carter – Chairperson

Specialist Director appointed October 2009
 Master of Laws, Bachelor of Arts,
 Certificate of Health Economics
 A social policy consultant with a legal background and over 20 years experience employed at senior levels across the private, public and not for profit sectors
 Has a reputation for effective advocacy, promoting law reform and community participation in policy development

Dr. Stephen Duns – Deputy Chair and member Strategic Research, Development and Evaluation Committee

Specialist Director appointed October 2009
 Doctor of Business Leadership, Master of Business Administration, Bachelor of Letters (Psychology), Bachelor of Arts (Philosophy), Diploma Australian Institute of Company Directors
 Experience includes several Chief Executive Officer and general management roles in health and community services in Australia and the UK. Also extensive experience as a consultant in the not for profit and government sectors
 He is currently also on the Boards of Annecto, Save Sight Institute and the Australian Graduate School of Leadership, on the Melbourne Hub Wisdom Council and a partner in Success Works, a consulting company advising on social justice

Vince Abelardo – Member of the Finance, Audit and Risk Management Committee

Appointed by Directors January 2011
 Bachelor of Economics, Bachelor of Business (Marketing), Master of Business Administration
 A Certified Practising Accountant (CPA) with executive, general management and board experience in the private and not for profit health care sectors

Johnny El-Halabi – Member of the Finance, Audit and Risk Management Committee

Elected Director November 2010
 A resident of Moreland for the past 20 years, involved in many political, recreational and sporting clubs in the municipality
 Currently completing a degree in accounting

Paul Geyer – Chair of Finance, Audit and Risk Management Committee

Specialist Director appointed November 2010
 Bachelor Science, Master of Business Administration
 Diverse management experience in private companies and not for profit organisations working in the health, IT and retail industries

Genevieve Juj – Chair of Strategic Research, Development and Evaluation Sub-Committee

Elected Director November 2010
 Qualified in Human Service Management, Social Policy and Social Work
 Resident of the City of Moreland and member of the Merri Community Health Services Board of Management since 2006
 Currently employed as an executive at the Royal Melbourne Hospital

Marleine Raffoul – Chair of Community Engagement Committee

Elected Director November 2010
 Resident of the City of Moreland and involved in various local committees
 She has a teaching and business background and is a passionate advocate of health services to the multicultural community

Leonardo (Leo) Santomartino – Member of the Community Engagement Committee

Elected Director November 2010
 Resident of the City of Moreland for 45 years
 Active community worker and involved with various community committees

Anthony Helou

Board member until July 2011
 A long standing board member who has lived in the Moreland area for 32 years. Tony is a strong advocate of multiculturalism

Peter Corrigan – Company Secretary

Appointed by the Board as Company Secretary 30 June 2009

Retired Directors as of November 2010

- » Michael Caputo
- » Margaret Burdeu
- » Katerina Angelopoulos
- » Milad El-Halabi

Board Meeting Attendance and Professional Development

During the financial year 12 meetings of directors were held. Attendances by each director were as follows:

Directors Name	Number eligible to attend	Number attended
Anthony Helou	12	9
Genevieve Juj	12	9
Katerina Angelopoulos	5	3
Margaret Burdeu	5	5
Meredith Carter	12	10
Michael Caputo	5	4
Milad El-Halabi	5	3
Stephen Duns	12	11
Marleine Raffoul	7	7
Johnny El-Halabi	7	7
Leonardo Santomartino	7	7
Paul Geyer	7	6
Vince Abelardo	6	6

Professional Development – Number of Events 2

Directors Name	Number eligible to attend	Number attended
Genevieve Juj	2	2
Meredith Carter	2	2
Stephen Duns	2	1
Marleine Raffoul	2	2
Johnny El-Halabi	2	2
Leonardo Santomartino	2	2
Paul Geyer	2	0



Our Community

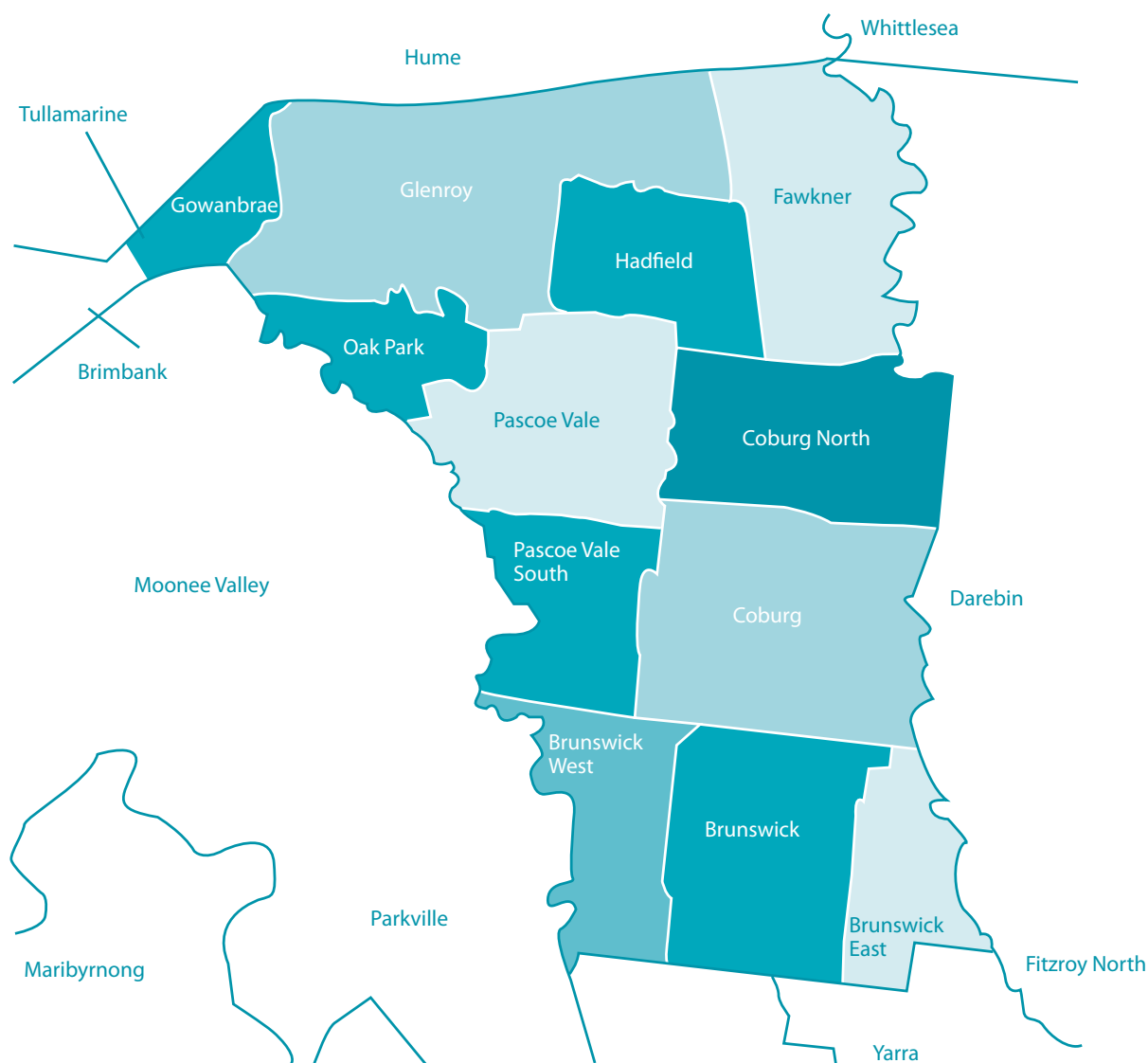
Merri Community Health Services programs are primarily located within the City of Moreland.

The City of Moreland is characterised by:

- » A population of more than 152,000 people (one of Melbourne's most populous municipalities)
- » An area covering almost 51 square kilometres
- » A diverse cultural mix with over 32% of residents born overseas
- » The top 10 countries of birth for residents being Italy, Greece, United Kingdom, Lebanon, China, India, New Zealand, Turkey, Malta and Vietnam
- » An ageing population with over 19% of residents being over 60 years old

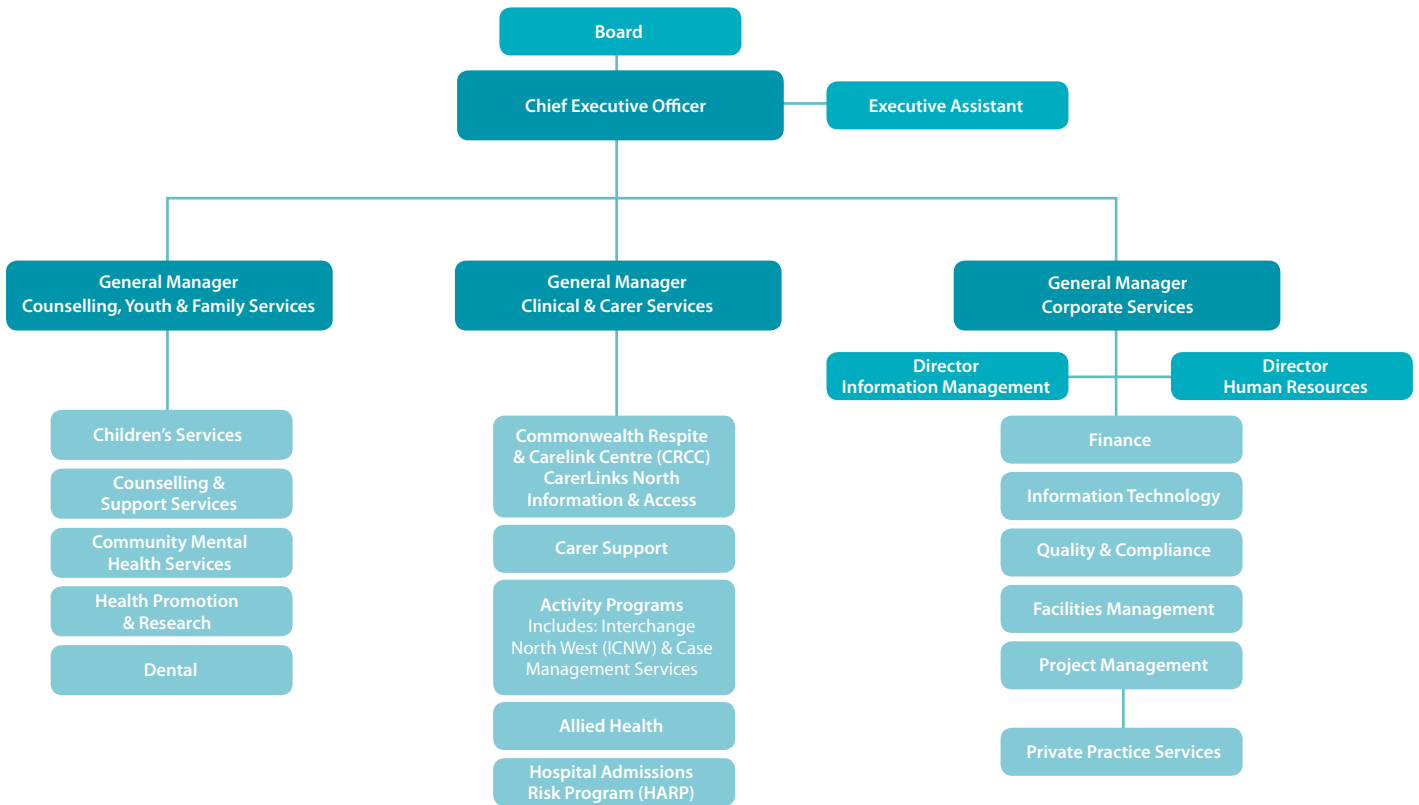
Some programs run by Merri Community Health Services go beyond the boundaries of the City of Moreland and these include:

- » Case Management Services which also covers the Hume region
- » Some family services, including Foundations, which outreach into the municipalities of Hume and Darebin
- » Commonwealth Respite and Carelink Centre/CarerLinks North, Victims Assistance and Counselling Program (VACP) and Relationship and Family Therapy (RAFT) which service the communities in the Northern Metropolitan sub-region of Melbourne (which includes the municipalities of Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea and Yarra)



Our Services

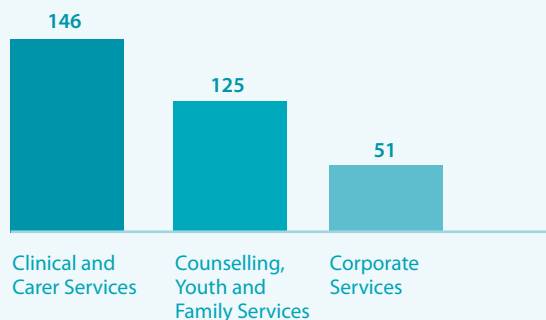
Merri Community Health Services Organisational Chart



An Overview of Our Services

Merri Community Health Services operates programs from 11 different sites across the City of Moreland and adjoining suburbs.

Merri Community Health Services
Staff Numbers as at 30 June 2011



These programs are many and varied, meeting specific, identified needs within the local community. Clients come to us because they have been referred by their doctor or another service provider, because a friend or family member has told them about us, or as a result of reading something about our services in the local paper or in our Bulletin.

Merri Community Health Services has two divisions that deliver the range of health services provided by our organisation, **Counselling, Youth and Family Services** and also **Clinical and Carer Services**. In addition the **Corporate Services** division provides the full range of business and commercial services required to support delivery of our services to the community.

As at the 30th June 2011 Merri Community Health Services staff totalled 296. Many of these staff work part-time, the full time equivalent number of staff being 215.

Counselling, Youth and Family Services

Counselling, Youth and Family Services run programs from 8 different Merri Community Health Services sites as well as offering a range of outreach services to clients in community settings.

Children's Services

- » The **Child Health Team** which offers dietetics, speech pathology, occupational therapy, a paediatrician, psychologist and other services to assist with specialist assessment and intervention for children with developmental problems
- » **Foundations** – Early childhood intervention for pre-school children with developmental delays and a Helping Children with Autism program
- » **Home Interaction Program for Parents and Youngsters (HIPPY)** – a home-based parenting and early childhood program which helps children make the best start possible at school when there are issues that may otherwise make this very difficult

Counselling and Support Services

- » **Victims Assistance and Counselling Program (VACP)** to provide practical assistance and support for victims of violent crimes including access to specialised trauma counselling if this is required
- » **Family Services** providing support and counselling to parents and their children, assisting them to deal with life and family challenges
- » **Integrated Family Violence Service** which delivers counselling and group work programs to women and children who have or are experiencing family violence
- » **Generalist Counselling Services** providing short to medium term support for those in the community experiencing issues such as grief or depression
- » **Duty** providing a drop in counselling service at the Bell Street, Coburg site

Alcohol & Other Drugs Programs

- » **TRACKS** providing a youth outreach program focusing on early intervention and education in drug and alcohol misuse in young people (16-25)
- » **Relationship and Family Therapy (RAFT)** which provides counselling for families affected by drug or alcohol issues

Community Mental Health Programs

- » **Exchange and CRISP** – Communities Responding Integration Support Program, activity based day programs including art, music and cooking
- » **Avalon, Linx and Intensive Home-Based Outreach Service (IHBOS)**, providing psychosocial support for people dealing with mental health issues
- » **Personal Help and Mentors Program** providing support to people living in Moreland whose mental health has a significant impact on their life but who don't necessarily have a clinical diagnosis
- » **SAVVI – Supported Connections and Facility Cost Relief** providing support to residents and proprietors of Supported Residential Services

Dental Services

- » **Dental Services** are provided at the Brunswick site for community members with a Health Care or Pension Card

Health Promotion Programs

- » **Engagement with Aboriginal and Torres Strait Islander Communities** increasing and strengthening the organisations partnerships with people and agencies to improve the health, wellbeing and access to health services of Aboriginal and Torres Strait Islander people in our community
- » **Heart Foundation Walking** which supports over 7 different walking groups within Moreland
- » **Pedometer Loan Scheme** at Moreland Libraries. A joint project with the Moreland City Council to encourage community members to better monitor their level of physical activity
- » **Moreland Food Access Project** which aims to assist all community members to regularly access food that is healthy, affordable, culturally appropriate and safe, without needing to access emergency food relief programs
- » **Teeth Tales Research Project** which is being conducted in partnership with the University of Melbourne to improve the oral health of migrant communities

Youth Health Team Programs

- » **Group Health Service for Schools and Community Groups** offering primary and secondary school based education programs about physical and mental health, sexuality and relationships
- » **CoCare** which provides human relations groups for young people with intellectual or learning disabilities
- » **School Focused Youth Service (SFYS)** working with local schools and agencies to support at risk young people to continue their education, reducing risk factors associated with self harm, mental health issues and suicide
- » **Youth Counselling**
- » **Y-GLAM** – a performing arts project for same sex attracted and transgender young people between the ages of 14-25

Clinical & Carer Services

Clinical and Carer Services run programs from 7 different Merri Community Health Services sites. The following outlines some of the key services within the Division.

Commonwealth Respite and Carelink Centre (CRCC)/CarerLinks North Programs

- » A link to and information about a wide range of community, aged care and support services available locally. This includes services for older people, people with a disability and those who provide care and services
- » Carers with options to take a break through short-term and emergency respite services, based on assessed need. They provide advice on and can coordinate access to respite services in a carer's local area
- » Services across the Northern Metropolitan region of Melbourne which includes the municipalities of Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea and Yarra

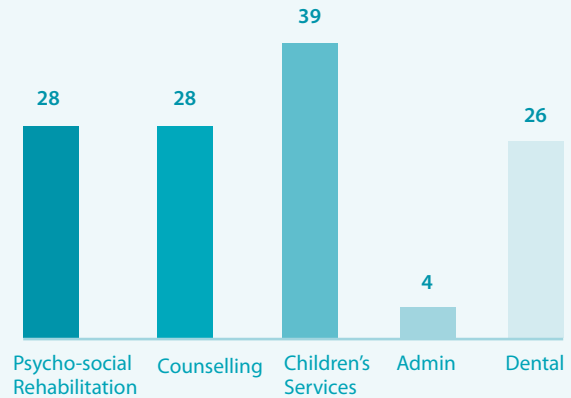
Carer Support Services

- » Respite services to support carers in their caring role with a focus on aged care, disability and mental health

Activity Programs

- » Over 25 different groups to assist with various community needs including social interaction and respite
- » Groups and activities including art and craft, music and gardening. A specific Italian speakers group and a memory group for those experiencing dementia or memory loss

Counselling, Youth and Family Services Staff Numbers as at 30 June 2011



Interchange North West

- » Recreation and respite opportunities for children and young people with disabilities and their families
- » Programs for eligible families within the North West region of Melbourne

Case Management Services

- » Support to help the frail aged and people with complex disabilities to remain in their own homes and local community
- » Services within the municipalities of both Moreland and Hume

Allied Health

- » Clinical services such as physiotherapy, podiatry, speech pathology, occupational therapy, dietetics, diabetes education and community nursing, to assist people to live independently at home
- » Chronic disease management programs such as:
 - » Kids Life! – helping children with weight issues to become healthier, fitter and happier
 - » Life! Diabetes Prevention courses Early Intervention in Chronic Disease – a support program for people newly diagnosed with a chronic health condition
 - » WorkHealth Checks – A WorkSafe Victoria program providing free health checks for workers at their place of employment

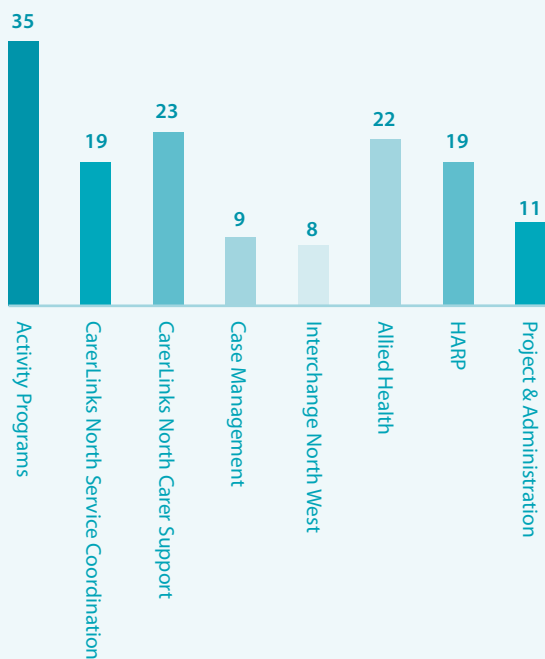
Hospital Admissions Risk Program (HARP)

- » A partnership between Merri Community Health Services, Doutta Galla Community Health Service, Melbourne General Practice Network, Royal District Nursing Service and Melbourne Health
- » Works to reduce the number of hospital admissions needed for clients with chronic medical conditions by providing them with appropriate community based health care. Emphasis is placed on chronic respiratory care, cardiac services and the diabetes community foot program

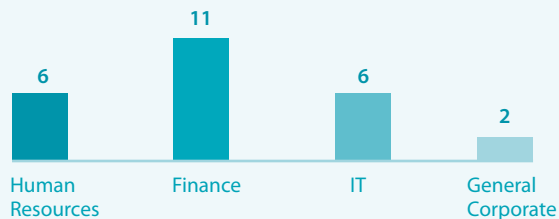
Corporate Services

Corporate Services is based at Harding Street, Coburg and provides support to all staff of Merri Community Health Services. Services provided include management of all financial aspects of the organisation, IT support, quality and compliance and facilities management. Human resources also look after the training needs of the organisation, as well as sourcing and organising Home and Community Care (HACC) training programs and publishing a HACC training calendar for the City of Moreland.

Clinical and Carer Services Staff Numbers as at 30 June 2011



Corporate Services Staff Numbers as at 30 June 2011



CONSUMER, CARER & COMMUNITY PARTICIPATION

HARP Excellence Award

Helping clients with complex conditions to improve their health and quality of life



(Left to right) Susan Todorov (HARP Manager), Peita Price (Team Leader HARP Cardiac Services), Linda Sorrell (CEO Melbourne Health) and Emily Godfrey (Heartwise Clinician)

Our Hospital Admission Risk Program (HARP), Heartwise team, has received a Health Excellence Award in the category of “Develop and Encourage Strategic Relationships”.

We were able to demonstrate the effectiveness and success of our service at reducing hospital admissions and improving client health outcomes and quality of life. The findings highlighted the ability of the Heartwise team to look after complex clients in the community, many of whom come from a culturally and linguistically diverse (CALD) background.

To win this award a number of aspects of our service were reviewed. These included:

- » Our research in 2006 which was able to show a reduction in the number of times our clients had to be re-admitted to hospital – a reduction of 29% for all clients and 60% for our clients with Chronic Heart Failure
- » A statistical analysis in 2010 of the rehabilitation data of Heartwise clients 2004-2009. This showed significant physical benefit and quality of life improvement for these clients, the most benefit being gained by clients with the lowest initial scores
- » A Beta Blocker Prescription audit performed in 2008/2009. Beta Blockers are a medication recommended for most people with Chronic Heart Failure. Our audit indicated that 82% of clients were being prescribed a Beta Blocker by their doctor and those not prescribed had a documented medical rationale for this
- » Independent research indicating significant quality of life improvement reported by our HARP clients
 - » 81% of clients surveyed reported being ‘very satisfied’ with HARP care
 - » 52% reported their quality of life to be excellent after they became a HARP client up from 29% before HARP intervention
 - » 35% reported their quality of life to be poor before they became HARP clients and this went down to only 6% after HARP intervention

Most clients enrolled in the Heartwise program have Chronic Heart Failure and 88% have 3 or more significant medical issues, are frail and generally older (median age is 80.7 years). 69% are from a culturally and linguistically diverse (CALD) background.

Improving Heartwise Program Referral Times

Seeing clients more quickly when they get out of hospital

A quality audit was undertaken to help us to improve the way we receive referrals for our Heartwise program and to improve how quickly our staff can see people once they get home from hospital.

The first audit was completed in November and December 2010 to determine how long it took for clients to be entered into our Heartwise program following referral. This showed that the average delay for referrals was 10 days. When clients not immediately eligible to enter the program – usually because they were still waiting for tests – were taken out of this data, it showed the average delay for entry was 5.63 days.

To enable us to improve on these results the process of handling referrals was reviewed and a procedure was put in place for monitoring clients who were waiting for tests.

A second audit was then conducted in mid 2011 to measure the results of the review. Data collated from January to June 2011 shows that the average delay is now down to 4.26 days. This reduces even further to 2.68 days for clients immediately eligible for entry into the program.



Taking Control

Helping clients to become their own advocate

“All people have the right to make their own decisions, make choices and advocate for themselves”. This statement appears in the Disability Standards, Disability Act 2006 and is embraced by the staff of Merri Community Health Services.

The Taking Control Project was developed to assist clients to increase their confidence, make their own decisions and become their own advocate. Over time and with the support of their carer it is hoped that they will take more control of their life on a day to day basis.

Five adults with disabilities were encouraged to participate in a workshop focused on interactive learning in a small group environment. They were invited to bring along a carer for the day, someone who could help them during the workshop and also assist them to use and maintain the skills they learnt.

The aims of the workshop were:

- » To give clients the opportunity to learn and build on their existing skills particularly in the areas of making decisions, choices and self-advocacy
- » To give carers opportunities to learn and practice skills alongside the clients, so they could support them to transfer the skills from one situation to another
- » To enable clients to take some control over their day to day lives

Paul was one of the workshop participants. He had mentioned to his carer and case manager that he'd been having trouble using his new Cabcharge cards with taxi drivers. He felt that some drivers were frustrated and cross with him because they didn't know how to use the new cards. To assist Paul to deal with this situation he was given the opportunity to role play explaining the card to a taxi driver.

The skills Paul learnt in this workshop, including choice making and advocating, have given him the confidence

he needed so he could speak to taxi drivers. He now feels more empowered and has been able to transfer these skills to other areas of his life. He has since ordered more Cabcharge cards for himself and been more openly expressing his feelings with his case manager.

Anne Marie is Paul's carer who attended the workshop with him. She says she has noticed positive changes in Paul and that, “Paul is now more confident, capable and empowered. He will speak up for himself, reminding taxi drivers how to use the cards”.

“All people have the right to make their own decisions, make choices and advocate for themselves.”

- Disability Act, 2006

The Taking Control Project team were very happy with the outcomes from the workshop. They have noted an increase in client confidence and participant's ability to maintain and use the information and skills learnt. The workshop program was designed to encourage clients and carers to interact and learn in an informal, fun and supportive environment. This helped contribute to making the group cohesive and energetic and the role plays increased client confidence. The sharing of ideas resulted in some practical and sophisticated strategies for dealing with individual issues.



Koorie Community Engagement

“It’s been great getting people involved in the services we offer, especially CarerLinks North and Children’s Services. Working for the community and Merri has been really rewarding and worthwhile.” – Liz Phillips, Koorie Community Engagement Officer

As an active member of the Northern Metro and Hume Local Indigenous Networks (LINs) and both the Moreland and Hume City Council Indigenous Reference Groups, our Merri Community Health Services Koorie Community Engagement Officer has been able to develop close working partnerships with many local community groups. Other member organisations of these groups include Aboriginal Community Elders Services, Victorian Aboriginal Child Care Association, Ballerit Mooroop College, and Wandarra.

Being an active member of these networks and groups has proven to be an effective way of connecting with communities and promoting the services Merri Community Health has to

offer. This in turn has resulted in improved access to our health services by many of the Aboriginal and Torres Strait Islander people in our community.

During the year we held a Koorie Carers Wellbeing Day at the Minajalku Healing Centre in Thornbury, the result of a partnership between the Victorian Aboriginal Health Service Family Counselling Team and Merri Community Health Services CarerLinks North Mental Health Program. We were also able to bring together a group of community members to attend the NAIDOC (National Aboriginal and Islander Day of Celebration) Ball a great celebration and networking opportunity.

Refugee Health

War, torture and leaving your family and friends behind

Each year many refugees call the City of Moreland their new home. Resettling in any new country can be difficult with the confusion of trying to understand a new culture, needing to learn a new language and not understanding the health care system. Many refugees also need to deal with issues relating to families being torn apart in their escape from war and persecution. Family members often end up in different parts of the world, afraid, alienated and alone. Once they arrive in Australia they need to heal emotional and physical trauma from experiences in their homeland and sometimes refugee camps.

Mulugeta Abebe is Merri Community Health Services Newly Arrived Community Engagement Officer. He helps newly arrived refugees and migrants in the City of Moreland to better understand and access the range of health and welfare services available to them.

In addition to this role it is also important for Merri Community Health Services to identify emerging health issues among newly arrived groups. To ensure the programs we offer are appropriate and effective Mulugeta has also been able to provide the organisation with guidance and advice on relevant projects and initiatives such as Teeth Tales, a program designed to improve the oral health among newly arrived communities.

In May 2011 the Australian Federation of AIDS Organisations (AFAO), Merri Community Health Services and other community leaders representing a range of African and community organisations, hosted the Australian National HIV and African Communities Forum. The wide range of organisations involved ensured there was representation from women’s groups, youth, elders and religious leaders. The principal aim of the forum was to discuss how to improve the response to HIV among newly arrived communities in

Australia and it provided an opportunity for participants to share information and to network. A report from the forum with recommendations for future directions is available by contacting the AFAO Project Officer Jill Sergeant at jsergeant@afao.org.au



Delegates at the Australian National HIV and African Communities Forum

Left to Right: Osman Osman (National Union of Eritrean Youth and Students), Enaam Oudih (PEACE Multicultural Services SA) and Tuwe Kudekwashi (NZ AIDS Foundation)

Stewart Lodge Wellbeing Project

An edible garden provides a sense of purpose and belonging

“It’s definitely been about the personal relationships, and seeing those moments open up in people’s lives that has made it really, really worthwhile.” – Volunteer

“Well I mostly collect the eggs, spend time cleaning out and making sure they (the chickens) have water and it’s my responsibility to make sure they are healthy, making sure everything is good. I feel proud of it because I am doing something useful.” – Hussein, Stewart Lodge Resident

“It is so wonderful. It makes us happy with what we have done.” – Stewart Lodge Resident

Stewart Lodge is a Supported Residential Service in Brunswick and home for up to 80 residents, most of whom experience complex needs such as mental illness, physical or intellectual disability, acquired brain injury or drug or alcohol dependency. And for the past 3 years the Health Promotion team at Merri Community Health Services has worked closely with residents to develop an edible garden on the premises.

With support and funding the residents, staff and volunteers have developed a substantial fruit and vegetable garden which includes permanent water tanks, a composting system, a worm farm and chickens.

Our evaluation of the initiatives at the lodge showed overwhelmingly positive results including:

- » Increased access to fresh vegetables for residents
- » Increased appreciation and excitement around food grown in the garden
- » Increased physical activity and participation in the garden by residents who previously hadn’t joined in social activities
- » Improved mental wellbeing and a sense of belonging or social inclusion for residents
- » The creation of a sense of purpose, ownership, pride and responsibility for many residents
- » Resident’s perception of the garden as a calm and relaxing space

The project is in its final year so the focus has been on sustainability. With 20-30 regular community volunteers currently participating in the project, the permanent employment of a part time project worker at the garden, ongoing participation from enthusiastic residents and growing community interest, the future of the garden appears sound and promising.

“It is so wonderful. It makes us happy with what we have done.”

– Stewart Lodge Resident





Client Satisfaction Surveys

It is important to us that our clients are happy with the services we are able to provide.

In our most recent Client Satisfaction Survey the key strengths of Merri Community Health Services were identified as:

- » Being caring and supportive (75% of clients giving us a score of excellent)
- » Being open and honest (73% of clients giving us a score of excellent)

Our clients also told us that:

- » The service was easy to access (95%)
- » We met their expectations (90%)
- » They were satisfied with the service (98%)

Client Satisfaction Surveys enable our clients to give us confidential feedback so we can ensure our services are always appropriate and of a high quality. In our most recent survey, in early 2011, clients were asked questions about their view of our service, including the way we communicate with them, the service provided by reception staff, care provided, changes in their quality of life and their expectations and satisfaction levels.

646 clients completed the survey, either on the telephone (475) or by filling in a questionnaire (171), mailed or completed during group sessions. Interviews were conducted in languages including: English, Italian, Arabic and Greek.

Areas which were identified as needing further improvement included:

- » Telling clients about other services (7% stated this was poor)
- » Keeping clients informed as to how long things will take (6% stated this was poor)
- » Referring clients to other services as appropriate (6% stated this was poor)

As shown in the graph to the right, scores had improved from the last survey conducted in late 2009.

Client Satisfaction Survey Results





Participation Indicators

Achieving better outcomes for clients through engagement with our community

There are five new standards for consumer, carer and community participation that Victorian public health services now need to meet. Indicators are used to measure and determine if the health service has met each standard. The chart below lists each of these standards and summaries the work undertaken by Merri Community Health Services to achieve them.

Standard	Indicator	Target	Results & Comments
Commitment to participation	1.1 Participation Policy	✓	75% 100% (5 out of 5) Information about our development of a participation strategy plan appears below this table
	1.2 Participation Plan	✓	
	1.3 Reporting	✓	
	1.7 Consult and involve	✓	
	1.8 Builds the capacity of staff	✓	
Clients involved in decisions about treatment, care and well being	2.3 Percentage of clients satisfied or highly satisfied with their involvement in decisions about care or treatment	✓	90% Client Satisfaction Survey feedback (see page 19) includes the following response: 95% 'Respecting the client's right to make decisions' 95% 'Providing opportunities to ask questions'
Provision of Information	3.1 Written information meets at least 30 criteria in checklist for assessing written consumer health information	✓	85% 100% (all 38) A procedure was established to publish the date on all newly created documents. Many documents were also edited to simplify the text.
Active participation in planning, improvement and evaluation of services	4.1 Strategic Planning	✓	75% 100% We are currently reviewing the inclusion of a community member to our Governance committee and incorporating community feedback to our strategic plan. Refer to page 24 regarding the audit of disability services.
	4.2 Program Development	✓	
	4.3 Quality improvement	✓	
	4.4 Feedback and Complaints	✓	
	4.5 Governance committees	✓	
	4.6 Client health information	✓	
Builds capacity for participation	5.1 Descriptive Reporting – Client story	✓	N/A Refer to Paul's story in the Taking Control project on page 16 of this report

In December 2010 Merri Community Health Services developed a Community Engagement Strategy with the assistance of the Health Issues Centre (HIC). This strategy details methods and activities Merri Community Health Services can undertake to further improve on its engagement with the community.

In April 2011 a Community Engagement Operational Plan (CEOP) was also written. It was developed in consultation with staff and carers and covers the 18 months from July 2011 to December 2012. The plan acknowledges our current

community engagement practices and includes information from a survey undertaken in September 2009. Nine specific projects are identified in this plan responding to the need for organisational development and capacity building which enhances community engagement.

QUALITY & SAFETY

Dental Services

Improving client care

It seems most people don't like visiting the dentist. So we want to make sure that the clients that do come and see us are well looked after and receive the best care possible.

The dental team is committed to continuously improve the quality of care provided to clients. Last year (financial year 2010/2011) we saw 2,908 clients for a total of 6,869 visits, so even a small improvement to our services can have a big impact on our community.

One of the ways we measure the quality of our care is by reviewing the number of times that someone who has received dental care needs to come back for a similar treatment. These are called 'indicators' and they are measured by all community dental practices in Victoria.

We calculate the number of:

- » Fillings – when a filling needs to be redone within six months of initial work

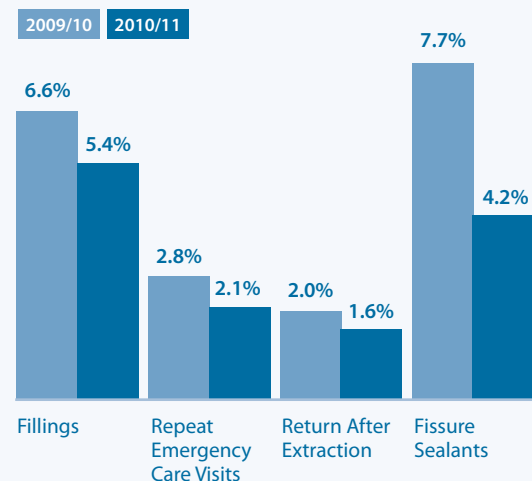


- » Repeat Emergency Care Visits – when clients need further emergency care within 28 days of receiving an initial emergency care appointment
- » Returns after extraction – when clients need a further visit within seven days of a tooth being removed, for an ongoing problem
- » Fissure Sealants – when children need fissure sealants to be re-done within two years of original treatment. Fissure sealants are layers of a plastic material placed over the grooves on the biting surfaces of children's molar or back teeth, preventing decay in these grooves. The plastic layer should stay in place for several years
- » X-rays – used for new clients receiving general dental care and to help us to diagnose dental problems

Our improved performance on these indicators has meant we have been able to treat a greater number of clients.

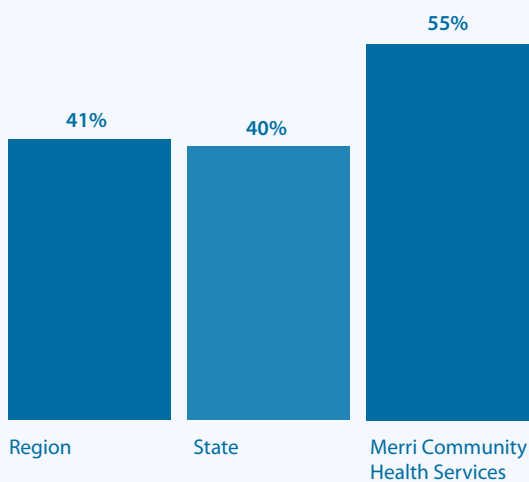
Graph 1 below shows that our dental clinic performed better than last year on all of the first four indicators.

Graph 1. Dental Indicators – Comparison of results for Merri Community Health Services 2009/10–2010/11



Graph 2 below demonstrates that we take more x-rays of new clients than other clinics in our state and region.

Graph 2. Dental Indicator 5 (X-rays)
Comparison with Region and State



We also do an infection control audit each year to make sure our standards are maintained at the highest level possible. Our last audit was in May 2011 and a re-audit was completed

shortly afterwards to make sure any areas for improvement had been addressed. The audit template used was developed by Dental Health Services Victoria.

As a result of the audit, we were able to develop a new sharps injury procedure for our staff in the unlikely event of them being injured with a sharp dental instrument. This is laminated and clearly displayed in the surgery.

The audit also ensured that all appropriate cleaning procedures in the surgeries and sterilisation room were being carried out as required and documented in a log book. This includes procedures such as flushing of dental water lines, weekly disinfection of dental chairs and weekly cleaning of autoclaves.

We are currently developing a clinic manual detailing specific procedures based on the Australian Guidelines for the Prevention and Control of Infection in Healthcare (NHMRC), Australian Standard AS4185. Our manual will use the Australian Dental Association's Standard Operating Procedures and it will be a practical guide for staff regarding how infection control principles are applied within the Merri Community Health Services Dental Clinic. We will review this manual every 2 years or sooner if there are changes to AS4185 or the NHMRC guidelines.

All our dental therapists and dentists have completed their periodic training in infection control.



Accreditation Status

It is always great to hear you are doing a good job.

Auditors assessing Merri Community Health Services in May 2011 were impressed with the experience, knowledge, commitment and enthusiasm of our staff. It was also excellent that they found staff always took individual cultural needs and expectations into consideration when they were planning and reviewing the services they were providing.

The purpose of this audit was to check the effectiveness of Merri Community Health Services quality management systems against the Standards for Disability Services in Victoria, enabling us to maintain our certification in relation to the Industry and Outcome Standards for Disability Services in Victoria.

Health and Disability Auditing Australia reviewed our documentation, assessed the implementation and delivery of services, talked to some of the people who use our services, their carers and also staff responsible for providing services.

In total, 14 clients and carers assisted by giving feedback to the auditors for the review.

Overall, the report stated that Merri Community Health Services has established systems, processes and practices that promote service provision consistent with the standards. The report also stated that the organisation supports individuals to achieve their personal outcomes consistent with the standards.

There were some areas for improvement that were identified and the organisation was able to put these recommendations into place within one month of the audit. The improvements were in relation to the consolidation of electronic and hard copy client files, the development of a form to document a client's choice of support person/advocate and specifying timeframes for responding to suspected cases of abuse and neglect.

Clinical Governance

It is important for all health care services to have a system for monitoring their service delivery and clinical work. The main focus is on safety and providing quality care and it is usually referred to as Clinical Governance.

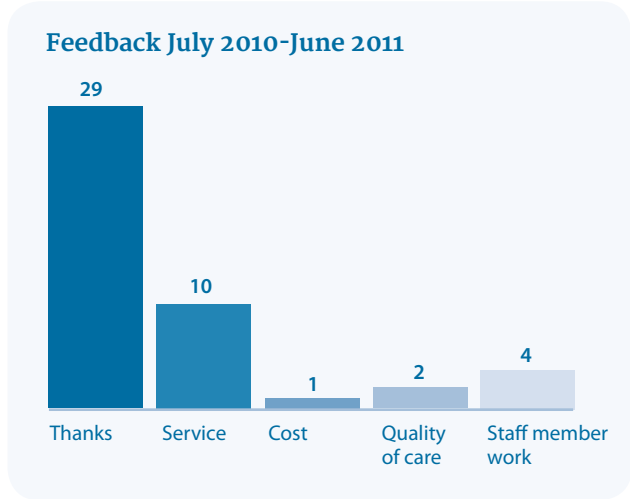
In August 2010 Merri Community Health Services finalised a work plan explaining how areas needing improvement are to be addressed. These improvements include putting a new process for recording and managing incidents into place, work in relation to community engagement, stricter arrangements for ensuring staff have the appropriate qualifications for their roles, a new training calendar for staff and a review of care planning processes.



Feedback and Complaints

We value client feedback, including complaints, as it helps us to improve the service we provide.

In most cases the improvements we make relate specifically to the individual who made the complaint, but we also look for ways in which we can use this information to improve services for other clients too. As outlined in the graph to the right between July 2010 and June 2011 we received feedback from 46 clients, 60% being expressions of thanks from clients.



CONTINUITY OF CARE

Bookwell

From fiction to real life – a story-telling initiative

Talking to others and engaging in everyday social activities can be extremely difficult for some people who live in Supported Residential Services (SRS).

Merri Community Health Services mental health team workers have found an innovative way to engage SRS residents and consequently give them more support and assistance.

They have been working with local library staff to bring facilitated story-telling to residents.

The program they have developed is called Bookwell and it was first piloted in a partnership between Merri Community Health Services, Brunswick Library and Brunswick Lodge, a Supported Residential Service. Based on a successful English initiative, participants first listen to a story and are then invited to discuss the story they have heard, relating it to their memories or life experiences.

Bookwell has given mental health workers the opportunity of hearing, often for the first time, the life stories of residents in the groups. One resident who started to regularly attend these sessions had previously isolated himself from others and had

been resistant to receiving help from our staff. As a participant of the Bookwell program he started to share stories of his past and talk about his previous dreams. He even brought in photos of his earlier life. As our staff started to understand more about him they were able to work more effectively with him and provide further assistance.

Hearing the life stories shared in the Bookwell program has allowed Merri Community Health Services staff to learn more about the participants, often gaining an insight into how to work differently and more successfully with them. In addition, through sharing stories participants have often been able to better understand their own life experiences and develop better social networks.

Due to the success of the program it has now been expanded to include Edwards Lodge and Reservoir Gardens through a partnership with Darebin Library.



Exchange and CRISP - Communities Responding Integration Support Program

Improving mental health through fitness, healthy cooking and eating

Occupational therapists from North West Area Mental Health Service (NWAMH) have joined the Exchange and Communities Responding Integration Support Programs (CRISP) Day Programs to run both the Healthy Cooking and Eating Group and the Fitness Group. These groups are run to improve the mental health of participants, encouraging them to focus on their diet and physical fitness.

The fitness program, run in partnership with the YMCA, provides participants with access to a personal trainer to help them to achieve their fitness goals. The healthy eating and cooking group teaches food preparation skills and encourages participants to consider healthy food options.

Establishing this inter-service partnership has created opportunities for Merri Community Health Services staff and staff from NWAMH community mental health to work more closely together. Access to our services has improved, with a number of clients not previously in contact with our day programs now enjoying the services we have available. This integration of our services and programs is an important aspect of Merri Community Health Services as we strive to continually improve client outcomes.



HOPE

Helping mental health clients gain the confidence to go back to work

Lucy hadn't worked for 15 years when she started the Health Optimisation Program for Employment (HOPE). She had previously been working in a management level job but after suffering a breakdown she lost confidence and was unable to get back to work. At the end of the 10 session program Lucy commented on her increased confidence. She has now learnt skills to help her find employment and remain healthy.

HOPE is a program resulting from a partnership between SOFA (Social Firms Australia), Framework for Health (St Vincent's Health) and Job Services Australia. It aims to assist people with mental health issues to manage their symptoms and maintain their health whilst in and seeking employment. Merri Community Health Services is one of a number of organisations in the state who were invited to assist in delivering the program by providing support to facilitators.

The facilitator of each program is a peer who has been in the same or similar situation. Working with someone who has experienced similar issues adds an extra level of understanding and support for the participants.

HOPE aims to help those doing the program to better understand their own optimal levels of health and how they can work to maintain this. The rate of employment for HOPE participants in Victoria has risen from an initial 10.3% to 26.1% and has also been shown to contribute to reducing hospital admissions for those involved in the program.



Hearing Voices Network

It can be very isolating to have a condition that family and friends just don't understand. This can be especially true for people who experience hearing voices.

The CRISP (Communities Responding Integration Support Program) Day to Day Living program has recently entered into partnership with MIND Australia and Voices Victoria to co-run a Hearing Voices Group. The program was designed by a network of professionals, carers and voice hearers. It aims to reduce the distress associated with hearing voices and to help group members to understand the experience, exploring new ways of coping and living.

As one participant said, "the group offers me a chance to learn coping strategies from others". It does this as it provides a safe space for people who hear voices to explore the experience without judgement or fear.

“It's good to be able to share your experiences with others who experience similar issues.”

- Hearing Voices Group Member

Malcolm's Story

"It has improved my way of life"

When Malcolm came out of hospital a year and a half ago, he said, "I didn't think I was going to live". He was struggling with shortness of breath which made many day to day activities difficult and meant he regularly needed to use an oxygen tank.

Malcolm's HARP (Hospital Admission Risk Program) Care Facilitator linked him into the Melbourne Easy Breathers program which supports people to manage their respiratory disease and aims to reduce the number of times they need to go to hospital. His breathing has now improved to the extent that he no longer even needs to attend this program.

Malcolm also joined the Heartwise program, which assists people with chronic heart failure. He says the exercises "have really kept me going" and "improved my way of life". In addition he has found the process of being linked to

various services and programs has been easy, stating, "It's handy, they've got everything together over there. All you have to do is make an appointment".

“It's handy, they've got everything together over there. All you have to do is make an appointment.”

- Malcolm

HARP Orientation Manual

Making it easier for new staff

New staff to the Hospital Admissions Risk Program (HARP) commented that the orientation program when they started could be confusing and that they lacked information about the other services in the program. This led in December 2010 to staff revising the Orientation Manual.

The HARP program is a service for people with chronic and complex medical conditions who frequently present or are at risk of presenting to hospital and require intensive service coordination. This program represents a partnership between

Doutta Galla Community Health Service, Melbourne General Practice Network, Royal District Nursing Service, Royal Melbourne Hospital and Merri Community Health Services.

HARP staff examined the policies, procedures and orientation documents across the organisations involved and consolidated all relevant orientation information into one document, including a checklist. The three staff that have since completed an orientation with this new manual all stated they were 'highly satisfied' with it.

Care Plans for Clients with Complex Needs

Care plans are particularly important for clients with chronic and complex care conditions.

This is because they have multiple needs and issues that often impact on each other. Care plans are a written document that records the client's goals and identifies ways to reach those goals. These goals are worked out with the client and where possible their carer and/or family. By recording goals in this way clients often better understand the steps needed along the way and are more motivated.

The Heartwise and Melbourne Easy Breathers programs have set within their guidelines the target of 80% of clients having a care plan. Currently the programs are exceeding this target with 90% of Heartwise clients and 84% of Melbourne Easy Breathers clients having a care plan documented in their file. To make these results even better we are currently improving our data integrity through an education program.

Do Our Occupational Therapy Services Measure Up?

Occupational Therapists at Merri Community Health Services help people who are aged or disabled achieve independence in their daily lives.

This includes assisting them to complete tasks such as bathing, dressing, eating and accessing the community. We also help to make a client's home safer if they are no longer able to use steps to access their home or if they have had a fall.

During home visits clients are asked to identify the areas they want to improve or require assistance with and together with the occupational therapist a plan of action is developed. We work with the client to determine the most important goal and the steps to achieving that goal.

An important part of helping clients to improve independence and safety is looking at the level of difficulty that is involved in each task. Our staff can then prescribe equipment, modifications or techniques that reduce this degree of difficulty allowing our client to gain confidence and complete the task independently.

To help us determine whether or not our clients are achieving their goals and whether changes have made a difference,

we measure outcomes. This means we compare client reports on the initial degree of difficulty of a task with the difficulty level they report after equipment/modifications are completed.

The occupational therapy team analysed their outcome measures for the 2010 year, reviewing 251 clients. It was found that 129 clients had extreme difficulty with a particular task at assessment but only 5 were still having extreme difficulty after assistive equipment or modifications were completed. For these 5 clients we looked at the problem again to come up with an alternate solution.

Measuring the changes we make in our clients' lives means that we know that what we do really is making a difference. As we age, a common fear is the loss of independence and sometimes a simple change in the way a task is done can make all the difference.

Preventing and Managing Pressure Ulcers

Pressure ulcers (sores) are not only very painful they can also reduce how well you are able to go about every day activities and require significant treatment if they become infected.

Some people are more at risk than others and they are usually a complication for people who spend a lot of time in a wheelchair or are confined to bed. Others at risk include people who have a disability and sit for a long period of time without moving.



The good news is they are also largely preventable. People who have a pressure ulcer or who are at risk of a pressure ulcer require a quick and appropriate response. An Occupational Therapist's role is to provide advice on equipment to help prevent and/or manage the ulcer, working together with other health professionals including nurses, dieticians, physiotherapists and podiatrists.

The number of referrals to Occupational Therapists at Merri Community Health Services for people who either have or are at risk of developing pressure ulcers, has been increasing. To ensure we can respond in a timely way to these referrals we now have an Occupational Therapist employed specifically in this area. This has allowed us to develop evidence based best practice for our clients and make appropriate referrals and linkages with other services as required.

Merri Community Health Services has also been instrumental in developing a special interest group for Occupational Therapists working in the area of pressure care. The group meets three times a year to develop skills and knowledge and expand on evidence based approaches. The interest group is currently in the process of developing a set of practice guidelines for Victorian Occupational Therapists in the area of pressure ulcer prevention and management.

Hydrotherapy Review

Helping clients to continue in water exercise groups



Our clients who were doing group exercises in the pool, hydrotherapy, were giving us really positive feedback. But when we did a survey of 52 clients who had finished the group program we found that only 3 of the 21 previous participants who responded had kept up with water exercise classes.

It was this information that led us to develop a Peer Led Water Exercise class.

With the support of the Merri Community Health Services Volunteer Coordinator, volunteers who would lead the classes were able to access training through an Arthritis Foundation Training program. Following liaison with the local pool our first Peer Led Exercise class started. The response has been terrific with one client telling us, "It's encouraged me to be healthier, I've lost 8 kilos. I'm so grateful I can continue with the Peer Led group as it's friendly, affordable and suits my needs."

Our physiotherapists encourage participation in physical activities to prevent and self manage health conditions. Some of the benefits of hydrotherapy were reported to us in our client survey.

Comments included:

- » *"By coming to floor exercise groups and hydrotherapy I noted a huge difference in pain, mobility and I'm sleeping so much better. It made me forget my pains."*
- » *"Fun and nice in the water, helped my problem."*
- » *"Helped with my back and knee pains."*
- » *"It's gentle exercise, relaxing my muscles, it helps me with walking and my knee and my back, it strengthens my muscles."*
- » *"I do like to exercise in the hot pool because it gives me relief for my back and neck, and also gives me a chance to meet other people."*

Moving with Ease

Do Feldenkrais classes reduce the pain of osteoarthritis?

In partnership with the University of Melbourne and Austin Health, Merri Community Health Services has embarked on an observational study on the effect of Feldenkrais lessons on people with osteoarthritis.

The Feldenkrais Method® involves exercise classes where clients explore movement, posture and breathing. A practitioner guides the clients through a planned sequence of movements. Through observation clients can then learn easier ways of moving when doing everyday activities.

Studies have shown that practicing Feldenkrais can improve balance and reduce pain. This study hopes to demonstrate that it can also improve the way that osteoarthritis sufferers walk (gait), improve their range of movements and reduce their pain.

Twenty-two people were recruited to take part in the study, which runs for twelve months. Their gait was assessed before the lessons commenced in May 2011 and will be assessed again after the program finishes in December 2011.

It is hoped that this project will help Merri Community Health Services osteoarthritis clients improve their quality and ease of motion and movement, their coordination and their sense of balance, control and comfort. It is also hoped that it will help reduce pain and prevent further deterioration due to their condition.

“Clients improve their quality and ease of motion and movement, their coordination and sense of balance.”

Hoarding Initiative

When collecting becomes clutter



A local woman in her 40's had collected so many newspapers that gaining access to her home was now quite difficult and she could no longer use most of her living spaces. This also meant that the risk of there being an uncontrollable fire became quite high. When this lady was referred to our Personal Helpers and Mentors program (PHaMs) it was our first experience of working with people with hoarding behaviours.

Hoarding affects between 3-5% of the population and is a long term chronic condition which increases in severity with age. Hoarding can lead to family breakdown, financial issues and physical health issues. Statistics also show that people aged 50 years and over living in hoarding households are the highest fire risk group and they accounted for 24% of all preventable fire fatalities between 1999 and 2009.

The PHaMs team decided to hold two community sessions to gauge the impact of this illness in the Moreland community. We approached the editor of the local Leader newspaper who was happy to assist us in promoting the information sessions and a journalist wrote a significant full page article on the problem after interviewing our staff.

People with hoarding behaviours and their concerned families came to our information sessions and shared their struggles. This has meant that PHaMs and our Carer Services can now work with them to provide support and work towards reducing the impact of this illness on their lives.

PHaMs are also involved in a Hoarding Action group with the Department of Human Services. Together we are planning a forum on hoarding for organisations in the North West region of Melbourne. The forum will support workers to improve services available to people with hoarding behaviours.

Reducing Missed Podiatry Appointments

When 57 clients don't turn up for their appointment in a month and 25 clients cancel their appointment in the same month, this impacts on a clinics effectiveness and efficiency.

These were the statistics for the Merri Community Health Services Podiatry Clinic during the month of October 2010. They come from a project undertaken to determine why clients missed or cancelled their appointments and how often this was happening.

Clients who cancelled an appointment, were more than 15 minutes late, or who did not turn up at all, were contacted to determine the reasons for not attending or cancelling. A total of 82 appointments out of 655 for the month, were considered a no show or a cancellation.

'Forgetting' was the most frequent reason clients did not attend their appointment. For approximately 50% of those who had forgotten being ill at the time was a contributing factor.

Using this data the podiatry team put together a plan to assist their clients to remember their appointments and to reduce missed and cancelled appointments. The reception team leader organised a six month trial commencing in July 2011 for all podiatry site receptions to SMS or telephone clients the day before their appointment time. At the end of the trial an evaluation will be done to see if there is a reduction in missed appointments.



Give Me 5

Young carers receiving support

It can be pretty difficult for a young person when they have a parent, brother, sister or another family member with a special need, disability, drug, alcohol or mental health issue. But the Give Me 5 young carers and teens sibling program gives them a break.

“Information on what other people do has helped me.”

Give Me 5 meets monthly and provides participants with fun and supportive group activities as they improve their self-esteem and develop in their caring roles. Being with other young carers enables them to normalise their experiences as they build connections, learn coping strategies and enjoy craft, team games, challenges and an evening meal.

- » *“I get great friendship and lots of help”*
- » *“I feel better seeing the guys, getting flocked by them before I walk in the door”*

Over the past year the program has been able to maintain a good participation rate with 76% of participants staying involved beyond a year and just over half (54%) attending the program for more than two years. This year 9 new participants joined the program. Most of those in the program (46%) are between 15-16 years old and 35% of participants have a cultural and linguistically diverse background.

Outcomes

- » More than 80% of participants reported improved activities with friends and improved changes in understanding of their role
- » More than 60% reported improvements in coping with their situation
- » Over 80% reported an improvement in their relationship with the family member who has the disability or special need
- » Many (43%) also reported increased participation with their wider community, such as school, sports and other groups

Give Me 5 is a program brokered by the Commonwealth Respite and Carelink Centre/CarerLinks North's Young Carer program and delivered by the TIME Out Sibling Program at Melbourne Citymission.



Exploring Health Issues for Young People in Moreland

Physical and sexual abuse, depression, anxiety, stress, the need for a local youth health clinic and a lack of affordable health and fitness programs; all are issues identified in an online survey of 105 young people and 60 teachers and workers in the City of Moreland, undertaken by the Youth Health Team in 2010.

The aim of the survey was to explore the main health and wellbeing issues for youth in our local area. The information gathered has provided us with a greater knowledge and understanding of their needs which ensures that the services and program we develop are relevant and appropriate.

Data collected was presented at a Youth Health Forum in March 2011 where young people, teachers and workers were invited to discuss ways to collaboratively address these emerging issues.



Think Twice Project

Helping school students explore the link between drugs, alcohol and criminal behaviour

What does an assault at a train station, hoon behaviour and an armed robbery all have in common? They are all scenarios decided on by students at Brunswick Secondary School for use in a new DVD called Think Twice.

Think Twice is being developed as a resource for use with Year 10-12 students across Victoria. It aims to help young people to think about the consequences of their actions and particularly addresses the link between drug and alcohol use and criminal behaviour.

The Merri Community Health Services youth outreach team, TRACKS, have been working on the project with the Victoria Police in conjunction with the students. This has ensured that it is a relevant and accurate resource that can be used by Youth Resource Officers within schools or by our TRACKS team when they deliver school programs.

Included within the DVD are interviews with Roger Attouche, a reformed offender now Manager of the Second Step Program and Judge McPhearson from the Melbourne Children's Court. Funding has been provided by School Focused Youth Services and the project has the support and involvement of Docklands Apartments, RMIT film students, the Police Academy and Erin Dolan and Associates – Private Psychologist services.





Making Sure Victims of Crime Receive the Best Counselling Services

Over the last few years the number of clients requiring specialist counselling services from the Victims Assistance and Counselling Program (VACP) has increased.

It is important to us that we look after everyone in the community who needs our assistance. To help us to do this the contract we signed with the Department of Justice in 2009 included a more flexible funding arrangement for the provision of counselling services. This has meant that Merri Community Health Services has been able to refer more clients to specialist private counsellors.

With our clients seeing specialist private counsellors it is important to evaluate the usefulness of this service, from both the client and counsellor perspective.

After receiving client consent, private counsellors are required to send Merri Community Health Services an Outcome Report. To enable us to evaluate the services being provided we reviewed 119 of these reports and interviewed 20 clients who had received outsourced counselling.

Data collected was analysed to determine how much change had occurred for our clients, their level of satisfaction with the processes involved and where further improvements could be made to ensure better client and service outcomes.

Our results indicated some areas of significant benefit to our clients. They also reinforced the importance of feedback mechanisms and some of the areas where further improvements could be made.

Following our evaluation the VACP has improved the administrative processes required for the program. Changes made include inviting all adults receiving counselling to provide us with feedback. This feedback is then linked to the counsellor who provided the service so VACP workers are able to make better and more informed referrals. Counsellors have also been provided with a client consent form which explains their Outcome Report to the client and an electronic Outcome Report template to ensure better consistency of feedback.

Anthony Jones, team leader of VACP states, "Overall this has been a very worthwhile project. We have had good outcomes for both our clients and our service. The evaluation has also helped us to fine tune and further improve our processes".



Activity Programs

Community connections through song

Strong friendships and connections have been made between the participants of a choir being run by the Activity Programs team.

Established as a result of Well For Life funding from the Victorian Department of Health (2009/2010), the choir is for older frail people living in the City of Moreland and surrounding areas.

The choir participants have responded very enthusiastically to the passion and skills of the music therapist who helped establish the program. They enjoy practicing favourite tunes,

learning new songs from different cultures and planning for concerts to entertain local groups and other activity program groups. The concerts generate significant excitement and require considerable preparation. Special outfits are worn and lots of singing practice takes place.

The choir members play an active role in all aspects of the choir and staff members utilise the skills and interests of each participant to ensure the choir continues as a successful and growing program.

Child Health Team Review

Looking for ways to improve our services

A recent review of the Child Health Team has given us the opportunity to reflect on how our team functions and the quality of the service we provide.

Including both internal and external stakeholder feedback the review, by an independent consultant, looked at all aspects of the team including the speech pathology, occupational therapy, audiology and paediatric services we provide.

The review was very positive and highlighted the work the team has done in building partnerships with other organisations, our focus on family centred practice, multidisciplinary care and service coordination. It also noted the challenges an organisation such as ours has with a growing number of families coming to us with multiple issues that need to be addressed, all impacting on the health of their children.

As a result of the review a team plan has been developed.

Key recommendations being implemented include:

- » The creation of a policies and procedures manual. This will guide standard practices and enable consistent data capture for the purpose of team planning functions
- » Additional resourcing and training to support the “welfare” aspect of the current workload
- » Prioritising of the further development of external and internal partnerships

We believe these changes will assist us to continue to provide high standards of care and make ongoing improvements to our service.

Results of State-Wide Service Coordination Survey

Each year Merri Community Health Service participates in a state-wide survey which reviews how our organisation rates against guidelines for best practice.

The survey looks at areas such as a client's first contact with the service, our ability to identify a client's health care needs, creating health care plans and making client referrals to other care providers.

Staff are required to rate themselves on 11 questions relating to Service Coordination and 7 questions relating to Integrated Chronic Disease Management. Service Coordination aims to link people to the right services at the right time. This makes it easier for clients to find the service they need without having to make multiple telephone calls or filling in a number of forms. Integrated Chronic Disease Management provides coordinated care for clients with chronic health conditions.

The main area of improvement for the organisation has been in the use of a common assessment tool. This tool was developed last year by a group of staff within the Allied Health team and has been in use with clients since July 2011. It promotes consistency in the assessment of clients and in developing care plans.

Merri Community Health Services scored well in the area of service coordination documentation which includes policies, procedures, feedback processes and templates.

Entry to most of our services is organised by the Information and Access team. Unfortunately, this team has been understaffed at times within the last 12 months which has meant there have been some delays responding to and assessing new clients. Merri Community Health Services addressed this issue by employing locum staff to assist the team.



Financial Report for the Year Ended 30 June 2011

Directors Report

The Board of Directors of Merri Community Health Services Ltd present their report together with the financial report of the Company for the financial year ended 30 June 2011.

Directors

The names of Directors in office at any time during or since the end of the year are detailed below. Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Name	Qualifications	Areas of Specific Responsibility
Anthony Helou (to July 2011)	Resident of Moreland	Director
Genevieve Juj	BA, BSW, Master of Social Work	Director Chair Strategic Research, Development & Evaluation Committee
Katerina Angelopoulos (to AGM November 2010)	BSW, Dip CWD	Director Chair to Nov 2010 Community Engagement Committee
Margaret Burdeu (to AGM November 2010)		Director Finance, Risk & Audit Committee
Meredith Carter	Master of Laws, BA, CertHlthEc	Director Chair
Michael Caputo (to AGM November 2010)	BA	Director Finance, Risk & Audit Committee
Milad El-Halabi (to AGM November 2010)	JP	Director Finance, Risk & Audit Committee
Stephen Duns	Doctor of Business Leadership, MBA, BA	Director Strategic Research, Development & Evaluation Committee
Marleine Raffoul (Appointed November 2010)	Resident of Moreland	Director Community Engagement Committee
Johnny El-Halabi (Appointed November 2010)	Resident of Moreland, Student	Director Finance, Risk & Audit Committee
Leonardo Santomartino (Appointed November 2010)	Resident of Moreland	Director Community Engagement Committee
Paul Geyer	BSc, MBA	Director Chair Finance, Risk & Audit Committee
Vince Abelardo (Appointed 18 January 2011)	BBus, BEc, MBA, CPA, MAICD	Director Finance, Risk & Audit Committee

The Directors attended the following Board meetings.

Name	Number Eligible to Attend	Number Attended
Anthony Helou	12	9
Genevieve Juj	12	9
Johnny El-Halabi	7	7
Katerina Angelopoulos	5	3
Leonardo Santomartino	7	7
Margaret Burdeu	5	5
Marleine Raffoul	7	7
Meredith Carter	12	10
Michael Caputo	5	4
Milad El-Halabi	5	3
Paul Geyer	7	6
Stephen Duns	12	11
Vince Abelardo	6	6

Company Secretary

Peter Corrigan was appointed Company Secretary on 30 June 2009. Peter is a Fellow of The Institute of Chartered Accountants in Australia, a Fellow of the Australian Institute of Company Directors and a Registered Company Auditor.

Principal Activities

The principal activity of the entity during the financial year was to meet the health and welfare needs of individuals in the region

The entities short and long term objectives are to meet the health and welfare needs of individuals by:

- » Using a social model of health which recognises the needs of individuals who cannot readily access the health and welfare system;
- » Focussing on individuals who have complex health care needs, in particular those who are frail, aged, youth, disabled or mentally ill;
- » Giving priority to individuals who, aside from illness, are suffering from distress, misfortune, helplessness or poverty; providing these services in a culturally appropriate, effective and empowering manner;
- » Directly providing and facilitating the provision of a range of health, welfare and support services to individuals;
- » Assessing the needs of individuals and developing and implementing care plans to meet individual and carer needs;
- » Co-ordinating, implementing and monitoring the quality and effectiveness of care provided to individuals and modifying as appropriate; and
- » Directly providing a range of community-based services to individuals.

To achieve these objectives, the entity has adopted strategies which include:

- » The entity strives to attract and retain quality staff and volunteers who are committed to working with the community in need, and this is evidenced by low staff turnover. The entity believes that attracting and retaining quality staff and volunteers will assist with the success of the entity in both the short and long term.
- » Staff and volunteers work in partnership with a range of community stakeholders, and this is evidenced by ongoing support of the entity's projects and initiatives. The entity ensures community stakeholders understand and are committed to the objectives of the entity through ongoing education in order for the projects to succeed.
- » Staff and volunteers are committed to providing the best of all possible outcomes on behalf of the community with whom the organisation is involved. This is evidenced by the success of new and existing programs in support of the community in need. Committed staff and volunteers allow the entity the ability to engage in continuous improvement.
- » The entity's staff and volunteers strive to meet consistent standards of best practice and provide clear expectations of professional accountabilities and responsibilities to all stakeholders. This is evidenced by the performance of staff and volunteers being assessed based on these accountabilities, and ensure that staff are operating in the best interests of the community.

Significant changes in the state of affairs

There were no significant changes in the state of affairs of the Company during the financial year.

Results

A deficit of \$1,069,316 was achieved for the financial year ended 30 June 2011 (2010: surplus \$513,365).

Review of operations

The Company continued to provide quality services in accordance with the mission vision and values of the organisation.

Future developments

The Company expects to maintain the present level of operations within an environment of enhanced service delivery, and hence there are no significant developments or changes in operations anticipated in future financial years.

Significant events after year end

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely, in the opinion of the Directors of the Company, to affect significantly the operations of the Company, the results of those operations, or the state of affairs of the Company, in future financial years.

Report preparation

The Company's financial statements have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements.

Indemnification and insurance of directors, officers and auditors

No indemnities have been given or insurance premiums paid during or since the end of the financial year, for any directors, officers or auditors of the consolidated entity.

Proceedings on behalf of the consolidated entity

No person has applied for leave of Court to bring proceedings on behalf of the consolidated entity.


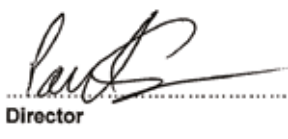
Environmental Regulation

The consolidated entity's operations are not subject to any significant environmental Commonwealth or State regulations or laws.

Auditors independence declaration

The auditor's independence declaration is included on page 40 of the report. The Directors' Report is signed in accordance with a resolution of Directors made pursuant to s298(2) of the Corporations Act 2001.

On behalf of the Directors.



 Chair of the Board Director

Dated at Coburg this 27th day of September 2011

MERRI COMMUNITY HEALTH SERVICES LTD
ABN 24 550 946 840

INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF MERRI COMMUNITY HEALTH SERVICES LTD

In relation to the independent audit for the year ended 30 June 2011, to the best of my knowledge and belief there have been:

- (i) No contraventions of the auditor independence requirements of the *Corporations Act 2001*; and
- (ii) No contraventions of any applicable code of professional conduct.


M J HARRISON

Partner


PITCHER PARTNERS

Melbourne

Date: 5th October 2011

Statement of Comprehensive Income for the Year Ended 30 June 2011

	Note	2011	2010
Revenue from Operations		26,109,274	25,496,474
Other Revenues		977,554	1,624,520
Total Revenues	2	27,086,828	27,120,994
Employee Benefits Expense	3	16,997,570	15,696,887
Depreciation, Amortisation and Impairment Expense	3	847,543	846,106
Finance Costs	3	1,595	429
Supplies		111,818	103,300
Computer Expenses		152,869	191,350
Consulting and Legal Costs		167,987	224,490
Client Costs		3,485,675	3,478,331
Communication		133,530	116,162
Motor Vehicles Expenses		301,242	264,811
Occupancy Costs		1,370,834	1,216,388
Payments to Other Agencies		1,974,968	1,800,300
Repairs and Maintenance		71,538	102,149
Staff Development		186,215	185,378
Other Expenses		2,352,760	2,381,548
Total Expenses		28,156,144	26,607,629
Surplus/(Deficit) for the Year		(1,069,316)	513,365
Total Comprehensive Income/(Loss) for the Year		(1,069,316)	513,365

The Statement of Comprehensive Income is to be read in conjunction with the notes to the financial statements set out on pages 43-53.

Statement of Financial Position as at 30 June 2011

	Note	2011	2010
Current Assets			
Cash and Cash Equivalents	4	7,977,302	8,474,981
Trade and Other Receivables	5	597,566	534,594
Other Current Assets	6	182,387	274,885
Total Current Assets		8,757,255	9,284,460
Non-Current Assets			
Property, Plant and Equipment	7	6,911,557	6,990,139
Total Non- Current Assets		6,911,557	6,990,139
Total Assets		15,668,812	16,274,599
Current Liabilities			
Trade and Other Payables	8	3,116,184	3,234,039
Provisions	9	1,679,252	1,810,511
Total Current Liabilities		4,795,436	5,044,550
Non-Current Liabilities			
Provisions	9	906,391	193,748
Total Non-Current Liabilities		906,391	193,748
Total Liabilities		5,701,827	5,238,298
Net Assets		9,966,985	11,036,301
Equity			
Reserves	10	397,250	247,250
Retained Earnings		9,569,735	10,789,051
Total Equity		9,966,985	11,036,301

The Statement of Financial Position is to be read in conjunction with the notes to the financial statements set out on pages 43-53.

Statement of Cash Flows for the Year Ended 30 June 2011

	2011	2010
Cash Flows from Operating Activities		
Government Grants Received	25,532,764	24,610,531
Receipts from Clients	330,639	497,512
Payments to Suppliers and Employees	(28,014,414)	(26,202,979)
Interest Received	447,182	277,286
Other Income Received	1,935,421	1,705,613
Cash Provided by/(used in) Operating Activities	231,592	887,963
Cash Flows from Investing Activities		
Proceeds from Sale of Property, Plant and Equipment	363,147	2,339,692
Purchase of Property, Plant and Equipment	(1,092,418)	(2,588,614)
Net Cash (used in) Investing Activities	(729,271)	(248,922)
Net Increase/(Decrease) in Cash Held	(497,679)	639,041
Cash at the Beginning of the Financial Year	8,474,981	7,835,940
Cash at End of the Financial Year	7,977,302	8,474,981

The Statement of Cash Flows is to be read in conjunction with the notes to the financial statements set out on pages 43-53.

Statement of Changes in Equity for the Year Ended 30 June 2011

	Retained Earnings	Specific Purpose Reserve	Asset Revaluation Reserve
Balance 1 July 2009	10,375,694	–	147,242
Surplus for the Year	513,365	–	–
Transfers to/(from) Reserves	(100,008)	100,008	–
Balance 30 June 2010	10,789,051	100,008	147,242
Balance 1 July 2010	10,789,051	100,008	147,242
Deficit for the Year	(1,069,316)	–	–
Transfers to/(from) Reserves	(150,000)	150,000	–
Balance 30 June 2011	9,569,735	250,008	147,242

The Statement of Changes in Equity is to be read in conjunction with the notes to the financial statements set out on pages 43-53.

Notes to the Financial Statements for the Year Ended 30 June 2011

Note 1 - Statement of Significant Accounting Policies

Merri Community Health Services Ltd is a Public Company limited by guarantee, incorporated and domiciled in Australia.

The financial statements are general purpose financial statements that has been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the Corporations Act 2001.

The financial statements have been prepared on an accruals basis and is based on historical costs, except for the revaluation of certain non-current assets and financial instruments.

Standards Affecting Presentation and Disclosure

The following new and revised Standards have been adopted in the current year and have affected the amounts reported in these financial statements:

AASB 101 Presentation of Financial Statements (as revised in September 2007);

AASB 2007-8 Amendments to Australian Accounting Standards arising from AASB 101;

AASB 2007-10 Further Amendments to Australian Accounting Standards arising from AASB 101;

AASB 1053 Application of Tiers of Australian Accounting Standards (early adopted); and

AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements (early adopted).

Accounting Policies

(a) Revenue Recognition

Where applicable, revenues are recognised at the fair value of the consideration received net of the amount of goods and services tax (GST) payable to the Australian Taxation Office

Rendering of Services

Client fee income is recognised when the fee in respect of services provided is receivable. Accrued income represents an estimate of fees due from clients not billed at balance date. This estimate is calculated with reference to individual episode information and applicable rates.

Grants Received

Reciprocal Grants

Grants received on the condition that specified services be delivered, or conditions fulfilled, are considered reciprocal. Such grants are initially recognised as a liability and revenue is recognised as services are performed or conditions fulfilled.

Non-reciprocal Grants

Revenue is recognised when the grant is received or receivable.

Interest Revenue

Interest revenue is recognised as it accrues, taking into account the effective yield on the financial asset.

Donation Revenue

Donation revenue is recognised when received, at the fair value of the asset donated unless designated for a specific purpose, where they are carried forward as prepaid income in the Statement of Financial Position.

(b) Financial Instruments

If the Company has the positive intent and ability to hold debt securities to maturity, then they are classified as held-to-maturity. Held-to-maturity investments are measured at amortised cost using the effective interest method, less any impairment losses.

Recognition and Initial Measurement

Financial instruments, incorporating financial assets and financial liabilities, are recognised when the Company becomes a party to the contractual provisions of the instrument.

Financial instruments are initially measured at fair value plus transaction costs where the instrument is not classified as at fair value through profit and loss. Transaction costs related to instruments classified as at fair value through profit or loss are expensed to profit or loss immediately. Financial instruments are classified and measured as set out below.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the Company no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value of consideration paid, including the transfer of non cash assets or liabilities assumed, is recognised in profit or loss.

Classification and Subsequent Measurement

Financial Assets at Fair Value through Profit or Loss

Financial assets are classified at fair value through profit or loss when they are held for trading for the purpose of short-term profit taking, where they are derivatives not held for hedging purposes, or designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key personnel on a fair value basis in accordance with a documented risk management or investment strategy. Realised and unrealised gains and losses arising from changes in fair value are included in profit or loss in the period in which they arise.

Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost using the effective interest rate method.

Client fees receivable are generally settled from purchasers within 30 days and are carried at amounts due.

Other debtors to be settled within 30 days are carried at amounts due.

Financial Liabilities

Trade accounts payable are normally settled within 30 days.

(c) Taxation

The Company is exempt from income tax under the current provisions of the Australian Income Tax Assessment Act (1997). Accordingly, there is no income tax expense or income tax payable.

(d) Goods and Services Tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of the expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

The GST components of cash flows arising from operating, investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the Statement of Financial Position.

(e) Inventories

Inventories are measured at the lower of cost and net realisable value.

(f) Property, Plant and Equipment

Property, plant and equipment are measured on a cost basis less depreciation and impairment losses.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Company and the cost of the item can be measured reliably. All other repairs and maintenance are charged to profit and loss during the financial period in which they are incurred.

(g) Depreciation and Amortisation

Assets are depreciated or amortised using the straight-line method of depreciation to their estimated residual values, from the date of acquisition or, in respect of internally constructed assets, from the time an asset is completed and

held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

Depreciation and amortisation rates and methods and residual values are reviewed annually for appropriateness. When changes are made, adjustments are reflected prospectively in current and future periods only.

The depreciation/amortisation rates used for each class of asset are as follows:

	2011	2010
Buildings	2.5%	2.5%
Building Leasehold Improvements	20.0%	20.0%
Plant and Equipment	10-33%	10-33%
Motor Vehicles	10.0%	10.0%

(h) Impairment of Assets

At each reporting date, the Company, a not-for-profit entity, reviews the carrying values of all assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the asset's fair value less costs to sell, is compared to the asset's carrying value. Any excess of the asset's carrying value over the recoverable amount is expensed.

In the case of Property, Plant and Equipment, 'fair value' is taken to be the depreciated replacement cost of the asset

Impairment testing is performed annually for goodwill and intangible assets with indefinite lives.

Where it is not possible to estimate the recoverable amount of an individual asset, the Company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

(i) Leased assets

Leases of plant and equipment under which the Company assumes substantially all the risks and benefits of ownership are classified as finance leases. Other leases are classified as operating leases.

Operating Leases

Payments made under operating leases are expensed in equal instalments over the accounting periods covered by the lease term.

(j) Employee Benefits

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits, where the Company does not have an unconditional right to defer settlement for at least

12 months, have been classified as a current liability. Employee benefits payable later than one year have been classified as a non-current liability. Both the long-term current liabilities and non-current liabilities have been measured at the present value of the estimated future cash outflows to be made for those benefits.

(k) Superannuation Plan

The Company contributes to various defined benefit, defined contribution and accumulation superannuation plans. Contributions are charged as an expense as incurred.

(l) Key Estimates and Judgements

The Directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data obtained externally.

Key Estimates - Impairment

The Company, a not-for-profit entity, assess for asset impairment at each reporting date by evaluating conditions specific to the Company that may lead to the impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. The recoverable amount is defined as the assets depreciated replacement cost.

	2011	2010
2 Revenue		
Operating Activities		
State Recurrent Grants received/receivable	19,678,534	18,888,668
Commonwealth Recurrent Grants received/receivable	4,737,708	5,060,952
Other Funding	1,313,399	1,179,654
Client and Other Fees	379,633	367,200
	26,109,274	25,496,474
Non-operating Activities		
Interest Revenue	447,182	277,286
Other Revenue	195,133	389,838
Donation Revenue	549	18,156
Value of Property Acquired	295,000	-
Profit on Disposal of Property, Plant and Equipment	39,690	939,240
	977,554	1,624,520
Total Revenue	27,086,828	27,120,994

2011

2010

3 Expenses

Depreciation of

Buildings	63,321	78,032
Plant and Equipment	162,188	154,702
Motor Vehicles	348,805	304,223
	574,314	536,957

Amortisation of

Leasehold Improvements	273,229	309,149
Total Depreciation, Amortisation and Impairment Costs	847,543	846,106

Finance costs

Interest and Bank Fees	1,595	429
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Employee Benefits

Salaries and Wages	14,776,394	14,064,414
Superannuation	1,295,597	1,208,279
Workcover	112,503	139,056
Long-term and Post-employment Benefits	813,076	285,138
	16,997,570	15,696,887

Other Costs

Occupancy Costs Including Leases	1,192,087	1,039,044
Brokerage Costs	3,039,403	2,810,757

4 Cash

Current

Cash on Hand	4,600	4,675
Cash at Bank	198,880	384,369
Short-term Term Deposits	7,773,822	8,085,937
	7,977,302	8,474,981

2011 2010

5 Trade and Other Receivables

Current

Trade Receivables

Receivables for Client Fees	496,750	445,564
Less: Provision for Impairment of Receivables	-	-
	496,750	445,564

Other Receivables

Other Receivables	100,816	89,030
	597,566	534,594

Ageing Analysis of Client Receivables

Under 30 days	451,505	409,078
31 - 60 days	62	-
61 - 90 days	10,627	4,934
Over 90 days	34,556	31,552
	496,750	445,564

6 Other Assets

Current

Prepayments	121,871	200,391
Accrued Income	60,516	74,494
	182,387	274,885

7 Property, Plant and Equipment

Buildings - at Fair Value	2,631,192	2,335,723
Less: Accumulated Depreciation	(326,147)	(262,827)
	2,305,045	2,072,896
Building Improvements on Leasehold Land - at Cost	4,270,231	4,205,512
Less: Accumulated Amortisation	(1,845,642)	(1,572,413)
	2,424,589	2,633,099
Plant and Equipment - at Cost	1,651,033	1,562,196
Less: Accumulated Depreciation	(1,153,935)	(1,005,283)
	497,098	556,913

2011 2010

Motor Vehicles - at Cost	2,291,888	2,266,855
Less: Accumulated Depreciation	(607,063)	(539,624)
	1,684,825	1,727,231
	6,911,557	6,990,139

Reconciliation of Property, Plant and Equipment**Buildings**

Carrying Amount at Beginning of Year	2,072,896	2,474,824
Acquisitions /Additions	295,470	655,326
Disposals	-	(979,222)
Depreciation	(63,321)	(78,032)
Carrying Amount at End of Year	2,305,045	2,072,896

Building improvements on Leasehold Land

Carrying Amount at Beginning of Year	2,633,099	2,237,817
Acquisitions /Additions	64,719	704,431
Amortisation	(273,229)	(309,149)
Carrying Amount at End of Year	2,424,589	2,633,099

Plant and equipment

Carrying Amount at Beginning of Year	556,913	460,181
Acquisitions/Additions	104,751	252,623
Disposals	(2,378)	(1,189)
Depreciation	(162,188)	(154,702)
Carrying Amount at End of Year	497,098	556,913

Motor Vehicles

Carrying Amount at Beginning of Year	1,727,231	1,475,261
Acquisitions /Additions	627,479	976,233
Disposals	(321,080)	(420,040)
Depreciation	(348,805)	(304,223)
Carrying Amount at End of Year	1,684,825	1,727,231

	2011	2010
Total property, plant & equipment		
Carrying Amount at Beginning of Year	6,990,139	6,648,083
Acquisitions/Additions	1,092,419	2,588,613
Disposals	(323,458)	(1,400,451)
Depreciation /Amortisation	(847,543)	(846,106)
Carrying Amount at End of Year	6,911,557	6,990,139

8 Trade and other payables

Current

Trade Payables	455,836	655,158
Grants/Income Received in Advance	1,574,356	1,380,733
Other Payables and Accruals	1,085,992	1,198,148
	3,116,184	3,234,039

Trade payable terms generally vary from 7 to 30 days. No interest is charged on trade payables.

Grants and other income received in advance relate to capital programs that are in progress, grants not fully expended or funding for programs that are to be delivered during the 2012 financial year.

Other payables and accruals comprise invoices for goods and services received subsequent to the close off of trade creditors.

2011

2010

9 Provisions

Current

Employee Benefits

Annual Leave	902,084	879,743
Long Service Leave	777,168	930,768
	1,679,252	1,810,511

Non Current

Employee Benefits

Long Service Leave	906,391	193,748
Aggregate Employee Benefits	2,585,643	2,004,259

Movements in Provisions

Carrying Amount at the Beginning of the Year	2,004,259	1,790,230
Additional Provisions Recognised	2,137,564	1,422,715
Amounts Used	(1,556,180)	(1,208,686)
Carrying Amount at End of Year	2,585,643	2,004,259

Employee benefit provisions are reported as current liabilities where the Company does not have an unconditional right to defer settlement for at least 12 months. Consequently, the current portion of the employee benefit provision includes both short term benefits measured at nominal values and long-term benefits, measured at present value. Employee benefit provisions that are reported as non-current liabilities refer to long-term benefits of non vested long service leave that does not qualify for recognition as a current liability, and is measured at present value.

Superannuation Plans

The Company contributes to employee superannuation funds for all eligible employees based on various percentages of their gross salary, with a minimum contribution of 9% of gross salary. All employees are entitled to benefits on retirement, disability or death.

10 Reserves

Specific Purpose Reserve	250,008	100,008
Asset Revaluation Reserve	147,242	147,242
	397,250	247,250

Specific Purpose Reserve

Amounts received for specific purposes are transferred from retained earnings to a reserve to ensure the funds are used for the purpose for which they are received. A transfer back to retained earnings is recognised when the funds are spent.

Asset Revaluation Reserve

The asset revaluation reserve records the revaluations of non-current assets.

2011 2010

11 Commitments**Operating Lease Commitments****Future Operating Lease Rentals Not Provided for in the Financial Statements and Payable**

Not Later than One Year	433,334	377,002
Later than One Year but Not Later than Five Years	1,473,760	1,834,094
Later than Five Years	13,000	46,000
	1,920,094	2,257,096

The Company leases assets under operating leases. Leases generally provide the Company with a right of renewal at which time all terms are renegotiated. Lease rental expenses are disclosed at Note 3.

12 Key Management Personnel Compensation

	Short Term Benefits	Post Employment Benefits	Other Long-term Benefits	Total
2011 Total Compensation	616,881	124,623	-	741,504
2010 Total Compensation	576,737	46,248	-	622,985

13 Economic Dependency

Merri Community Health Services Ltd is dependent on the Department of Human Services for the majority of its revenue. At the date of this report the Board of Directors have no reason to believe the Department will not continue this support.

14 Related Parties

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

15 Contingent Liabilities and Assets

There are no other events identified and not brought to account which could be expected to have a material effect on the financial statements in the future.

16 Registered Office and Members Guarantee

The Company's registered office and principal place of business is 11 Glenlyon Road Brunswick Vic 3056.

If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$2 towards meeting any outstanding obligations of the Company.

17 Correction of Prior Period Errors

In prior years the entity had failed to follow accepted end of year procedures in recognising unearned income as a liability in its Statement of Financial Position. This has been corrected in the year ending 30 June 2011 with calculations made to reflect the correct comparative figures for 2010 which are shown in the 2011 accounts. Long Service Leave provisions had also been understated.

Details of the corrections are shown below:

Financial Report Line Item /Balance Affected	Note	Previously Reported 2010 Actual	2010 Correction	Corrected 2010 Actual
2010 Operating Statement Extract				
Revenue				
Total Revenues	2	26,801,286	319,708	27,120,994
Total Expenses	2	(26,581,978)	(25,651)	(26,607,629)
Net Surplus		219,308	294,057	513,365
2010 Balance Sheet Extract				
Trade and Other Payables				
	8			
Trade Payables		655,158	-	655,158
Grants/Income Received in Advance		10,000	1,370,733	1,380,733
Other Payables and Accruals		1,198,148	-	1,198,148
Total Non-current Liabilities		1,863,306	1,370,733	3,234,039
Provisions				
	9			
Current		1,537,434	273,077	1,810,511
Non Current		356,039	(162,291)	193,748
Aggregate Employee Benefits		1,893,473	110,786	2,004,259
Net Assets		12,517,820	(1,481,519)	11,036,301
Equity				
Reserves	10	6,772,547	(6,525,297)	247,250
Retained Earnings		5,745,273	5,043,778	10,789,051
Total Equity		12,517,820	(1,481,519)	11,036,301

Financial Report Line Item /Balance Affected	Note	Previously Reported 2009 Actual	2009 Correction	Corrected 2009 Actual
2009 Operating Statement Extract				
Revenue				
Total Revenues	2	25,768,615	(1,656,096)	24,112,519
Total Expenses	2	(23,330,621)	(119,479)	(23,450,100)
Net Surplus		2,437,994	(1,775,575)	662,419
2009 Balance Sheet Extract				
Trade and Other Payables				
	8			
Trade Payables		649,332	-	649,332
Grants/Income Received in Advance		-	1,656,096	1,656,096
Other Payables and Accruals		604,828	-	604,828
Total Non-current Liabilities		1,254,160	1,656,096	2,910,256
Provisions				
	9			
Current		1,382,859	253,210	1,636,069
Non Current		287,892	(133,731)	154,161
Aggregate Employee Benefits		1,670,751	119,479	1,790,230
Net Assets		12,298,512	(1,775,575)	10,522,937
Equity				
Reserves	10	5,645,265	(5,498,023)	147,242
Retained Earnings		6,653,246	3,722,448	10,375,694
Total Equity		12,298,511	(1,775,575)	10,522,936

Directors' Declaration

The directors declare that the financial statements and notes set out on pages 41-53 in accordance with the Corporations Act 2001:

- » (a) Comply with Accounting Standards and the Corporations Regulations 2001, and other mandatory professional reporting requirements;
- » (b) As stated in Note 1(a) the financial statements also comply with International Financial Reporting Standards; and
- » (c) Give a true and fair view of the financial position of the entity as at 30 June 2011 and of its performance for the year ended on that date.

In the directors' opinion there are reasonable grounds to believe that Merri Community Health Services Ltd will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the directors.

On behalf of the Directors.



 Chair of the Board Director

Dated at Coburg this 27th day of September 2011.

MERRI COMMUNITY HEALTH SERVICES LTD
ABN 24 550 946 840

INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF MERRI COMMUNITY HEALTH SERVICES LTD

We have audited the accompanying financial report of Merri Community Health Services Ltd, which comprises the statement of financial position as at 30 June 2011, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error. In Note 1, the directors also state, in accordance with Accounting Standard AASB 101 *Presentation of Financial Statements*, that the financial statements comply with *International Financial Reporting Standards*.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*.

MERRI COMMUNITY HEALTH SERVICES LTD
ABN 24 550 946 840

INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF MERRI COMMUNITY HEALTH SERVICES LTD

Opinion

In our opinion:

- (a) the financial report of Merri Community Health Services Ltd is in accordance with the *Corporations Act 2001*, including:
 - (i) giving a true and fair view of the company's financial position as at 30 June 2011 and of its performance for the year ended on that date; and
 - (ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*; and
- (b) the financial report also complies with *International Financial Reporting Standards* as disclosed in Note 1.



M J HARRISON

Partner



PITCHER PARTNERS

Melbourne

Date: 5th October

2011

Merri Community Health Services

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Information and Access

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VIC 3060

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Glenroy
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VIC 3058

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VIC 3047

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Brunswick West Activity Programs

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Brunswick West
VIC 3055

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Vic Place, Coburg

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Coburg
VIC 3058

Phone: (03) 9355 9900

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Pascoe Vale
VIC 3044

Phone: (03) 9350 4600

Chifley Drive, Preston

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Preston
VIC 3072

Phone: (03) 9495 2500

Commonwealth Respite and CareLink Centre

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Email: clintakeworkers@mchs.org.au

Thornbury

298 Victoria Street
Thornbury
VIC 3073

Phone: (03) 9484 5314



Feedback Card

Your opinion is important to us

Please tell us what you like about this report and how we can improve next years. You can send your comments to the quality officer by mail to: Level 1, 368 Sydney Road, Coburg 3058, or email to: mchs@mchs.org.au

How would you rate the report overall? (Please circle)

POOR					AVERAGE						EXCELLENT
1	2	3	4	5	6	7	8	9	10		

What did you think about the report? (Please comment)

How could we improve the Quality of Care Report next year?



Merri Community Health Services