

Bega Garnbirringu Health Services Incorporated



Annual Report 2008-2009



Bega Garnbirringu Health Services Incorporated
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Bega Garnbirringu Health Services Incorporated



Vision

Bega Garnbirringu Health Services' vision for the future is for a society in which Aboriginal and Torres Strait Islander people are not disadvantaged and share a quality of life with health standards and life expectancy equal to the non-Aboriginal and Torres Strait Islander community.

Mission Statement:

Bega Garnbirringu Health Services' mission includes the development and maintenance of a robust and diverse organisation that will provide sustainable, culturally appropriated and holistic health services to Aboriginal and Torres Strait Islander people.

The organisation will address the social determinants of health and provide for clinical, educational and preventative health services and the development and retention of the skilled workforce necessary to achieve it's mission.

History of Bega Garnbirringu Health Aboriginal Corporation

Bega Garnbirringu Health Service Aboriginal Corporation (formerly) Kalgoorlie Aboriginal Medical Services was established in July 1983 as a part time clinic in South Kalgoorlie

The name “Bega Garnbirringu” meaning “*sickness gets better*”. From those humble beginnings Bega Garnbirringu Health Service, now operate on a full time basis in a new medical complex in McDonald Street, Kalgoorlie.

There are 8,500 registered clients who access the services every year. Bega Garnbirringu Health Service strive to provide a friendly holistic and culturally appropriate Primary Health Service to the people of the Goldfields Region. A significant feature of Bega Garnbirringu Health Service is the Aboriginal Health Workers. They are the first point of contact for clients. They assess the health needs of clients before either seeing a medical practitioner or registered nurse for further consultation and treatment.

Meaning of Bega Garnbirringu Health Services Logo

The Bega Garnbirringu Health Service Logo was designed by Maria Bandry (Cooper)



The Green Vine is the Karkula or Silky Pear which stems up out of Kalgoorlie and circles Australia for unity.

The colour green is for healing and life, there are seven (7) silky pears on the vine to represent the seven states and territories of Australia; it also represents the dreamtime story of the seven sister's stars in the sky.

The white around Australia represents the non-indigenous people,

Yellow is representing the sun, giver of life,

Black are the Indigenous people of Australia,

Red is the colour of the land,

Blue is for the creation, the universe and the sea.

CHAIRPERSONS' REPORT

A Healthier Health Service

I report to the members of BEGA Garnbirringu Health Services as the Chairperson for the period 1st July 2008 to 30th June 2009.

I have participated as a board member of Bega now for 2 years and I have been the Chairperson for 18 months. I have been involved and overseen the good governance of Bega through what were extremely difficult times and from there on to better times and then again on to what I call good times - and I can confidently say that there are yet better times ahead.

I feel that I needed to say this because I want those who do not have a fly on the wall view and those who read this to understand just what has been achieved at Bega in recent times and to have an appreciation of the incredible effort on the part of this board and especially the staff.

I can say this because the difficult times were extremely difficult. The better times were still difficult times but more because this was the period when many important decisions were made and a great deal of necessary change was set in motion. This wave of change brought with it, its own pressures both for the board and the staff and especially our CEO who has led us through all of these times.

But the wave of change, as hard as it was to manage, has now established Bega as a well governed, well managed, best practice organisation that has grown from an income of just over 3 million dollars in 2007 to an expected 7 million dollars in 2009/10. These are the good times and our services to our people have grown and improved a great deal.

I also talk about even better times to come and by that I mean that we can expect, (once again to a great deal of hard work and representation on the part of our board members, CEO and staff), even greater growth as we try to ensure that the Goldfields attracts more resources for Aboriginal health through the Close the Gap campaign and the Councils of Australian Governments (COAG) National Partnership Agreements on Aboriginal Health.

We would not however be in a position to claim and to manage a far greater resource allocation than ever before if we had not accepted that we needed to change and if we had not taken the steps to make the change and then had the vision and commitment to see the change through. We recognise that we must continue to change but that we are now in a better position to decide what those changes should be with less outside pressure to do so. We are more pro-active than re-active. We must also ensure that we remain stable in the area of governance and that we remain focused on our purpose.

We cannot be allowed to be distracted from the opportunity to access the COAG resources and bring in the funds to make a much bigger difference in Aboriginal Health Outcomes.

I encourage you to read the CEO's and Manager's reports which will reveal a good deal more about our achievements and the activities that Bega has been involved with.

My heartfelt appreciation is extended to all who have contributed to the progress of Bega in this period.

Fabian Tucker
Chairperson.

Bega Garbiringu Health Service
Governing Committee Members

2008 – 2009

Date of Commencement	Position	Name	Term	Expires
AGM 23/11/2006	Chairperson	Fabian Tucker	3 years	AGM 2009
AGM 13/11/2007	Secretary	Marelda Tucker	3 years	AGM 2010
AGM 23/11/2006	Member	Lorna Willis-Jones	3 years	AGM 2009
AGM 23/11/2006	Member	Rita Elliott	3 years	AGM 2009
AGM 13/11/2007	Member	Lorraine Griffiths	3 years	AGM 2010
AGM 13/11/2007	Member	Maisie Harkin	3 years	AGM 2010
AGM 19/12/2008	Member	Laurel Cooper	3 years	AGM 2011
AGM 19/12/2008	Member	Edward McKenzie	3 years	AGM 2011
AGM 19/12/2008	Member	Ted Gary Sambo	3 years	AGM 2011

Bega Garnbirringu Health Services Incorporated
Governing Committee & Chief Executive Officer
2008 – 2009



Back (L-R) – **Fabian Tucker** (Chairperson), **Wayne Johnson** (Chief Executive Officer), **Ted Gary Sambo**, **Edward McKenzie**.

Front (L-R) – **Marelda Tucker** (Secretary/Treasurer), **Rita Elliott**, **Maisie Harkin**, **Laurel Cooper**, **Lorna Willis-Jones** (Deputy Chair), **Lorraine Griffiths**.

REPORT OF THE CHIEF EXECUTIVE OFFICER
BEGA Garnbirringu Health Services
2008 – 2009

Once again it is my pleasure to provide to the members of BEGA Garnbirringu Health Services Inc. and other stakeholders a brief report on the experiences and achievements of the organisation in the 2008-09 period.

Bega Garnbirringu Health Services Incorporated (Bega) can now confidently state that it is a continually improving, continually learning and much healthier and effective organisation with better operating systems. Bega is now better resourced and well prepared to grow to meet the enormous and difficult demands that emerge from unacceptable inequality in access to health services and health outcomes for Aboriginal people in the Goldfields.

My words above are borne out by the manner in which various funding bodies have approached Bega with a view to Bega taking on new business. In order for them to do this they must have confidence in us. In order for them to have confidence in us we must demonstrate a high level of internal cohesion and cooperation and unwavering client focus. We must show prudent and transparent financial management, capable service delivery, timely and accurate reporting, and most importantly stable and progressive governance and management.

All of this Bega has achieved. We cannot however rest on this. We must continue to improve and to take account of a changing external environment such as the COAG National Partnership Agreements on Aboriginal and Torres Strait Islander Health. We must plan to grow and we must show that we can remain together and focused on being the best health service that we can possibly be.

Last year I reported that we would make submissions for a number of programs in the next year. We have been successful in every submission we have made and this year we commenced operations in the Healthy for Life program, The New Directions Child and Maternal Health Program, The Western Desert Kidney Health Project and we saw the commencement of mental health and alcohol and other drug programs through our new Social Support Unit. We expect to take on the Community Patrol in the next financial year also. These programs represent a total increase in recurrent income over 1.5 million dollars so as to deliver some extremely important services.

In all the 2008/09 year was extremely busy. The demands of running all of these services can take its toll on people so management has been busy trying to ensure that we have the right people and the right amount of people in the jobs that we have available. In early 2007 Bega had approximately 45 staff positions. In 2009 we have over 80. While there are more people doing more things it brings with it a new set of demands on management. For example in 2009/10 the organisation will need to work out how it is going to cope with the Commonwealth Government's new Fair Work Act

and the new 'Modern' Award for Aboriginal Community Controlled Health Services. We will need to consider how we are going to accommodate more staff as the COAG process begins to 'hit the ground'.

While we do all of this above we also have to maintain our attention to the work we already have on hand. This last year we were involved in:

- The timely completion of the constitutional review, the composition and endorsement of a new constitution and the transition from the CATSI Act to the Associations Incorporation Act WA
- The establishment of the Goldfields Health and Shelter Action Group and through this we are confident that the Boulder Short Stay facility will eventually become a reality. Bega can be proud of the fact that it was from our work that the political will to take action has emerged.
- The emergence of the Commonwealth Governments Priorities for Indigenous Health and the COAG National Partnership Agreements.
- Recommencement of the Goldfields Aboriginal Health Planning Forum to which Bega is now the Chair
- Inclusion of two Bega board members on the Board of the Aboriginal Health Council of Western Australia (AHCWA)
- Inclusion of the Bega CEO as a key member of the statewide AHCWA Technical Team to determine distribution of COAG resources
- The commissioning of the MacDonald Report on Bega Finance and Administration Systems resulting in the restructure of our Administration to include a Corporate Services division
- The commencement of the upgrade and refurbishment of the clinic and the limited refurbishment of the Administration, Nindila College, Social Support Unit and Sobering up Centre buildings
- Commencement of a security review for all Bega buildings in the interest of patient and staff safety
- The transfer of the Family Violence Prevention Legal Service to the Aboriginal Legal Service of Western Australia
- The review of the Sobering up Centre and the acquisition of funds for the Social Support Unit and related programs
- The receipt of funds to employ a GP for the Western Desert Kidney Health Project
- The identification of funds and the commencement of the process for the implementation of Communicare (Patient Information Management system)

.....and many other projects and activities that are too many to mention here.

It is clear however that Bega deals with a great many activities and issues often at the same time. This provides for a challenging environment but most importantly an interesting and rewarding one. Throughout this year I have marveled at the manner in which the staff at Bega has met the challenges that have been placed before them and

how they have lifted in terms of morale and personal development. It has been a year of incredible accomplishment that was dependent for success upon the commitment and enthusiasm and the skills and abilities of the people who are out there delivering the service.

We can be proud of our staff. We boast the West Australian Aboriginal Health Worker of the Year in Albert Doughty, a Puggy Hunter Scholarship winner and enrolled nurse in training in Donna McGuinness, 2 Graduates in the Diploma of Business Management, 4 graduates in Frontline Management and we have contributed over \$100,000 in two years to supporting the professional development of our staff.

Please read on the manager's reports will give you even greater insight to the working day at Bega.

My sincere thanks go to the current Committee for their commitment, their solidarity and their support and most importantly their vision and courage in making it all happen. Bega is fortunate to have a stable and progressive thinking committee. To the staff of Bega I extend my respect and my undying gratitude for your, determination and hard work. Together we have emerged as a best practice outfit that has an enormous future in the service of Aboriginal and Torres Strait Islander People.

I finish with a quote from 2007 by a valued colleague and my response in 2009.

"Bega is a sleeping GIANT", Darryl Kickett (2007) CEO Aboriginal Health Council of WA

Bega is now wide awake.

Wayne Johnson
Chief Executive Officer

REPORT OF THE CLINICAL SERVICES MANAGER 2008 - 2009

It has been a year of extraordinary teamwork

Following a review of the structure of Health Services, by the Board and Management of Bega Garnbirringu Health Service, July 2008 commenced with the implementation of the new Health Service structure. The new structure focused on demarcating the delivery of clinical services from health promotion and educational programs. Thus from the one role of Manager Health Services, two positions were created to oversee the new structure, that of Manager Clinical Services and Manager Health Programs. I was appointed Manager Clinical Services mid October 2008.

Looking at the year ahead and anticipating the many competing priorities', coupled with additional funding and additional programs, it was time to look at Health Services internal systems and undertake some housekeeping.

The areas identified as requiring some attention, were;

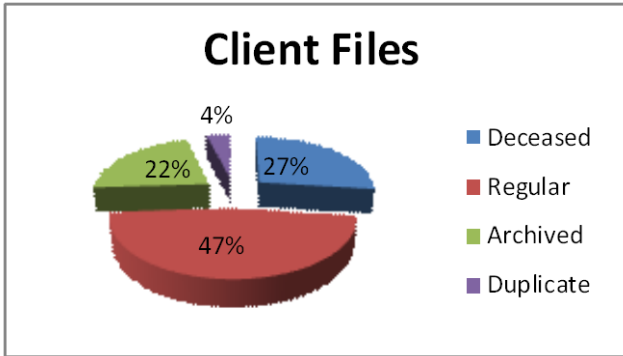
- Data integrity, information management and recording
- Archiving and management of client files
- Medicare billing, process and procedures
- Minor repairs and renovations
- Quality Use of Medicines / Dispensary service delivery review
- AGPAL re-accreditation due 1st December 2009
- Review of administrative systems and processes'

In addition, Bega was successful in its bid to the Department of Health & Ageing for:

- one-off additional funding with which to purchase Communicare, (a data information and collection software package), a vehicle to begin client home visits', a security system, clinical equipment necessary for comprehensive delivery of primary health care, IT equipment and a new commuter bus.
- Healthy For Life funding during Round 3, and
- New Directions, maternal and child health focused program

Communicare, archiving and management of client files

Bega had historically utilised three data collection systems (Medical Director, Ferret & paper files) to record client information, and clinical data. The systems individually and collectively did not represent an accurate record of the client service history. Upon further investigation we identified that client paper files were stored in many places. The archiving process commenced and took 6 months to complete.



As a result Bega Garnbirringu has 12,498 recorded clients.

Of those,

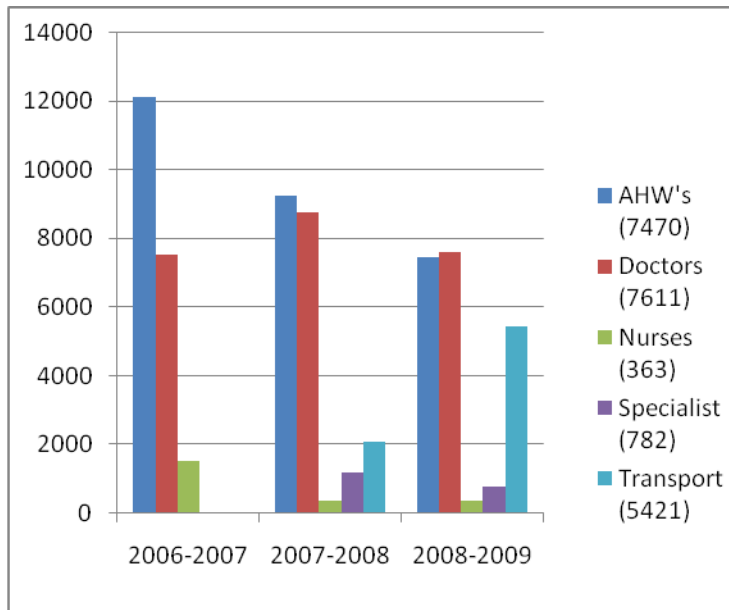
- 5,874 are existing or regular clients (have been to Bega in the previous 5 years).
- 2750 are archived (client hasn't been to Bega in more than 5 years)
- 500 are duplicate (meaning that a client has more than 1 file
- 3374 are deceased clients.

The transfer from Medical Director/Ferret and paper files to Communicare is scheduled to occur during October 2009 allowing for the Communicare implementation process to occur. Implementation has proved to be a lengthy process with the major obstacle being the integrity of our data. The process to cleanse data, followed by the transferring of all client information into one data system ready for transfer into Communicare required data entry staff to review all current client files and enter data from Ferret and paper files into Medical Director. At the time of writing this report the transfer of data continues. The benefits of Communicare software package are many, including:

- data entry occurs at the time the client consults with the health professional
- client recalls will be able to be managed reliably
- improved quality of data will allow for more reliable statistics for client programs, future health services' planning and reporting to funding bodies.
- Medicare billing will be able to be managed daily
- Reports on service delivery by individual, client contacts, immunisation administered, number of health checks completed,
- customise the data collection package to include, Environmental Health, Bringing Them Home, Drug and Alcohol counselling, Sobering Up Centre, Crèche, New Direction, Health Promotion activities, reception staff assisting clients

From the client and community perspective, the greatest benefit of Communicare is the various levels of access to client information, by health care professionals. This allows for improved client information confidentiality.

2008-2009 Client Contacts as per Ferret data base:



Total client contacts according to Ferret data during the 2008-2009 year total 21, 647.

Even though this is a substantial number of client contacts, Bega is confident that with the use of Communicare for recording purposes, the total number of client contacts will increase significantly. In addition, program areas such as environmental health, bringing them home, drug and alcohol counselling, sobering up shelter, health promotion, crèche and other client services' delivered will be reflected accurately.

Looking at how we do things

Continuous quality improvement is a priority at Bega. The ongoing analysis of systems and processes ensures that the best possible service and quality of care is delivered. With this in mind a review of clinical administrative services was undertaken. The review resulted in the restructure of the medical reception team, which comprised of two staff; the positions of Medicare officer as well as the data entry were also reviewed. Medical reception now comprises of four staff; the Senior Medical receptionist and three receptionists. This shift in structure allows for multi tasking, variety in role, exposure to new skills, succession planning, support and mentoring for reception staff, accountability and ownerships of the individual roles. Medicare billing is now reviewed on a daily basis.

Healthy For Life

Healthy for Life is an Australian Government program, announced in the 2005-06 Budget, which provides funds to improve the health of Aboriginal and Torres Strait Islander mothers, babies and children. It also aims to improve the quality of life for people with chronic conditions and, over time, reduce the incidence of adult chronic disease. Bega, also committed to the aims of the program, successfully applied to the Department of Health and Ageing during Round 3 funding, to be a Healthy For Life site.

Healthy for Life is implemented in two stages; the first is Phase 1, followed by Phase 2.

Phase 1 commenced during March 2009 with the support of Barb Schmidt, (from Barb Schmidt and Associates), our Healthy For Life facilitator

The process allowed Bega Health Services' to step back and review the current service delivery in child and maternal health and chronic disease, to identify priority action areas for improvement, and to develop further the child and maternal health and chronic disease care provided in the community. The key to the program was to involve all of

health service staff. The process commenced with an audit on 120 client files occurred. The categories to select files were: 40 chronic illness (diabetes) client files, 20 children files, 20 maternal files, 40 preventative and early detection of illness client files. Once the audit of all files was complete, the results were entered into the ABCD Systems

Assessment Tool, which was developed by the Menzies School of Health Research. With the support of our facilitator, we planned 3 Healthy for Life workshops, each with a specific focus;

The 1st workshop occurred on the 27 & 28th May 2009, to discuss “what” Healthy For Life is about

The 2nd workshop occurred on the 30 & 31st July 2009, to identify service delivery gaps, and

The 3rd workshop occurred on the 9th & 10th September 2009 and involved reviewing the audit results, and identifying strategies that can be implemented internally to tackle the service delivery gaps

Having successfully completed Phase 1, 2009-2010 will see Bega apply to the Department of Health and Ageing to commence Phase 2.

Working together to improve health outcomes

A comprehensive approach to primary healthcare service delivery is made possible with the support of other key stakeholders in health. Bega continues to expand its network of partnerships through the development of memorandums of understanding and letters of agreement. This year alone has seen Bega Health Services work together with:

<p>Kalgoorlie Regional hospital Quality Assurance of Aboriginal Medical Service (QAAMS) Ngunytju-tjitji-pirni Population health Telethon Institute for children Edward Collick Nursing Home General Pathology Laboratories Silver Chain Western Desert Kidney Health Project Royal Flying Doctor Service “on the road” Centrecare</p>	<p>Amcal Chemist Murdoch University Marr Mooditj GP Network Division Menzies School of Research Curtin University Aboriginal Health Council of WA South West Aboriginal Health Service Ord Valley Aboriginal Health Service Rural Clinical School Rural Health West Buddy program Goldfield Women’s Refuge</p>
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Doctors



Dr Juliette Frost



Dr Faiza Farhan



Dr Patit Tangarorang



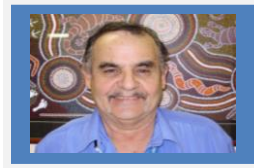
Dr Rolando Rena



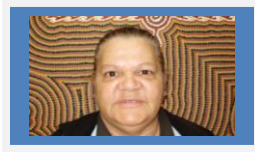
Dr Lorin Monck

**Photos of Bega
Clinical Staff**

**Aboriginal Health
Workers**



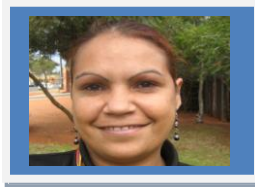
Albert Doughty



Audene Ware



Loretta Trott



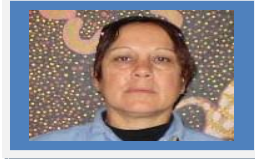
Corrina Ryder



Kylie Lelievre

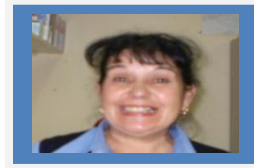


Shane McGrath



Gaylene Beck

**Dispensary
Assistants**



Rose King

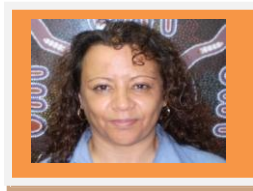


Amanda Yarran



Alyce St Clare

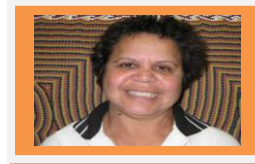
Nurses



Louise Tucker



Daz Blunt

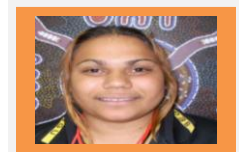


Donna McGuinness

**Administrative
Staff**



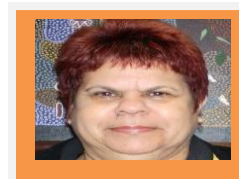
Tanya Turner



Melissa Moody



Tamarin Tucker



Irene Saunders



Bev Taylor



Tony Ugle

This team of professionals responsible for service delivery in the clinic setting has been involved in many changes this year. Changes to the way health services' are delivered, changes to existing processes' and procedures', changes to the working environment, a slight workplace culture shift as well as incorporating additional programs, into an already busy daily routine. At times the changes were unsettling, however the team embraced the journey health services' was undertaking. It is for these reasons that I congratulate the Bega Garnbirringu Health Services' team. The team approached every new initiative with enthusiasm and a renewed focus on quality service delivery.

I offer my most humble thanks to the Bega Garnbirringu Health Service Board of Directors, the Chief Executive Officer Wayne Johnson and management team for their support and encouragement during this extremely busy year. Also to Naomie Winter and the team at Nindila College for continuing to develop quality, skilled Aboriginal Health Workers. Thank you also to Trudi Cornish, Manager Health Programs, whose program area complements the services' delivered by clinical staff.

I have no doubt Bega Health Services will approach the coming year with enthusiasm and vigor as we have the following initiatives to look forward to;

- Healthy For life Phase 2- service delivery begins
- Successful re-accreditation to AGPAL 3rd Edition Standards
- Improved capture of Medicare income, to support additional service delivery
- Accurate capture of client contacts and service delivery to truly reflect the hard work of the team and their dedication to the clients health care needs
- Participation in the Western Desert Kidney Health Project
- Delivery of a GP service to the Kalgoorlie Sobering Up Shelter

Sue Cristopoulos
Manager Clinical Services

REPORT OF THE HEALTH PROGRAMS MANAGER 2008-2009

Following the restructure of Clinical Services in mid 2008, the newly formed Health Programs Department commenced operations during September, with the appointment of Trudi Cornish to the position of Health Programs Manager. In support of the new Health Programs team and its Manager, an Administration Assistant was also appointed (Maria Kaese). Responsibility for five diverse areas of service delivery were attributed to Health Programs. These included Environmental Health, Health Promotion, Chronic Health, Visiting Specialist Clinics and Childcare.

A highlight for the new department was the coordination of the Bega 25th birthday activities. In recognition of the importance of this occasion, a substantial effort from team members saw the organisation of two major community events. The Bega 25th Birthday Street Party was held on Thursday 30 October with past and present Committee members, invited guests, community members and staff attending a day of formal speeches, dance, food and information displays. Celebrations continued on Saturday 21 November as prominent Australian Indigenous performer, Christine Anu, entertained a gathering of 270 local guests during a sumptuous Gala Formal Dinner Evening hosted by Bega at the WMC Graduates Hall.

In February 2009, Health Programs was successful in securing additional, ongoing Commonwealth funding (OATSIH) for a dedicated Maternal and Child Services program called New Directions to complement existing services at Bega. The aim of this new project was to actively engage and support young women with an Aboriginal or Torres Strait Islander child in a manner which would promote the health and well being of the mother, child and family. Specific initiatives were to include the delivery of regular antenatal classes, women's groups, and child health checks, along with a focus on improving immunisation rates, nutrition awareness and reductions in tobacco/alcohol use. A Coordinator (Susan Day), Midwife (Sandra Rasmussen) and Aboriginal Health Worker (Kerry Ponta) were appointed in early 2009. Bega also secured the services of a part-time female Obstetrician. Staff attended cultural awareness training in early June.

The Coordinator has also taking Wangkatja language lessons through the Karlkurla Language and Cultural Aboriginal Corporation.

The purchase of an ultrasound machine has greatly assisted in the provision of dating scans for our antenatal clients. An eight-seater vehicle was also purchased to assist with transport. Since the programs inception, antenatal attendance at Bega has more than doubled, with steady attendances at Cooking Classes and Women's Business Clinics also occurring. Regular tours of the Maternity Wing at Kalgoorlie Hospital are now coordinated for our clients, with Health Workers also visiting mothers in the hospital following delivery.

Approaches to address the high prevalence of chronic health issues in our community continue to be an integral component of services delivered by the Health Programs team. Also as a result of the restructure of Clinical Services in mid 2008, the position of Senior Aboriginal Health Worker (Chronic Health) was created. This position now heads up an energetic team of Aboriginal Health Workers, all who are dedicated to the delivery of a high standard of care. In 2008-09 the SAHW was Ray Coleman, assisted by the following roles: AHW Eye Health (Albert Doughty), AHW Health Promotion (Natasha Indich), AHW Sexual Health (Anastasia Ellis/Sue Yarran) and the new position of AHW Specialists Clinics (currently vacant). Key objectives of this team are to focus on critical areas of chronic health, including eye disease, diabetic and renal care, whilst promoting the importance of lifestyle factors such as diet, exercise, smoking cessation and sexual health. A Heart Health exercise program has been initiated in collaboration with Allied Health professionals from the hospital. Of special significance for the Chronic Health team was the purchase of a new Retinal camera. This has greatly assisted in the conduction of timely and accurate eye screening activities. Working alongside Population Health, this camera is now being used to screen in communities across the Goldfields.

In recognition of the importance of delivering a consistent Point of Care program for our clients, the Chronic Health team was successful in negotiating for the QAAMS training facilitators to base their 2009 training session for Western Australia in Kalgoorlie. This

meant all Bega Health Workers had the opportunity to attend and become certified providers. Some 8 Health Workers attended this two day training held out of Nindila. Albert Doughty and Natasha Indich also attended the QAAMS training in Adelaide in October 2008. A new room for Point of Care has since been established in Clinic. Other training in 2008/09 included both Ray Coleman and Albert Doughty undertaking Certificate IV Frontline Management through AHCWA. Both Health Workers expect to graduate in November 2009. Health Programs staff also organised for three blocks of Senior First Aid refresher certificates from St John Ambulance in April and May, with the attendance of 27 Bega staff from all departments.

The Chronic Health team also took steps to address sexual health matters for our clients. In February, Bega hosted a Women's Business Clinic with 26 women in attendance. Due to the success of this Clinic, a regular program was established. Five Clinics have since been held in with a total of 33 clients attending. The Prison has also become a regular partner in this health promotion and now regularly sends women along. Men's sexual health matters continued to be addressed by male Health Workers in the Chronic Health team.

A key strategy for health promotion in 2008/09 was the regular airing of Bega staff members on the Tjuma Pulka Radio Station. This initiative began with an Environmental Health segment (hosted by EH Workers, Joseph Drayton and Cody Winter). Regular sessions were then coordinated by Ray Coleman, covering health topics such as sexual health, heart health, as well as the promotion of Bega programs. Funding is currently being sourced to develop the in-house production of pre-recorded health messages. These messages will be then available for air-time on the radio, plus to be played over the public address system at Bega and also over the phone system. Other health promotion activities in the 2008/09 financial year included a client survey initiated by the AHW Health Promotions, displays in Bega reception and at Community events, including the Bega Open Day in October. In May, Bega was successful in receiving Healthways sponsorship to send Ray Coleman, Albert Doughty and Natasha Indich to the Australia Health Promotion Associations 18th National Conference in Perth.

Many of the health promotion activities undertaken by our staff result in the referral of clients to our Visiting Specialists clinics. At the conclusion of the financial period for 2008-09, there were 3 new clinics added to our suite of specialist services. These included a regular Podiatrist, Dietician, and an additional Diabetes Physician, making a total of 10 visiting specialist clinics operating out of Bega's consulting rooms. Other specialist areas offered include Renal Health, Ophthalmology, Ear, Nose and Throat, Audiology, Podiatry, a Dietician and a Dentist. A Paediatrician was also available for 3 months during the early months of 2009. A new procedure was instigated in April which has streamlined clinic appointments and increased the success with which appointments are kept. Forward notifications of all clinics are now faxed to some 14 communities across the Goldfields. Bega also regularly services clients from the Nursing Home and Prison, particularly with the Dental Clinic.

CLINIC ATTENDANCE FIGURES

SPECIALIST CLINICS	2007/08	2008/09	NOTES
Dr Thomas Renal Specialist	95	110	Dr Thomas concludes 18 years service to Bega in July 2009. To be replaced by Dr Wright.
Dr Shetty Diabetes Physician	0	33	Dr Shetty's first clinic at Bega was in October 2008.
Dr George Diabetes Physician		11	Extended absence from Bega due to illness.
Dr English Ophthalmologist	35	56	Two clinics were held for during 2008/09.
Dr Lannigan Ear, Nose, Throat	23	48	Three clinics were held during 2008/09.
Audiologist Sharon Weekes	20	42	Audiologist supports Dr Lannigan's clinics
Dentist Kate Dyson	239	314	Attendances continue to grow, attendance rate improved.
Australian Hearing Kevin Geere	32	29	Ongoing clinic continues to be well supported
Podiatrist Julie Hodder-Potter	38	15	New service provider, started June 2009.
Dietician Katie Northam	16	12	New service provider, started February 2009
Paediatrician Dr Murali	0	50	Clinic ran from Feb – April 2009. Temporarily on hold, awaiting appointment of new hospital paediatrician

In 2008, the Environmental Health program received a boost with the successful attainment of Cert III Environmental Health qualifications by its two officers, Cody Winter and Joseph Drayton. Since that time, both Officers have strived to provide a prompt and professional service for clients both within town and in the Goldfields surrounding communities. Primary areas of service contact include dog control, rubbish and sanitation control, pest control, hygiene and minor plumbing works. In 2008/09, trips have been undertaken to the following communities; Mount Margaret; Cosmo Newberry, Leonora, Wongatha Wonganarra, Coonana, Kurrawang, Ninga Mia and Tjuntjuntjarra. In March both Officers participated in Chainsaw training. Using these skills, they have regularly chopped fire wood for the Boulder Camp, in addition to assisting to maintain cleanliness standards. The team has also engaged in several community clean-up days at Ninga Mia. In order to promote further education, in early 2009 the team produced power-point presentations for use with school groups and at community gatherings. In May 2009, the team attended the 7th National ATSI Environmental Health Conference, which was hosted in Kalgoorlie.

The Childcare Department at Bega continues to grow and diversify. Several special events were celebrated including National Aboriginal and Islander Children's Day, NAIDOC Week, Kids Xmas Party, and a stall at the Kalgoorlie-Boulder Community Fair. Mobile Creche continues to attend at Loopline Park in Boulder each week to run Nintari Yingka playgroup, as well twice weekly at Curtin University to support Indigenous parents studying under the HIPSTAR program. In June, Thithigoo and Mobile Creche featured on the front page of the Indigenous Professional Support Unit WA newsletter. Creche has also worked closely with the New Directions team to implement a New Mums Playgroup. Some other key areas of achievement included:

- Moving the playground fence line to increase the size of the outdoor play area
- Purchasing new equipment to support gross and fine motor development
- Implementing a special focus on behaviour management and social skills by seeking additional training for staff in this area and writing a behaviour management policy

- Working to keep children's cultural identity strong by using language around the centre, using Dreaming stories in programing and inviting Indigenous role models to speak with the children.
- Creating a new storage space in a disused shed at the rear of Bega.

In early 2009, a new Thithigoo Creche Coordinator was appointed (Ana King) and a new Mobile Creche Coordinator was put in position (Patricia Drayton). For the 2008-09 year, the following additional staff were employed in Creche: Nicole Spangler, Maria McKenzie, Josephine Vaoga, Delena Sam, Carla Dimer, Shari Champion, Talisia Bourne, Liana Reid, Natasha Read, Rikhia Indich and Dena Rundle. Throughout the years, staff were given the opportunity to attend Senior First Aid training, Teamwork, Running Inclusive Environments, Behaviour Management and Child Protection training. The two Coordinators were also able to attend the West Australian Childcare and Early Childhood Education Conference, 3rd – 6th April in Perth.

Trudi Cornish

Manager Health Programs

REPORT OF NINDILA COLLEGE MANAGER 2008 – 2009

From the 2008 intake of students, all fourteen completed the Certificate III in Aboriginal & Torres Strait Islander Primary Health Care pre-requisite units for Certificate IV. Eleven students undertook the Certificate IV program which consisted of 10 compulsory units and 3 elective units. The core units are listed below;

- Work within a legal and ethical framework
- Use business technology
- Provide nutrition guidance for specific health care
- Work with medicines
- Deliver primary health care programs for Aboriginal and Torres Strait Islander communities
- Monitor health care
- Plan and implement health care in a primary health care context
- Assess and support clients' social and emotional well being
- Assess clients' physical well being
- Advocate for the rights and needs of community members

Of the 11 students enrolled, seven students graduated in May this year: Corinna Ryder, Shane McGrath, Kerry Ponter, Anastasia Cable – Ellis, Marilyn Burton, Johdi Whitby and Kathleen Gilbert, with recognition given to Kerry and Shane for their outstanding achievements. The graduation was held in conjunction with the Bega staff appreciation dinner at the Hannans Club which was thoroughly enjoyed by all.

Four of these students were then employed by BGHS, one with Population Health Laverton, and one student with the Geraldton AMS. Another student was employed by Red Cross prior to completing her studies with a view to completing in the next year.

There were twelve new enrolments for the full Certificate III program this year. Nine students were involved in the Orientation Week all gaining their Senior First Aide certificates. Certificate III is due to be completed by the middle of December.

In regards to funding Nindila was successful in its bid for 10 places for jobseekers and 10 places for existing workers under the Productivity Placement Program (critical skills) as part of the "Up skilling Australia" campaign rolled out by the Government. We have also submitted a further training tender under the CAT program for 15 Certificate IV places.

Nindila has been working in close collaboration with both the AHCWA Training & Development Centre and Kimberley Aboriginal Medical Services RTO. A meeting which

included all the WA Aboriginal RTO's; Nindila, AHCWA, KAMSC, Marr Mooditj and Pilbara RTO was convened to discuss training issue in regards to funding and the rollout of the new competencies. It was a great opportunity to share and receive information particularly within a state perspective.

Nindila has been an active member of ATSIHRTONN (Aboriginal & Torres Strait Islander Health Registered Training Organisation National Network) attending the Adelaide meeting which has strengthened our relationship and position at the national level. This forum is a wonderful opportunity to share experiences in training and assessment methods, the sharing of materials and to keep abreast of issues pertaining to Aboriginal health training at a national scale. The network is vastly expanding and our inclusion bringing great benefits to the organisation.

In June ATSIHRTONN funded a trainer's workshop bringing together Aboriginal Health Training staff from across Australia with particular emphasis on the Recognition Process with the new competencies. Nindila staff members Naomie, Veronica and Jocelyn Carmicheal who is the new Admin/AQTF Support Officer all attended. The professional development they received whilst there was invaluable.

Close links have been maintained with the Western Australian Aboriginal Health Workers Association through the involvement of the Nindila Mangers position on the board.

A four month extension to registration for Nindila was granted to prepare for the audit due this year. As a result a consultant was engaged to conduct an AQTF internal audit review. Feedback received has enabled the RTO to review current practices and further engage in continuous improvements processes.

In addition Lyn Hazelton has been engaged on a casual basis to further develop the systems involved with AQTF compliancy and to give regular professional development to the existing staff members.

A Moderation and Validation Continuous Improvement Group (MAVCI) has been formed which will formalise the process of moderating and validating all the tools, training methods and material developed. The group consists of industry personnel within BGHS from the Clinic, Social Support Unit and Training which meet on a monthly basis. An invitation will be extended at a later date to one or two persons form an outside agency (eg NTP, Pop Health etc) to join the group.

The RTO has been extremely busy with the development of materials and the customisation of tools for our students for all courses. In addition the RTO has been involved in the development of the Bega clinical injection procedure manual through the provision of technical advice and providing support to the clinic where necessary.

Naomie Winter
Manager Nindila College

REPORT OF THE SOCIAL SUPPORT UNIT MANAGER

2008 - 2009

March 2009 saw the implementation of the **Social Support Unit (SSU)**. The SSU is overseen by a Manager and consists of 4 program areas:

- **Sobering up Shelter**
- **Aboriginal Homeless & Fringe-Dweller Support Service**
- **Bringing them Home Counselling**
- **Alcohol & Other Drugs Counselling.**

All programs although individual have a strong tendency to interlink and work collaboratively. This is a holistic approach to identifying the health and wellbeing needs of clients accessing SSU programs.

Sobering up Shelter

The 2008 / 09 financial year has seen a mass improvement in the services being offered in the SUS. An internal audit recognised improvements need to be implemented to generate the best possible outcomes for clients.

The review included a major security upgrade. The security upgrade included swipe card access, video linked intercom for entry and surveillance cameras in high risk areas and a lockable room with security glass for night staff.

Additional beds were purchase to allow the SUS to accommodate a larger client base, an additional room was allocated for those clients who were Volatile Substance users (Sniffing) as more frequent observation was needed as well as a duty of care to alcohol intoxicated clients as strong fumes and irrational behaviour caused unwanted strain on clients and staff.

An office space was converted to a medical consultation room to assist to close the gap in Aboriginal health. It was noted during the review period that clients were not attending the Bega Medical Clinic during normal operating hours due to their addictive behaviours. A Doctor and Aboriginal Health Worker will work from the SUS each morning addressing the medical issues of our high risk and vulnerable clients who would otherwise simply fall through the gaps.

Bringing them Home

The Bringing Them Home Program is funded by the Office of Aboriginal and Torres Strait Islander Health (OATSIH) and was implemented in 2009 after the Federal Government apologised to members of the Stolen Generation

This program focuses on providing social and emotional wellbeing support and education to individuals, families and communities who have been affected by past child removal policies and the impact of trans-generational trauma.

The Bringing them Home staff work closely with Yorgum (the State Link-up Service). Yorgum visit the Goldfields once every month. BTH Staff have formed networks with

Eastern Goldfields Regional Prison visiting prisoners on a weekly basis for appointments, education and promotion. Further networking occurs on a regular basis with services situated in the Goldfields, from Kalgoorlie Boulder to Ngaanyatjarra Lands and the Transline communities. Though funding does not allow for outreach to communities outside of Kalgoorlie -Boulder.

Alcohol and Other Drug Counselling

In 2009 funding was provided by OATSIH to service Alcohol & Other Drug Counselling. The funding allowed for one full time counsellor.

The AOD program has been under constant demand since its inception as it is the only AOD service targeted solely at Aboriginal People in the Goldfields. Some of the agencies who depend upon the counselling services include Community Justice Services, Juvenile Justice, Eastern Goldfields Regional Prison, Department of Child Protection, Kalgoorlie Magistrates Court and Kalgoorlie Community Court.

With the overrepresentation of Aboriginal people in prison and justice services our Aboriginal AOD Counsellor is highly sought after for working with court ordered clients as well as those incarcerated to try to address their AOD use by working with culturally appropriate models and Intervention based on the Strong Spirit Strong Mind concept.

Our AOD Counsellor is not only seeing client's one on one but has been conducting couple, family or group counselling sessions.

Eastern Goldfields Regional Prison has sought the services of the AOD counsellor to conduct Aboriginal Alcohol & Other Drug Groups for both male and female prisoners. With the success of the first groups the prison has sought to conduct these programs on a regular basis and participants are going on to seek individual counselling services.

So as to keep the counselling from being totally reactive a program has been initiated in one of the local high schools targeting "high risks" students, the program is designed to be proactive and encourage the students from abstaining from a life centred on alcohol & other drug abuse type behaviours.

Aboriginal Homeless and Fringe Dweller Support Service

2008 / 09 has seen the AHFDSS program prosper. An integral partnership was formed with Woolworths allowing for all the damaged and near expired food to be given to the AHFDSS program. Allowing for the program to expand and assist a wider client base.

Noticing an increase in homelessness in the Goldfields, AHFDSS program along with the Social Support Unit pushed for the short stay facility to be put back on to the agenda. This saw Bega receive a grant to conduct a Community Search Conference (CSC) with the Spinifex people who reside and visit the Boulder Community from the Pitjantjarra Lands. Twenty nine (29) participants attend the conference along with eleven children (11) conducted over three (3) days at Hampton Hill Station. The CSC saw the participants identify their needs and factors that contributed to their homelessness. Strategies were addressed on working in partnership with identified agencies to address these issues. Further consultation was completed on proposed locations and the reasoning behind these locations and design thought out. The completion of the conference saw a report supplied to Department of Housing in relation to our findings.

The state Government has pledged \$2m towards a short stay facility to be built in Boulder with recurrent funding.



SSU Conclusion:

The year of 2009 has seen some much needed change and is producing positive outcomes for our clients. From 2008-09:

- 12 clients were housed in long-term housing
- 5 clients have abstained from alcohol use altogether
- 3 clients admitted to rehabilitation facilities
- 10216 meals have been distributed
- 2500 people were admitted into the Sobering up Shelter
- 60 clients have completed Alcohol & Drug Group Programs
- 16 clients have accessed the Bringing them home Counsellors
- 41 clients have attended counselling for AOD use
- 200 food hamper boxes have been distributed

Karen Kujawski
Manager Social Support Unit

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