



# ANNUAL REPORT 2013

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[www.wachs.net.au](http://www.wachs.net.au)



## **WACHS Vision**

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WACHS is acknowledged and respected as an organisation of excellence which is demonstrated by a healthier Aboriginal community.

## **WACHS Mission Statement**

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To advocate for and facilitate the achievement and maintenance of health outcomes consistent with Aboriginal peoples' evolving notion of cultural well being.

## **Purpose**

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WACHS plans, delivers, co-ordinates and advocates for effective clinic and community-based primary health care services to the Aboriginal community.

## **WACHS Objectives**

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- a) Provide culturally appropriate primary health care service for Aboriginal people and the wider community within the Wellington shire
- b) Administer and operate an Aboriginal Medical Service within the legal framework, funding agreements and the capacity of WACHS
- c) Enhance the health status of the Aboriginal community in Wellington shire including, including Nanima Reserve.
- d) Involve Aboriginal people in the planning and provision of primary health care services.
- e) Provide professional development for Aboriginal Board and staff to support their roles and responsibilities within WACHS.
- f) Support and assist Aboriginal people to better utilise existing holistic health care services

## About WACHS

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Wellington Aboriginal Corporation Health Service is on the land of the Wiradjuri people.

Wellington is a remote rural community with a shire population of approximately 8,850 People of which 1742 are Aboriginal (2010 Census Stats). Wellington Aboriginal Corporation Health Service (WACHS) offer professional health services through specialist programs by staff either employed by Wellington Aboriginal Corporation Health Service or through partnership links with visiting services.

WACHS is an Aboriginal Community Controlled Health Organisation which strives to provide holistic health care to enhance the health and emotional well-being of the Aboriginal and non Aboriginal community of Wellington and surrounding districts.

WACHS is governed by a Board of Directors which consists of seven Aboriginal community members who are elected annually by the Community. The Board of Directors provides the strategic direction of the organisation and works in close consultation with the Chief Executive Officer to ensure that organisational, community and funding outcomes are being achieved.

WACHS employs Ninety Staff including Visiting Specialists from Wellington and the surrounding District.

**The WACHS Board**



**Chairperson**  
Marsha Hill



**Secretary**  
Glenda Bell



**Treasurer**  
Doreen Darney



**Public Officer**  
Linda Baxter



**Director**  
Laura Chatfield Snr



**Director**  
John Ah-See (SNR)



**Director**  
Barry Smith



## CEO Report

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“Welcome to WACHS Annual Report for 2013 which has been developed to provide the community with information about WACHS services as well as highlighting the organisation and Staff achievements for the year.

It is important that the Aboriginal community of Wellington are aware of health programs and services that WACHS are funded to provide, and also the great work that the Staff at WACHS undertake to support the health and wellbeing needs of the community of Wellington, particularly the Aboriginal & Torres Strait Islander community.

As you will see by the contents of this report, WACHS is a very large organisation that not only supports the health needs of the Wellington community, though also provides services and programs funded to support the health & wellbeing of ATSI people across the Central West, Far West and New England regions of NSW. WACHS considerable growth has been due to the hard work and dedication of the Staff that provide the services to the community, and this balanced with the specialist support from the Senior Management team ensures that the health needs of community are being addressed. The other major factor contributing to WACHS success is the professional support that is provided by the Governing Committee in their strategic role for the organisation.

The members of WACHS and the Aboriginal & non-Aboriginal community of Wellington should be very proud to have a highly successful, creditable and best practice Aboriginal Community Controlled Health service located in Wellington. With the changing structure of health reform across Australia and particularly with the uncertainty where Aboriginal Community Controlled Health sits within the plan of the new Commonwealth Government, WACHS needs to ensure that its operational management and Governance direction is primary health care and business focused.

In closing WACHS services to the Aboriginal & Torres Strait Islander people of Wellington is very much in line with the national “Closing the Gap” initiative, whilst ensuring the objectives of the organisation are implemented within our service delivery.

I would like to thank the Staff and Governing Committee for the major role that they have contributed to the success of WACHS, and I look forward to being part of a service that will continue to grow in the years ahead.”

## Chairpersons Report

Dear Members

Another year has passed and I am happy to highlight some of the achievements that the WACHS Board and Staff have accomplished over the last 12 months.

WACHS as an organisation continues to grow and continues to provide employment opportunities for people within the Wellington Region.

WACHS Management and staff have worked hard to provide quality services to the community including:

- Primary Health Care
- Drug & Alcohol
- Eye Health
- Family Health
- Sexual Health
- Bringing Them Home
- Youth Health
- Dietician
- Healthy for Life (Chronic Disease & Child & Maternal Health)
- Women's Health
- Podiatry
- Asthma
- Diabetes Education
- Psychology Services
- General Counselling
- Exercise Physiologist
- Auspice of other programs in particular the Tamworth Aboriginal Medical Service

Management and staff continue to seek training opportunities in their selected fields, allowing WACHS to provide up to date and best practice information and services for the various programs that we deliver.

One of the highlights for this year, was committing \$11,000 to 7 Aboriginal Senior Wellington High School students for scholarships to allow young people the opportunity to seek careers within the Health Sector. These include students wanting to study in the following areas Nursing, Speech Therapy, Physiotherapist, General Practitioner. WACHS has also participated in various information sessions for students about career opportunities and pathways for young people. We would love to see some of these young people go on to become Aboriginal Doctors, Nurses and Health Care workers.

*Some of the other achievements have been:*

- Support for the Elders to attend the Elders Olympics
- Providing First Aid kits and restock of existing kits to Junior Sports in Wellington
- The purchase and installation of four specialised stretchers at all the sporting parks in Wellington
- Strapping for local teams who competed in various knockouts
- Support for all schools in town to undertake their NAIDOC activities including financial support of \$500 for each school and School Spectacular

As chairperson I would like to thank you all for continuing to use WACHS services and I look forward to seeing what the future brings for an ever-growing organisation.

I wish you all a safe and happy festive season and I hope that your families are blessed with good health in 2014.

Warmest regards

Marsha Hill  
**Chairperson**

## WACHS Finance Department

### Finance Staff

Although WACHS has seen continued growth the staffing levels of the finance department have remained stable during the year. The focus of the team has been on increasing skills and efficiencies. This is particularly evident through the staff's successful completion of qualifications:

**Jenny Bourke** Certificate IV in Business and Accounting; and

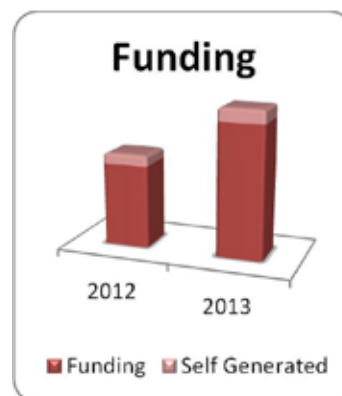
**Kerry Hudson** Diploma of Business Management

Towards the end of the financial year Ruth Young (Accountant) retired to enjoy the finer things in life and will be missed by the finance team and the wider WACHS community. Ruth's position was filled by Sattam Al Farraj. This year has also seen Allison Evison join the team as the Executive Assistant to the Senior Managers. Long term contractor Bev Pearce also joined the team on a permanent part-time basis as the Dubbo Finance Office Manager in July 2013. The finance team is looking forward to the benefits of having these 3 professionals onboard.

### Performance

The major achievement of the finance team was gaining an Exceeded for Standard 1.5 - Financial Management in the QIC Health & Community Standards Accreditation. WACHS achieved an Exceeded standing in a total of 4 standards and the finance team contributes both directly and indirectly to all 4 of these standards.

WACHS' strong governance and stringent processes ensure the financial strength and longevity of the corporation and its ability to provide first class services to the community. Our strengths and commitments have seen our total Government funding increase by 59% from the 2012 financial year. The commitment from the WACHS staff has seen our self generated income increase by 28% for the 2013 financial year. The self generated income is sourced and obtained by various staff members through a number of channels. Without these additional funds WACHS would be unable to provide such a high level of support to the community. These supplementary funds also allow WACHS to pay above award wages and provide additional non-funded positions.





## Community Contribution

WACHS has provided direct assistance to clients and community groups totaling just over \$75,000. This assistance is provided in small amounts starting from as little as \$30 to allow clients to attend medical and specialist appointments. The provision of support at this level means WACHS has potentially assisted thousands of people improve their health and wellbeing.

WACHS provides health equipment for local community groups and financial or in kind support for many of the local community health based activities. Support is also given to the local schools and preschools in the form of health checks and practical support to Aboriginal students and health activities. No government funding is provided for this support. It is entirely self-funded from management fees and Medicare income.

WACHS overall financial contribution to the Wellington community during the 2013 financial year was over \$3M. This amount is made up of financial assistance, undertaking business with Wellington based suppliers and the payment of wages to employees who reside in Wellington.

## Staffing

Overall staff numbers has seen a steady increase over the past five years. Since 2009 the number of WACHS employees has more than double to 76 as at 30 June 2013.



## Auspice

WACHS continues to manage the Financial Records for the Bila Muuji Regional Aboriginal Health Service membership account.

As of 1 July 2013 WACHS took on the financial management of the Tamworth Aboriginal Medical Service (TAMS).

## External Contractors

The services of Ivey WHK were engaged as the organisation's external Accountants. July 2013 saw WHK change its name to Crowe Horwath.

The Auditors engaged by WACHS for the financial were Ryan & Rankmore. At the writing of this report the audit is still in progress.

## Clinic Program

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As the end of the year draws near it is time to reflect on the events of 2013. The past 12 months has seen the practice grow with both staff and patient numbers increased. The closure of one of the Wellington surgeries over the past year has contributed to an increase in patient numbers with WACHS being one of only two remaining general practices in Wellington.

This year WACHS' general practice has undergone its third accreditation review by AGPAL and has been reaccredited until 2016. The completion of clinic renovations has enhanced our existing clinical services and provided a more spacious area to see clients.

The use of GP registrars is set to continue with the addition of a second GP registrar in 2014 making our GP numbers close to 4 full time positions for 2014. WACHS provides transport services to both local and external areas in Dubbo and Orange for regular Aboriginal patients of the service for medical appointments. A female transport officer has been appointed to cope with the increasing demand for transport services.

With the Patient Controlled Electronic Health Record being introduced this year WACHS have begun to register interested patients so that their health records can be accessed by other participating health services. This is particularly helpful for patients with chronic disease that frequently go to specialists and hospitals so that their health information can be accessed remotely with their consent.

At WACHS we work to assist with management of chronic diseases and promote healthy living. We have a visiting Respiratory and Endocrinologist, Chronic Disease Registered Nurse and Aboriginal Health Workers. There are many different kinds of chronic illnesses such as diabetes, asthma, arthritis, chronic renal failure, hepatitis, heart failure, cancer, lung disease and epilepsy. They are illnesses that are ongoing and last for a long period of time. The symptoms can be continuous or ongoing, such as with arthritis. Not all chronic illnesses have continuous symptoms though. Some chronic illnesses like asthma have times when they get out of control and other times when they can be controlled pretty easily or don't require extensive management. Either way, chronic illnesses last more than six months and often they cannot be cured. So once a person has a chronic illness they may have it for the rest of their life. Each chronic illness develops in a particular way and needs to be managed in a particular way. Chronic illnesses are often managed with medications, diet and exercise. This management can involve a health check, care plan & team care arrangement.



A health check is an examination of your current state of health. The aim of a health check is to help find, prevent or lessen the effect of disease, just as a car is serviced to prevent breakdown. However, it's better to avoid disease altogether than to treat it. The health check involves a consult with a Nurse/Aboriginal Health Worker and then a GP consult to investigate if any other further tests or investigations are required.

Care plans are designed to coordinate the health care of patients with chronic or terminal medical conditions, including patients with these conditions who require multidisciplinary, team-based care from a GP and at least two other health or care providers. The Care plan is designed for patients who require a structured approach to their care.

Team care arrangements are a team of multi disciplinary professionals from a range of disciplines with different but complementary skills, knowledge and experience who work together to deliver comprehensive healthcare, aimed at providing the best possible outcome for the physical and psychosocial needs of a patient and their carers.

### **Clinic Operations**

The clinic is staffed by one Nurse to complete numerous tasks within the WACHS service. The clinical nurse assists the GPs with liaising with patients and medical procedures (for example; removing a mole from a patient requiring suturing and dressings) assist visiting specialists, liaise with community health services, following up referral letters for specialists, Communicare recall system contacting and arranging follow up appointments for test results.

The Nurse provides a triage systematic approach to utilise pre-set reserved appointments to evaluate priority of health condition each day, (6 reserved Walk in appointments reserved daily) education, information and support to assist families with any medical requirements. The services available in our clinic include vital sign observation, Blood sugar levels, minor injuries, wound dressings, Electrocardiographs (ECG), INR (test blood clotting), Injections (immunisations such as flu and pneumonia & anti psychotics), urinalysis, pregnancy tests, Oxygen therapy, spirometry, medication management from drug representatives to supply trial to patients, referrals to services such as dental, optometrist and podiatry. There is always and clinic nurse onsite to assist with any medical queries big or small. This can include but not restricted to a graze from a fall to an unwell patient or questions about medication.

WACHS has earned the well deserved reputation of providing a friendly and professional service to the community.

## Healthy for Life Program



*The main objectives of the healthy for life program are to:*

- Improve chronic disease care by prevention, early detection and management of chronic disease
- Improve the availability and quality of child and maternal health services

2013 has continued to be a busy time for the Healthy for Life team. From the beginning of the year with participation in the accreditation process to our routine commitment to child and maternal health and chronic disease the team has continued to fully commit to providing a quality service to the Wellington Community.

The team hosted an exchange site visit with staff from Bourke AMS re health check provision March 2013. This proved to be a valuable time as both services learned new ideas to support health checks. Health checks were conducted in preschools and schools through out 2013 with more schools requesting health checks this year. Following the successful Chronic Disease camp held last year the Healthy for Life team are planning a Woman's Health camp in October to be held at the Wellington Caves Complex and a Health Check Day later in the year. The team is working closely with our new Aboriginal Registered Nurse around Chronic Disease care service provision completing health checks and care plans.

*Chronic Disease Camp November 2012 -  
Dubbo Aboriginal Diabetes educators with participants and staff*



*Diabetes Information morning 23rd July 2013 -  
Staff with clients participating in screening and information sharing*



Staff participated in the development of an AH&MRC continuous quality improvement film as a follow up to a workshop supporting breast health and screening conducted December last year.

The team welcomed a new AHW in May and will be recruiting to the vacant Youth Health Worker and Dietitian positions. Staff were invited to support a Woman's Health event in Coonamble in July.

All staff had the opportunity to attend both mandatory and non mandatory training through out the year to increase their knowledge and skills. A new Certificate IV Aboriginal Torres Strait Islander primary health care training is planned for Aboriginal Staff in 2013/2014

The H4L team participated in NAIDOC day activities in several schools from July/September and Secretariat National Aboriginal Islander Child Care (SNAICC Day) held at Wellington Public School 23rd August.

**Oral Health and dental activities held at SNAICC and NAIDOC day's**  
Secretariat National Aboriginal Islander Child Care (SNAICC Day) 23rd August



## Eye Health Program

The Aboriginal Eye Health program was developed in 1999 when the Australian Government and NACCHO recognised there was a vision problem in the Aboriginal communities – it was agreed by both parties that coordination of eye care in ACCHSs is important.

The Government then funded equipment and REHC's positions in 7 Aboriginal Community Controlled Health Services throughout NSW.

The 7 original sites are Redfern - Broken Hill - Kempsey (Durri) - Narooma (Katungal) - Wagga Wagga (RivMed) - Walgett (Wams) and **Wellington (WACHS)**.

The WACHS team consists of Pauline Wicks (since the beginning) - Regional Eye Health Coordinator (REHC) and Kath Richards Admin/Eye health worker (18mths).

Regional Eye Health Coordinators play a very important role in the holistic care of our communities by organising these clinics in rural and remote areas.

The Central West Region is a very large area to cover which means we spend a lot of time travelling to our outreach clinics. Sometimes this requires overnight stays for 3 or 4 nights a week depending on how many days the Optometrist can spend with us.

*These are the towns we presently visit:*

Baradine  
Bathurst  
Condobolin  
Coonabarabran  
Cowra  
Dubbo  
Dunedoo  
Forbes  
Gilgandra  
Gulargambone  
Kelso  
Narromine  
Oberon  
Trangie  
Nyngan  
Orange  
Parkes  
Peak Hill  
Warren  
**Wellington**

Of all these towns only 3 have ACCHS that we work out of, for the rest we use either a Land Council, CDEP, Centacare, Neighbourhood Centre or a community building – any venue that the community feel comfortable in accessing.

Since this program started in 1999, the 7 locations are still active but with some changes.

**2013** - The program has grown enormously and sometimes we wonder how we will be able to meet the growing demand.

The need for eye health to be a prominent service in ACCHS's is evident and desired.

While the positions are still active – over the years the program had grown but some areas have chosen to limit their “Regions” due to funding constraints.

This is disturbing as we know that some of our people will be missing out on eye service which is an important aspect of health checks

**The Optometrists**, wonderful frames, some equipment, and lab services are provided for our clinics, by Brien Holden Vision Institute at Sydney University.

Brien Holden Vision Institute has been very supportive to us over the years – they not only supply the Optometrists but they also supply us with the frames we take to the outreach clinics and some equipment including pupilometers, screening kits, EYE health training through the Aboriginal Health College and anything else we may need especially advice and encouragement.



*Some of the Services we provide:*

- Taking our clinics and providing services to rural and remote areas is very satisfying - the community are happy to have their eye checked and we are made very welcome.
- We always try to use a venue that is culturally appropriate to hold our clinics.
- The REHC's aim is to provide and deliver eye health clinics and school screenings.
- Visit communities, that have limited or no vision services in their town.
- Vision screening at Elders/ Diabetic Camps and groups.
- It is a part of our role to help visually impaired people get spectacles.
- Spectacle Fitting & advice, Adjustments and repairs.
- Eye examinations are included in Adult Health Checks and Pit Stops



### **School Screenings**

The Aboriginal Eye Health program has been very successful over the years seeing many children with vision problems locally and across the region. Parents provide permission notes and we advise the parents and the schools if any problems are detected or any referrals and follow up are needed.

### **Supporting Chronic Disease EYE Health**

Diabetes is one of the most common health issues in Aboriginal people.

Diabetics should have their eyes checked annually or as advised by an Optometrist.

Diabetic Retinopathy damages blood vessels inside the retina (back of the eye) sometimes causing vision loss or blindness. We encourage people with Diabetes to have regular eye & health checks, exercise, maintain a healthy diet and take medication as directed.



Our older people in our community sometimes need moral support, education, advice on services and links to transport if they need any surgery as this can be a scary experience.

Our jobs are very rewarding if we help one person see properly by giving them a pair of glasses or getting them to see an Optometrist/ Ophthalmologist it makes our jobs all worthwhile and satisfying.

The WACHS staff is proud of the service that we provide to OUR Community and to our Outreach centres.



**Wellington Statistics from July 2012 to June 2013 from 102 Clinics conducted in the region**  
 These stats do not include screenings performed at schools, pit stops & camps.

**2012-2013**

	Total Clients	Males	Females	Aboriginal	#Glasses Supplied	# of Diabetic	Total Ref'd	for Diabetic	Cataracts	Glaucoma	Trachoma	for Trauma	for Other
TOTALS	1209	493	717	1131	918	201	130	40	46	22	0	1	38
As % of Total		40.8%	59.3%	93.5%	75.9%	21.9%	14.2%	4.4%	3.8%	1.8%	0.0%	0.1%	3.1%

So far this financial year (Not including November & December clinics):

**2013 - 14**

	Total Clients	Males	Females	Aboriginal	#Glasses Supplied	# of Diabetic	Total Ref'd	for Diabetic	Cataracts	Glaucoma	Trachoma	for Trauma	for Other
TOTALS	532	235	297	522	382	60	48	9	8	14	0	0	21
As % of Total		44.2%	55.8%	98.1%	71.8%	15.7%	12.6%	2.4%	1.5%	2.6%	0.0%	0.0%	3.9%

Community Support, training & Special Achievements 2012-2013

Coonamble Women's Health Camp

Women's Gathering – Dubbo

And Screenings Many Schools locally and across the region

Ongoing Eye Health Training – Aboriginal Health College Sydney – Dec 2012 Kath & Pauline.

Pauline Eyecare Competency – Oct 2013

Pauline Cert IV Workplace Training & Assessment

Pauline presented in Adelaide at National Rural health Conference

Pauline provided training to new REHC & Eye Health Workers at other regional centres including Tamworth, Walgett, Coonamble, Armidale.

Our ultimate goal is to see more Aboriginal people trained and employed in eye health – to achieve this we need more funding put into our ACCHSs so we can provide our Aboriginal communities with the eye care services they need.

Eye Health is a very vital part of our health service as Eye Health is not recognised as widely as other health issues. We are providing part of the holistic health care process which is working towards “Closing The Gap” for our people.



**Pauline Wicks &  
Kath Richards**

## WACHS Indigenous Parenting Support Service Program (IPSS)

WACHS Indigenous Parenting Support Service (IPSS) is funded by the Australian Government through the Family Support Program to support Aboriginal children aged 0 – 12 and their families. Funding is administered by the Department of Families and Housing, Community Services and Indigenous Affairs (FaHCSIA). IPSS is funded until June 2014.

To summarise IPSS work and achievements between July 1 2012 and June 30 2013:

- The IPSS team with Coordinator Jenny Slack-Smith and Aboriginal Family Support Worker Chanelle Riley have assisted 30 families this financial year with one to one case management and support for families. Some support is limited to short term practical assistance, advocacy and referrals. Other support is on-going. Issues include concerns about child development and behaviour, Community Services involvement, homelessness, Centrelink access, access to other services, health including mental health and alcohol and other drug problems. In June 2013 a survey of clients showed a high level of satisfaction with IPSS support.
- The IPSS team has taken part in interagency case management in support of vulnerable high needs families.
- IPSS team has joined in with Communities for Children to conduct regular group activities including Mums to Mentors, Baby Showers and Places of Play. Regular activities have also continued at Nanima Pre-school.
- The IPSS team has collaborated with other services to conduct many community events including a Birth Certificate Day, NAIDOC celebrations, SNAICC National Aboriginal and Islander Children's Day, a legal workshop, an Easter family fun day, a Teddy Bears' Picnic, Homeless persons week sleep-out.
- The IPSS team has collaborated with other services to conduct free and accessible school holiday activities in January, April and June 2013. Hundreds of community members, including many vulnerable families, have joined in the school holiday and other community activities described above.
- The IPSS team has continued to be actively involved in the Wellington Community School Partnership initiative. Staff from agencies have attended staff meetings at Wellington Public School and High School and given information about their services, with the outcome that the speed and number of referrals from schools to services has increased.
- The IPSS team has continued it's interagency attendance and involvement; with Communities for Children, Wellington Interagency, Wellington DV Collective, Aboriginal Education Consultative Group.

The IPSS team was proud to get feedback from FaHCSIA in April 2013 : “Thanks for reporting your activity details. A particular highlight in your report is the one-on-one and collaborative casework that has resulted in children being restored to the family. Your report emphasises your collaborative service approach and referral network to ensure you are well placed to assist more vulnerable and disadvantaged clients to navigate the service system. You are reporting how you are building the capacity for families to parent as well as services to provide an effective and coordinated service delivery. Congratulations on the work that you have done to identify and address these gaps by providing the necessary services for the Aboriginal families in Wellington.” We will do our best to continue to serve the community.

**Jenny Slack-Smith IPSS Coordinator.**

*Chanelle Riley, IPSS Aboriginal Family Support Worker and Jenny Slack-Smith, IPSS Coordinator.*



*The IPSS team has worked with other services to present National Aboriginal & Islander Children’s Day celebrations in 2012 and 2013*



## Social and Emotional Well Being Program

The Social and Emotional Wellbeing Team consists of the following:

- Team leader (Acting) – Cherie Colliss
- Intake Officer – Teena Hill
- Aboriginal Family Health Worker – Cherie Colliss
- Bringing Them Home Female – Jody Chester
- Bringing Them Home Male – Ray West
- Drug And Alcohol Worker – currently recruiting
- Men's Sexual Health Worker – currently advertised



The SEWB Team have started 2013 with a physical move of the program to the old WACHS building at 68 Maughan Street. The transition to the new premises has been a positive one for the Team and for clients accessing the service. It has allowed our Intake Officer Teena Hill the opportunity for her own reception area to assess each client appropriately.

## Community Programs

Through the year the SEWB Team have been involved in a number of community events which include:

- 5 year anniversary of Kevin Rudd's apology event at Wellington High School  

The BTH Team did a wonderful job in acknowledging the 5 year anniversary of the Kevin Rudd Apology with an event at the whole of school assembly with a guest speaker. This was an opportunity to provide some education around the Apology and how this has impacted on members of the Stolen Generation.
- Sorry Day Art Competition  

BTH Female worker Jody Chester curated the Sorry Day Art competition for students from Wellington and Surrounding Areas. This event was an opportunity for students of local school to express their ideas around Sorry Day and its meaning. The works were then displayed for community to see at Macquarie Theatre.
- Yabbering CD Rom Project  

The BTH Team Jody Chester and Ray West are currently undertaking a historical photographic project, called "Yabbering" meaning story teller. This program is designed to provide the opportunity for Aboriginal community to transfer our old photographic memories to a CD Rom and to develop a catalogue of the Wellington local Aboriginal history, which will be available for free distribution on the completion of the project.
- Healing Day 'Surviving Grief' in partnership with NALAG and UnitingCare Burnside Family Referral Service  

Cherie Colliss worked in partnership with National Association of Loss & Grief and Family Referral Service (Unitingcare Burnside) to provide the community of Wellington an opportunity to have a yarn about grief and gain some strategies, support and assistance for yourself or how to help someone else who is grieving.
- Suicide Awareness And Prevention  

Again another partnership with National Association of Loss & Grief and UnitingCare Burnside Family Referral Service where NALAG facilitated the workshop to provide service providers and community members education and awareness around suicide.
- NAIDOC Day Celebrations  

The team was involved in assisting with NAIDOC celebrations at Wellington Public School and will also assist at Wellington High School in the future.
- SNAICC Day  

Staff from the SEWB Team assisted with SNAICC Day activities as a whole of community event with delivering an activity for the day.

- Accidental Counselor Training

Accidental Counselor Training was provided by the SEWB Team for WACHS staff. This training saw 3 SEWB Team staff members attend the training along with 17 other WACHS staff members.

- Love Bites Program in partnership with Community Health and Wellington PCYC for St Mary's Wellington High School and Yeoval School.

In collaboration with Nikki Giddings Community Health and Wellington PCYC Kathryn Playford saw the delivery of the Love Bites Program for Year 9 and Year 10 students from St Mary's, Wellington High School and Yeoval School.

This is a family violence and sexual assault prevention program for students of Year 9 and year 10 which models respectful male and female relationships.

- SistaSpeak Program for Wellington High School and Wellington Public School

Delivered by Cherie Colliss in partnerships with Department of Education and both WHS and WPS Principals with the support and assistance of Joan Willie (WHS), and Shirley Thompson and Georgette Flick (WPS).

This program encourages these young women to be proud of themselves, their culture and their community. It introduces the girls to inspirational Aboriginal women, nationally, internationally, locally and personally and reinforces the notion that you can achieve anything you desire. Follow your dreams. To be able to think about their future and start making some positive choices in regards to this.





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## **Staff Training**

Staff have also been busy with training this year with all the team undertaking some formal training.

Teena Hill has completed her Certificate IV Business Administration BCA National

Jody Chester has commenced her Bachelor of Social Science at Charles Sturt University.

Ray West has completed the Marumali training and is competent in healing support. Ray has also commenced his Certificate IV Alcohol and Other Drugs / Mental Health at Aboriginal Health College.

Cherie Colliss has completed her Bachelor of Health Science in Indigenous Health at University of Wollongong and has commenced her Advanced Diploma of Community Sector Management with Mental Health Coordination Council.

Jody Chester, Ray West and Teena Hill completed the Accidental Counsellor Course provided for WACHS staff.

## Aboriginal Children's Therapy Team Program

The Aboriginal Children's Therapy Team is a free allied health service for Aboriginal and Torres Strait Islander Children, aged up to 8 years of age, who live in Dubbo. The team is made up of Speech Pathologists, Occupational Therapists, a Social Worker, Aboriginal Health Workers, Administration Officer and a Therapy Aide. The team provide assessment, therapy, education in helping children and their families with things such as speech, language, eating/drinking, motor development, play and social skills, self care skills, sensory needs, behaviour and social/emotional difficulties as well as providing parenting programs.

### Allira and Buninyong Preschool Partnerships:

- At both centres ACTT have offered Occupational Therapy and Speech Pathology screening assessments for all preschool aged children - 85% of the kids required some assistance from ACTT with their development
- ACTT also offered weekly Speech Pathology and Occupational Therapy groups run in the classroom in partnership with the teachers
- The groups have been a great success with good feedback received and great progress made by the kids

### Hub Based Groups:

- ACTT developed a number of groups throughout the year for children and their families, these groups include:
  - School Readiness group –assistance for preschool aged kids with their communication, gross and fine motor skills prior to starting school
  - Play and Stay group – working with parents of children aged 2-3 years using strategies to develop language and gross motor skills through play
  - Speech Sounds groups – targeting specific speech sounds that a group of kids have in common
  - 7-8 year old group – targeting the areas of language, fine motor and social skills for the older clients of ACTT
  - Kindy Fine Motor group – a group aimed to assist children in Kindergarten with their hand writing, scissor skills etc.
  - Phonological Awareness groups – targets skills to assist with literacy and reading development





### **Developing Strong Partnerships:**

- In addition to the strong partnerships with Allira and Buninyong Preschool ACTT continue to develop working partnerships with many other local organisations, this can be seen through:
  - Continuation of the joint screening and tutor therapy program run in partnership with Dubbo Community Health Centre for the children at the West Infants Public School and Preschool
  - Commencement of a strong working relationship with the new Dubbo Aboriginal Medical Service Interim, with a couple of referrals received from this service already
  - Continuing working relationships with Apollo House, Burnside, local child care centres and schools etc. regarding common clients and families
  - ACTT also have plans to participate in the playgroups run by the School as Community Centres as done previously

### **Growth of ACTT:**

- ACTT have grown from 5 permanent staff to 10 permanent staffing positions; this is through continued funding approved for the additional full time Speech Pathologist, part time Occupational Therapist, part time Aboriginal Health Worker and full time Therapy Aide developed in 2012.
- ACTT waiting lists have reduced through the additional Allied Health Positions and addition of group therapy options for families.
- ACTT now have close to 200 clients on their lists, including those children serviced through school and preschool based programs.
- Due to the growth of the program in regards to staff and clients, ACTT have developed a need for a new Hub location. Funding has been sustained for this to occur, therefore in approximately November this year ACTT will again come together with the Australian Nursing Family Partnership Program in an Aboriginal Child and Maternal Hub building which will be located at Level 1/157 Brisbane Street Dubbo.

### **Exciting Endeavours:**

- In August 2013 staff from ACTT together with the Aboriginal Nursing Family Partnership Program Presentation at the first National Aboriginal Community Controlled Organisation Summit in Adelaide
- The presentation discussed how the programs are working with families to improve health outcomes and how they are helping people access their services
- Great feedback was received from the presentation with interest expressed for ACTT to present at the Indigenous Allied Health Australia Conference later this year



## Australian Nurse Family Partnerships Program



In 2012/13 financial year Australian Family Partnership Program (ANFPP) has continued to grow.

The ANFPP is based on the Nurse-Family Partnership model of home-visiting developed over the last 30 years by Professor David Olds. First time pregnant aboriginal woman are visited in their own home by a Registered Nurse and an Aboriginal Family Partnership Worker through her pregnancy until the child is two. The focus of the visits is to better help the mother through support and education to make better health choices, improve parenting skills and develop her own life course plan including education and employment options.

From inception of the program there has been 215 referrals, 95 babies born as of June 2012. The year ended with 81 clients actively engaged.

There are 24 clients in Wellington, 8 in Narromine, 6 in Gilgandra and 43 in Dubbo.

ANFPP have provided in excess of 1200 home visits directly related to the program as well as additional visits supporting clients in accessing antenatal care and other supports.

The team has increased to 5 Home Visiting Nurses and 3 Aboriginal Family Partnership Workers as well as an Administration Officer.

Overall we have seen an improvement in measureable health outcomes.

Of the 95 births

- 9.5% were born prematurely ( National average for aboriginal babies is 11.1%)
- Average birth weight is 3.170 Kgs
- 79% of babies start by being breast fed
- Smoking in pregnant mothers is down to 28% in their pregnancy
- No child was seen by a Dr or admitted to hospital for an injury or accidental poisoning.
- Immunisation rate is above 90%
- Contraception use is 85% after the child is born and this is resulting in improved spacing for the second child.

This year ANFPP proudly graduated the first 7 clients who have remained committed to the program for 2 ½ years. It was both a proud & sad celebration of the end of the program for these mothers. They leave the program with the ANFPP team knowing that they are strong mothers bringing up strong families.

## Tackling Smoking and Healthy Lifestyles Program

Tackling Smoking and Healthy Lifestyles (TS&HL) is funded through the Department of Health and Ageing under the “Close the Gap” and “Live Longer” scheme. The program falls under the Wellington Aboriginal Corporation Health Service’s umbrella.

This program covers the Central West, Far West and New England Areas and promotes healthier lifestyle choices - especially giving up smoking. Initial recruitment for these areas has been completed.

Further recruitment has taken place in Dubbo, with staff to start in the near future. More recruitment is planned for the New England team.

The key focus of the program is health promotion and raising awareness about healthy lifestyles and quitting smoking. The program intends to help close the gap in Aboriginal health and reduce chronic disease in Aboriginal people.

The team is made up of Tobacco Action Workers that are all trained Outreach Aboriginal Health Workers.

Our main message is:

### **“Stamping out Chronic Disease in Aboriginal Communities”**

*The five areas of this live longer message are:*


- Get Active- Live Longer
- Drink water- Live Longer
- Stop smoking- Live Longer
- Get Health checks- Live Longer
- Eat good tucker- Live Longer

### **Central West and Far West Update**

It has been a very busy 3 months for Geoff, with a variety of interagency meetings taking place. These meetings proved to be very beneficial, both with events held and events planned for the future.

At present, Geoff is busy touring the Far West Region and meeting with contacts in most towns in an effort to arrange various events that would best suit the community involved.

Over the past 3 months Geoff has had stands in a number of towns promoting TS&HL. The stand at the TAFE Institute Aboriginal Unit in May was a particular success, providing an excellent opportunity to reach a wide range of both students and community members.



Geoff also had stands in Bathurst, Orange, Wellington and Dubbo on the days leading up to World No Tobacco Day (WNTD) on 31st of May. The stands proved to be quite effective for the passersby who noticed the banner and as a result stopped to discuss their smoking habits.

There is always a large number of promotional items, fresh fruit and water available at all stands - which prove to be a popular incentive for people to stop and answer questions.

### **New England Region Program**

Wellington Aboriginal Corporation Health Service is hosting this program through the Tamworth office for the New England Region.

The New England TS&HL team currently has five members:

- Regional Coordinator
- 2x Regional Tobacco Action Workers
- 2x Regional Health lifestyles Workers

We currently have three regional worker positions available which will be advertised in the near future.

The team has attended and participated in Community and National events such as:

- World No Tobacco Day
- Love Your Heart Week
- NAIDOC Week
- Community Family Fun Days
- Men's Health Walk For awareness
- Regional Elders Gathering
- Regional Homeless Days
- Better Access Days event
- Country Music Festival events
- Health and Fitness events
- Close The Gap Events
- Health Expo's
- Mums and Bubs groups events
- Youth Groups events

The Team have a large region to cover so this is just a snapshot of the different events attended.

The Team provided water, fruit and promotional items such as, water bottles, hats, bags, mugs and more to passersby. Promotional items are suitable for all ages.

The New England TS&HL Program will be relocating to their own office based in Tamworth in the near future.

We will keep you updated with our movements and any new staff.

## NAIDOC Day St Mary's Central 28th June



A single point of reporting for program data and National Key Performance Indicators, OCHREStreams is utilized for Aboriginal and Torres Strait Islander health services to report data to funding bodies and for planning future service provision.

OCHREStreams National Key Performance Indicator data reports for WACHS and Tamworth were sent in Feb/July 2013 and the OCHREStreams Service Report was sent for WACHS and Tamworth in August 2013

A new dental health program Smiles Not Tears commenced in August with our existing Maternal and Child Health Nurse.

Smiles Not Tears is a preventative Dental Research program aimed at establishing health behaviours to reduce the incidence of dental caries in Aboriginal children.

Newcastle University , Sydney University and NSW Health is running this project over 3 years and, with the approval of the Ethics Committee, WACHS commenced trying to sign up as many babies as possible to give advice, free sippy cups, toothpaste and toothbrushes. The program is comprised of 6 scheduled visits, each with a specific message to impart at key developmental stages, to help form healthy habits to prevent tooth decay.

After the initial successful recruitment of babies by WACHS, Sydney University then offered to provide funding to run the program in Wellington for the next 12 months.

The Healthy for Life team continues to provide services from pregnancy to chronic disease and all the in between.



*To All of Our*

Members, Patients, Clients and Community Members,  
the Staff and Directors of WACHS  
would like to wish you and your family a very

*Happy Christmas*  
*and a safe and healthy*  
*2014*





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