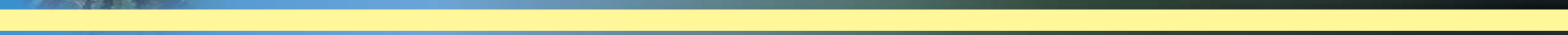




Mallacoota

District Health and Support Service Inc.



annual report
2004-2005

The Mallacoota District Health and Support Service Inc.

Annual Report and Financial Statements

as presented to the Annual general Meeting
held on the 17th November 2005

Mallacoota District Health and Support Service (MDHSS) Inc. is located in the town of Mallacoota in the East Gippsland Shire. MDHSS is an incorporated body as defined in the Associations Incorporations Act 1981. Since 1996, MDHSS has been administered from Bairnsdale Regional Health Service (BRHS) when an order of the Governor in Council appointed the CEO BRHS as administrator. At a public meeting in August 2001, the MDHSS Rules and Statement of Purpose for the service were endorsed by the community. The appointment of the Administrator was revoked in December 2003, and the Chief Executive Officer (CEO) of Bairnsdale Regional Health Service (BRHS) is ex-officio CEO MDHSS and oversees the Manager of MDHSS. In 2004 a Community Reference Group was elected consisting of nine people.

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OUR SERVICES

The Mallacoota District Health and Support Service provides a diverse range of programs that are designed to meet the needs of individuals and groups within the targeted population of Mallacoota, Gipsy Point, Genoa and district.

PROGRAMS

Department of Human Services (DHS)

Small Rural Health Service: Home and Community Care (HACC)

Allied Health (Podiatry / Physiotherapy)*

Community Nursing **

Home Care Services

Home care

Delivered Meals **

Personal Care

Property Maintenance

Respite Care ***

Planned Activity Group **

System Development and Resourcing

Volunteer Coordination (Transport)

Acute Care

Post Acute Care

Palliative Care

Disability Services

Flexible Support Packages

Futures for Young Adults

Child Protection and Family Services

Family Violence Support Services

Early Years Services

Occasional Child Care Services

ACFE Child Care Services

Housing Assistance

Supported Accommodation Assistance Program (SAAP)

Transition Housing Assistance (Community Housing Limited)

Health Promotion

Pap Screen Victoria (Cancer Council)

Health Promotion Training

Department of Victorian Communities

Neighbourhood House (Community House)

National Youth Week (Connecting the Dots)

Office of Youth Affairs (FREEZA)

Victorian Department of Education

Adult Community and Further Education (ACFE)

Victorian Department of Infrastructure

My Connected Community

Australian Department of Health & Ageing

Community Aged Care Packages (CACP)

Rural Health Services Branch (Drummer Program)

Family Counselling

Project Coordination

Youth Services

National Respite for Carers Program (NRCP)

Multi Purpose Centre (MPC)

Occupational Therapist

Physiotherapy *

Podiatry *

Dietician

Speech therapist

Continence

Rural Allied Fly-in Services (RAFS)

Administration

Australian Government: Centrelink Agency

Centrelink Services

Australian Department of Family & Community Services

Communities for Children

Australian Department of Veterans' Affairs (DVA)

Community Nursing

Veterans' Homefront

Veterans' Home Care

MDHSS Self-funded Programs

Independent Living Units – five

Telecentre

Men's Shed

Bairnsdale Regional Health Service

Visiting Specialists

Stoma / Continence Nurses

Diabetes Educator

Orbost Regional Health Service

Maternal and Child Health Nurse

Note:

* HACC and MPC funded

** HACC and DVA funded

*** HACC and Dept of Health and Ageing funded



Our Vision

A centre of excellence for services to achieve better health and better living

Our Mission

To work in partnership with the community to provide efficient and effective health care services

Our Operations

The Mallacoota District Health and Support Service (MDHSS) programs are targeted at promoting, enhancing and maintaining people's independence, health and well-being.

The MDHSS promotes a social model of health using an integrated approach with Bairnsdale Regional Health Service (BRHS), and other health agencies and networks in East Gippsland.

MDHSS is both State and Federally funded and provides a range of Health Services, Social Services and Health Promotion Programs for the communities of Mallacoota, Gipsy Point, Genoa and outlying areas.

Health Services

Allied Health

- Contenance / Stomal
- Diabetes Educator
- Dietitian
- Occupational Therapy
- Podiatry
- Physiotherapy

Community Aged Care Packages

Community Nursing

Family Counselling and Family Violence Support Services

Home Care Services

- Home Care
- Delivered Meals
- Personal Care
- Property Maintenance
- Respite Care

National Respite for Carers Program (NRCP)

Maternal and Child Health

Palliative Care

Post-Acute Care

Veterans' Home Care

Health Promotion

Chronic Diseases

Breast Cancer / Breast Screen

PapScreen

Diabetes

Nutrition

Men's Health

Women's Health

Health Promotion Education and Training

Social Services

Planned Activity Group

SAAP and Transitional Housing

Youth Services

Disability Services

- Flexible Support Packages
- Futures for Young Adults
- Volunteers
- Volunteer Transport
- Volunteer Program

Community Services

Neighbourhood House (Community House)

- Adult Community and Further Education (ACFE)
- Occasional Child Care Services
- ACFE Child Care Services
- Play Group
- Communities for Children (Toddler Gym)
- My Connected Community
- Community Programs
- Telecentre
- Centrelink
- Men's Shed
- Independent Living Units



GOVERNANCE

The Community Reference Group (CRG) supports the MDHSS Manager and provides a public interface with the community. The nine members of the CRG are elected by members of the MDHSS for a period of three years, with three members standing down each year. The Chief Executive Officer of Bairnsdale Regional Health Service is responsible for overseeing strategic planning, human resource support and financial monitoring of the MDHSS.

Community Reference Group 2004 – 2005



Mr Gary Gray (CEO)
Chief Executive Officer
Bairnsdale Regional Health
Service (BHA, Grad Dip
Accounting, M. Bus. HRM)



Ms Greta Jessup
(Vice President) Retired medical
receptionist / secretary



Senior Constable
Stuart Johnston
Senior Constable,
Mallacoota Police Station



Dr Jenny Schlager
General Practitioner, Mallacoota
Medical Centre (M.B., B.Sc.,
Dip. Palliative Medicine,
FACRRM)



Mr David Tassicker
Paramedic Community Support
Co-ordinator (Mica Paramedic,
B. Paramedic Studs.)



Ms Celia Wallace
Manager, Mallacoota District
Health & Support Service Inc.
(Grad. Dip. Aged Services
Management, Cert. III.
Community Services)



Dr Michael Drake
AM (President) Retired
medical practitioner (M.B., B.S.
(diagnostic pathologist)



Ms Lynne Casement
(RN. Retired) Local business
owner, Mallacoota region



Dr John Roy
Part-time consultant in planning
(Ph.D. and M.Sc.)



Mr Gordon Symons
Principal, Mallacoota P-12
College (B.A., Dip. Ed.)



Ms Sarah Tassicker
(Post Graduate student, M.
Appl. Sc., Clinical Psychology)



MANAGEMENT AND LEADERSHIP

Executive Team

Chief Executive Officer

Mr Gary Gray (B.H.A. Grad. Dip. Accounting, M. Bus. HRM)

Manager

Ms Celia Wallace (Grad. Dip. Aged Services Management, Cert. III. Community Services)

Program Coordinators

Home Care Services Coordinator

Ms Jennifer Griffiths (Cert. III. Community Services)

Community House Coordinator

Ms Susie Vatcher (B.A. –Psych. and Phil.)

Drummer Program Coordinator

Ms Julie Scott (Cert. Sec. Studs., Cert IV Workplace Trainer & Assessor)

Supported Accommodation Assistance Program Coordinator

Mr John Hillyer (B. Ed., B.A.)

Health Promotion Coordinator

Ms Zoe Young (RN, Paramedic)

Community Nursing

Ms Zoe Young (RN, Paramedic)
Ms Barbara Maginnity (RN)
Ms Marjorie Mullins (RN)
Ms Wendy Peisley (RN)

Administration

Corporate Officer

Ms Wendy Robinson (Dip. Info. Proc.)

Administration

Ms Jan Millicer (Cert. Sec. Studs.)
Ms Julie Scott (Cert. Sec. Studs., Cert IV Workplace Trainer & Assessor)
Ms Tracey Hargreaves (Casual)

Staff

Allied Health

Physiotherapist

Ms Pat Helmore (Dip. Physio)

Podiatrist

Ms Nerida Manning (B. Sc., Dip. Health Serv/ Pod., B. Sc., Pod.)

Dietician

Mr Greg Thompson (B. Sci., M.Sci., Nutrition)

Drummer Program

Youth Worker

Mr Steve Baxter (Assoc. Dip. Rec. Lead.)

Family Counsellor

Ms Lee Moon (Dip Arts, Welfare)

Personal Carers

(Cert. III [HACC] Community Services, Cert. Personal Care)

Ms Irene Allan
Ms Wilma Becker
Mr Colin Best
Ms Diane Brenchley
Ms Eileen Buckland
Ms Judy Darby
Ms Gail Hodgson
Ms Debra Jackman
Mr Peter Mason
Ms Amanda Schott

Occasional Child Care

(Cert. III. Children's Services)

Ms Nicole Migotto Brown
Mr Geoff Sharpe
Ms Yollie Wethereld

Aerobics & Exercise Instructor

Ms Barbara Morland (AFAC-Aerobics Instructor)

Maintenance and Support Services

Cook

Ms Pam Jansz
Ms Lynne Graham

Facility Maintenance

Mr Douglas Walton
Ms Palmina Sorrell
Ms Judy Darby

Associated Services

Solicitor

Ms Lucy Hunter
Russell Kennedy Solicitors
469 Latrobe Street Melbourne 3001

Financial Auditor

Mr Peter Fiddian
Chartered Accountant

Food Safety Auditor

Mr Graham Watts
Catering and Hospitality
Management Services P/L

Public Officer

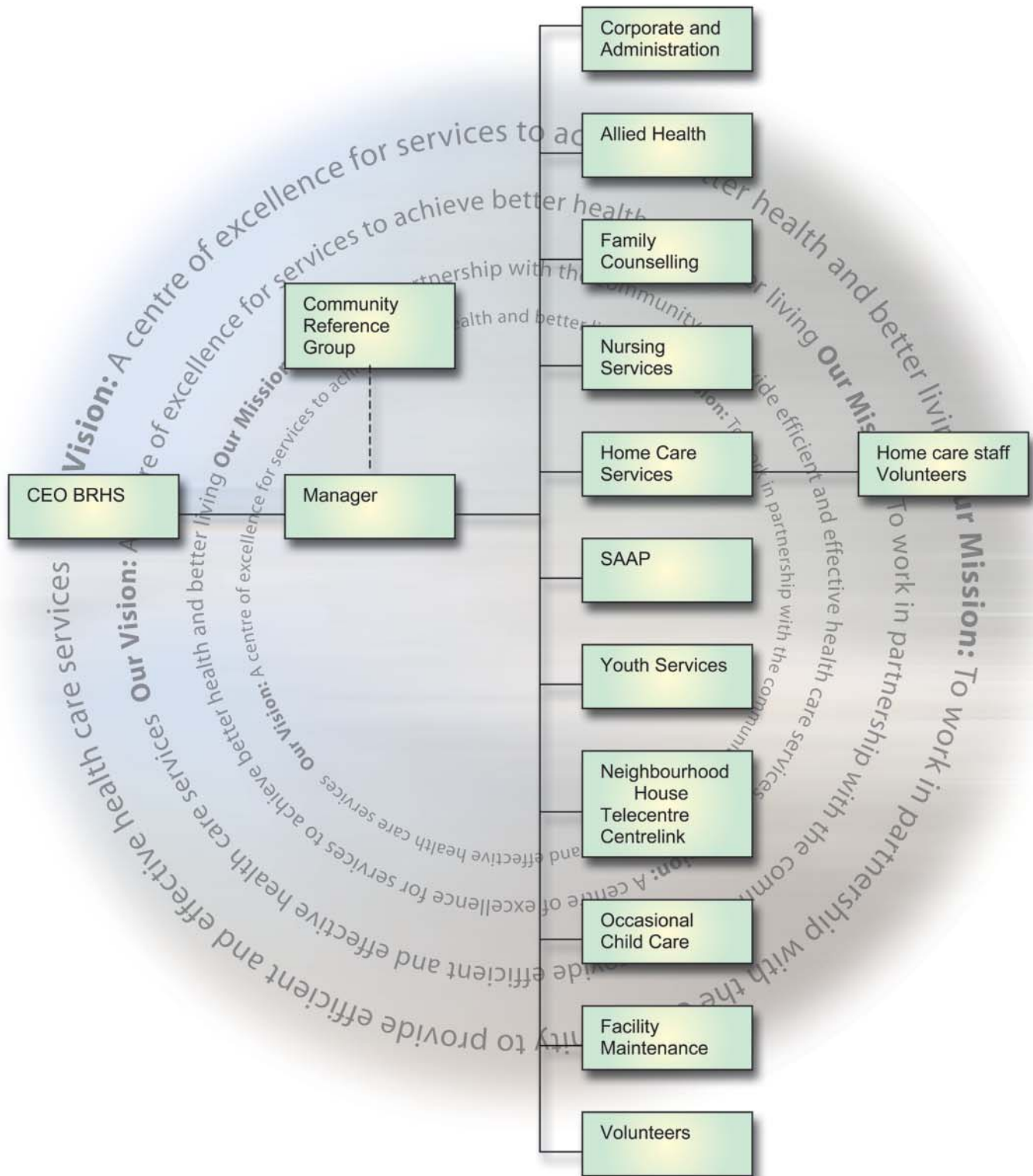
Ms Celia Wallace (Manager)

Bank

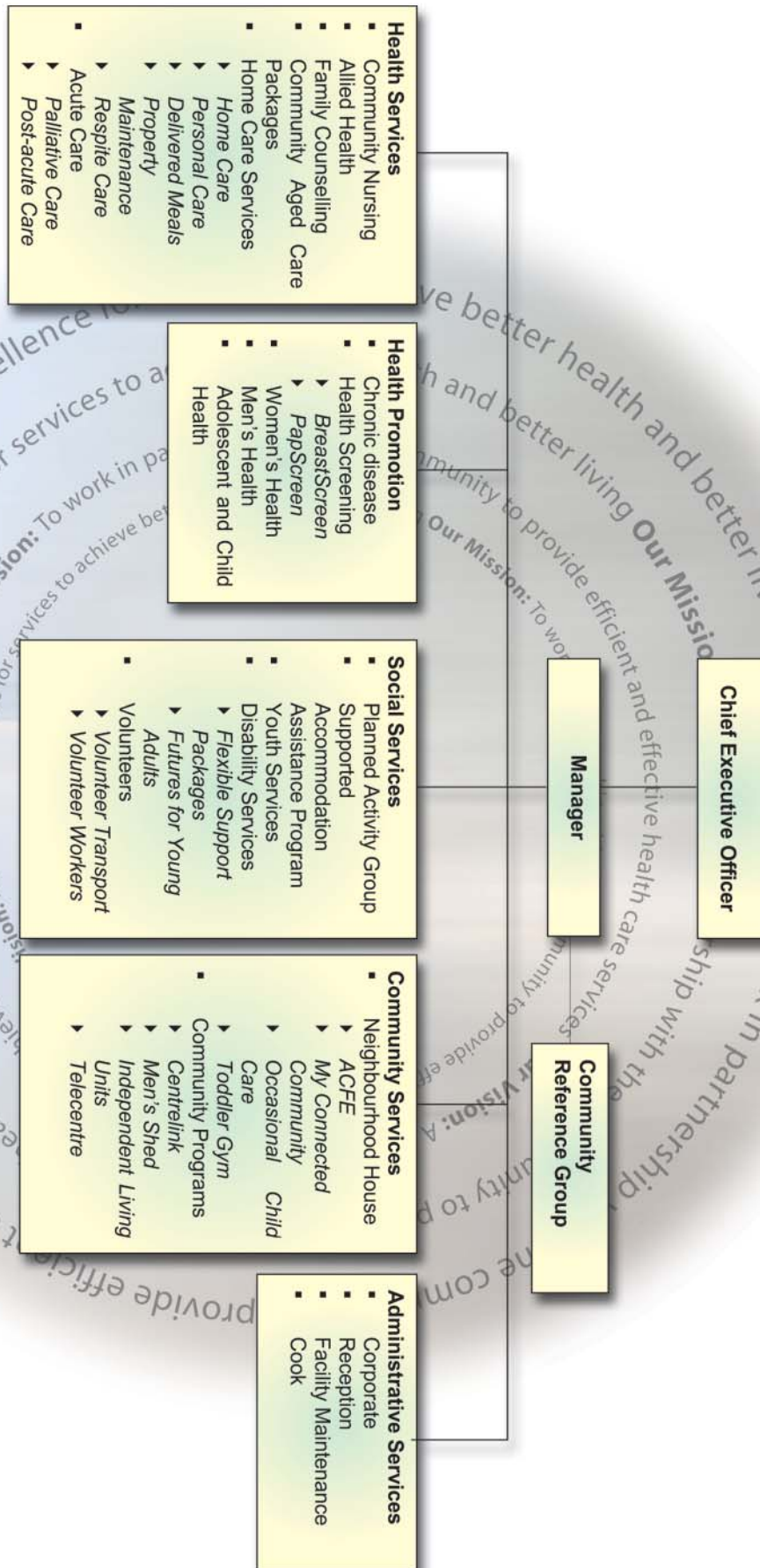
Westpac Banking Corporation



ORGANISATIONAL CHART OF MALLACOOTA DISTRICT HEALTH AND SUPPORT SERVICE INC



PROGRAM AREAS OF MALLACOOTA DISTRICT HEALTH AND SUPPORT SERVICE INC



EXECUTIVE REPORT

The last twelve months have been a very challenging and interesting year. Apart from the implementation of the strategic plan, considerable submission writing resulted in some successful grants. First, due to changes in government requirements, MDHSS was required to write submissions for programs that were funded on a recurrent basis, namely: the National Respite for Carers Program (NRCP). Second, submissions were developed to seek ongoing funding for the following positions: family counsellor, project coordinator and youth worker.

Third, MDHSS developed successful submissions to seek funding for five new services as follows: Australian Government Department of Health and Aging – '24 hour in-home respite care' under the NRCP program (\$176,000 over three years), and 'Staff development and Quality Improvement' from Rural Health and Palliative Care (\$10,000). From the Australian Government Department of Family and Community Services, a proposal for 'Emergency Relief Funding' (\$5000) and 'Toddler Gym' - Communities for Children (\$5000). From the Department of Victorian Communities, a proposal for 'Life-skills Mentoring' from the Youth Participation and Access Program (\$120,000 over three years).

The most significant achievement was the NRCP funding to provide 24 hour in-home respite care for twenty weeks per year. This program is designed to support healthy ageing for older people, and quality, cost-effective care for eligible people and their carers. In particular, NRCP provides support for carers of frail older people, people with dementia, and people with moderate, severe or profound disabilities, with the aim of assisting people to remain in their own homes for as long as possible. The need for 24 hour in-home respite care, for a community located some distance from residential respite care, was an important outcome identified in the Strategic Service Plan 2004 – 2009, prepared by Clearview Consulting. Another outcome from the Strategic Plan was the development and implementation of the Health Promotion Plan, involving consultation with the Community Reference Group, staff, the Mallacoota Medical Practice and community members.

Staff changes for 2004 – 2005 have seen the appointment of two District Nurses and, regrettably, the resignation of Registered Nurse, Ms Wendy Peisley and resignations from the Family Counsellor, Ms Lee Moon and Planned Activity Cook, Ms Lyn Graham. As part of the strategic directions, a Community Health Nurse has been appointed two days per week to develop and deliver the health promotion plan. Progress continues regarding building and maintenance works. Planning involves repairs and painting of the MDHSS facilities, with particular concern for safety and building preservation at an estimated cost of \$60,000. Also, MDHSS has undertaken a required changeover of four of its six vehicles.

MDHSS undertook a review of Occasional Child Care which revealed high levels of satisfaction with the current service, as well an unmet demand for full day care. Furthermore, services for children aged 0 to 6 will be reviewed over the next twelve months, including the feasibility of establishing a Children's Hub. A survey of MDHSS volunteers was undertaken to identify levels of satisfaction and training requirements, and results of this survey will be used in future planning for the volunteer program.

Overall, MDHSS has experienced a slight decrease in client numbers over the past twelve months, notably in the area of aged care. The demand for services is affected by changes in the population in Mallacoota and District. In order to anticipate future directions for MDHSS, and to implement our strategic plan, a mapping process is planned to develop strategies to more effectively provide services to a broader range of clientele. MDHSS has had a successful and active year. Critical to this success has been the support provided from the Community Reference Group, Staff and volunteers and, in particular, the guidance and overview provided by Mr Gary Gray, CEO BRHS, who also acts as CEO for MDHSS. The year ahead will see MDHSS reviewing the services it provides in order to meet the needs of a changing community and identify areas of growth for clients and areas of contraction, where appropriate, to enable MDHSS to continue to deliver top quality care that is financially viable.



Gary Gray
Chief Executive Officer



Celia Wallace
Manager

MDHSS PROGRAMS

HEALTH SERVICES

Allied Health (Podiatry, Dietician, Physiotherapist)

MDHSS provides regular Podiatry, Physiotherapy and Dietetic services to the whole community. The Physiotherapist operates at the centre two days per week and undertakes client consultations and assessments, home visits, develops and monitors individual client exercise programs, provides staff with specific training in “no lift” in accordance with the organisations no-lift policy, and assists with the delivery of health promotion activities.

Podiatry services are provided bi-weekly at the centre, with some home visits scheduled for people who are unable to access the centre due to frailty or disability. There is a high demand for this service and, at times, MDHSS manages a client waiting list.

Dietetics continues to be offered monthly to clients at the centre and in their own home. The dietician assists people through assessment, diagnosis, treatment and nutritional counselling. This financial year, there has been a steady decrease in clients accessing dietetic services, and MDHSS is looking at ways to improve attendances.



Pat Helmore
Physiotherapist



Nerida Manning
Podiatrist

Community Aged Care Packages

The Community Aged Care Package (CACP) Program assists people living in the community who have been assessed by the Aged Care Assessment Service (ACAS) as eligible to receive low-level hostel care in the home. Clients receiving a CACP have complex care needs over and above the mainstream Home and Community Care (HACC) Program Services.

MDHSS is funded to provide 10 Community Aged Care Packages, all of which have been utilised in the last financial year.

Services available to CACP recipients include:

- Case-management
- 24-hour emergency on call contact person
- Home care services
- home help, personal care, property maintenance, respite care, delivered meals
- Allied health services
- Socialisation and transport services.

Community Nursing

The MDHSS community nursing team offers a range of services to residents, as well as to many visitors to the Mallacoota and district region. Services include Post Acute Care, Palliative Care, Clinical Nursing and Assessments. Both home and centre-based care are provided, with the majority of clients being provided care in their own homes. The nursing team consists of three part-time nurses who cover week-days, and a rotating roster for weekend coverage if required.

Nurses recently attended a Venepuncture Course in Canberra, which adds another skill to the long list of clinical procedures already acquired by the team. Continual updating of skills is a resource that is encouraged by MDHSS, and the nurses utilise this opportunity for professional development. The nursing team meet regularly with relevant MDHSS staff, local medical practitioners and the P-12 School nurse to ensure a multidisciplinary approach to client care.

The Maternal and Child Health Nurse visits the centre bi-weekly and is an integral part of MDHSS services. This service provides family support, health promotion and education, and early identification and intervention for health concerns, which is a valuable service in a small remote community.



Barbara Maginnity
RN



Marj Mullins
RN



Zoe Young
RN



Home Care Services Program

(Delivered Meals, Home Help, Personal Care, Property Maintenance, Respite Care).

The Home Care Services Program provides services to people who are frail aged, or disabled, and their carers. Home Care Services focuses on enhancing independence by providing a range of services to meet client needs. The services that can be accessed are home help, personal care, property maintenance, respite care, and meals on wheels.

MDHSS has nine home care staff, who provide home-based services to eligible clients and visitors to the area.

Training undertaken during the year by home care staff has been as follows: Asthma Management, Dementia Seeing with the Heart, Paediatric Acquired Brain Injury (ABI), Palliative Care, Coping with Grief and Loss in Everyday Life, and Promoting Continence.



Jenny Griffiths
Home Care Services Coordinator

Family Counselling and Family Violence Support Services

Family Counselling is available weekly, Monday to Friday at MDHSS. Counselling services aim to strengthen the capacity of families and individuals in the community, and minimise those at risk due to their vulnerability. The service provides a mix of counselling, practical assistance, service coordination, case advocacy and social support to people living in the region.

The counsellor provides professional assistance to the P-12 school staff and students, and represents MDHSS at local and external networks.

Acute Care

Palliative Care

MDHSS provides a coordinated team approach to deliver palliative care services to clients who choose to die at home. Comprehensive services

are offered to the palliative client and their carers, which include community nursing, allied health, home-based services, counselling, financial services, welfare, personal care, respite care, 24 hour short-term respite care, and provision of equipment.

Total Palliative Care clients for MDHSS are as follows:

2002–2003	=	7	clients
2003-2004	=	6	clients
2004-2005	=	5	clients

Post Acute Care

Post Acute Care (PAC) provides short-term planned care for clients and their carers following discharge from a public hospital.

The PAC Program is a preventative program that provides a range of health services in the home and at MDHSS. The aim of the program is to diminish the risk of a person being readmitted to hospital.

Total Post Acute Care clients for MDHSS are as follows:

2002–2003	=	31	clients
2003-2004	=	32	clients
2004-2005	=	17	clients

National Respite for Carers Program (NRCP)

MDHSS was successful in its submission to provide 24-hour respite for carers in their own homes. The funding meets a need identified by Clearview Consultants in the MDHSS five-year strategic plan. The funding will target carers of people with dementia, carers of the aged and carers of people with disabilities. This means that the needs of carers in the Murrumbidgee and district community can be met without the person being cared for having to leave the community. The aim of the program is to contribute to the support and maintenance of caring relationships between carers and their dependent family members or friends. NRCP facilitates access by carers to information, respite and other support, or assistance appropriate to their individual needs and circumstances, and those of the people for whom they care.



HEALTH PROMOTION

The Health Promotion Program covers the following areas: Chronic diseases, Breast Cancer / Breast Screen, Pap Screen, Diabetes, Nutrition, Men's Health, Women's Health, and Health Promotion Training.

Health Promotion is defined as the process of "enabling people to increase control over and improve their health and well-being in order that they can attain and maintain the best possible quality of life". Staff at MDHSS recognise the importance of Health Promotion and adopt this definition for all services they offer. Five key action areas of Health Promotion, which help guide MDHSS and support the community are:

- Developing Personal Skills
- Creating Supportive Environments
- Building Healthy Public Policy
- Strengthening Community Action
- Reorienting Health Services towards Primary Care.

MDHSS has developed a Health Promotion Plan to ensure that the program is efficient and effective, and integrated with other local and external service providers. In order to develop the Health Promotion Plan, staff gained information from government bodies, research information, and from the community, and via the MDHSS Five-year Plan developed by Clearview Consulting Group.

The aim of the Health Promotion Program is to promote positive well-being, reduce preventable illness and lower overall health care expenditures.

Health Promotion activities provided to the community this year were as follows:

- Blood Pressure Screening
- Blood Glucose Monitoring
- Breast Screen
- Hearing Tests
- Sexual and Reproductive Health Consultations
- Health Expo at P-12 College
- Diabetes Education Lifestyle Day
- Blood Glucose Machine Testing

MDHSS presented a series of information and education sessions to community members as follows:

- Polio Information
- Arthritis Information
- Motor Neurone Disease
- Community Information on Hearing Loss



Community Nurse, Zoe Young conducting a blood pressure check on local resident, John Lewis

- Diabetes Education at PAG lunch
- "Four steps for life" CPR
- Nutrition and Hydration workshop at P-12 College
- Puberty Information for Parents at P-12 College
- Mallacoota Ambulance Information

MDHSS supported fundraising efforts for the following:

- The Biggest Morning Tea for The Cancer Council
- SIDS Red Nose Day
- Daffodil Day for The Cancer Council
- Motor Neurone Awareness Week
- Pink Ribbon Day

As part of the Health Promotion Plan, MDHSS will soon be able to offer Pap Screening sessions on a regular basis.



Palliative Care Workshop



SOCIAL SERVICES

Planned Activities Group (PAG)

The Planned Activity Group (PAG) operates five days per week and includes some weekend excursions. The activities are designed to provide clients with physical, social, intellectual and emotional stimulation.

Regular activities for the year were as follows:

- Water aerobics (weekly)
- Centre-based meals (twice weekly)
- Tai chi classes (twice weekly)
- Gentle and arthritis exercises (weekly)
- Bridge club (weekly)
- Walking group (weekly)
- Movie afternoons (monthly)
- Book club (monthly)
- Bus trips out of town (fortnightly)



Tai Chi exercise classes

PAG participants have enjoyed special activities as follows:

- Films: "Master and the Commander", "Waking Ned Devine", "Big Fish", "Collateral Damage", "The League of Extraordinary Gentlemen" and "The Stepford Wives"
- Trip to the Bega Country Show
- Morning tea to celebrate Seniors Week,
- Trip to Noorinbee Selection Vineyards at Cann River
- Sing-a-long with music provided by local musicians
- Two Indonesian lunches at Mallacoota P12 college
- Winter and spring 15-minute neck and shoulder massages
- Lunches at local businesses
- Health promotions presented at PAG lunches: Heart Week, Motor Neurone Awareness Week and Arthritis Week.
- Men's shed information session on emergency medical information booklet and emergency numbers

- Christmas 2004 break-up celebrated at the centre. A wonderful spread of food and decorations organised by volunteers and the MDHSS cook, with music provided by local musicians creating a great atmosphere clients to wind up the year's activities.
- Mosaic Workshops

The PAG Program is consistently supported, which suggests that the activities offered meet the needs of clients.

Supported Accommodation Assistance Program (SAAP)

SAAP provides help to young people, single adults and families who are homeless, or at risk of becoming homeless. This program is Australia wide, and is funded by the Commonwealth and State Governments.

Support is provided according to assessed needs, and covers a flexible and wide range of areas, such as housing, health, financial, emotional support, legal, education and training.

SAAP has specific responsibilities for one three-bedroom house and two, two-bedroom units in Mallacoota. The three-bedroom house is used for the Kids Under Cover Program, which is available for young homeless persons aged between 15 years and 20 years on an assessed needs basis. MDHSS is the auspice community organisation that acts on behalf of Kids under Cover Inc. During the first half of the reporting period, the property remained unoccupied due to the need to carry out extensive repairs following a previous tenancy. The property has been repaired and improvements carried out. Funding for these improvements was shared between MDHSS and Kids under Cover Inc. and there was a significant local volunteer contribution to interior painting.

A reassessment of tenancy procedures was undertaken in co-operation with Kids under Cover Inc. and this has resulted in the introduction of a live-in adult presence, together with the young person who fulfils the criteria for occupancy.

The second property is a Transitional Housing duplex funded by Community Housing Limited (Bairnsdale), managed by MDHSS, and is available for homeless persons for short to medium term rental, while they receive support to find ongoing private rental or more secure housing. Both units in



the duplex have been occupied on a regular basis. Clients accessing this property usually move on to private rental or local CERC housing.

Data collection is provided to the National Data Collection Agency (NDCA) (SAAP) in Canberra every month. A statistical summary of supported clients is provided from the NDCA and is made available to our service.

During the reporting period, July 2004 to June 2005, a total of 26 clients (not including partners or children of clients) received support from SAAP Mallacoota. Of that 26, 24 clients have moved through the program with two clients remaining. This figure represents a decrease on last year.

Community Housing Limited (CHL) funds three hours per week to the task of providing housing information and referral for clients. Client contacts lead to information on tenancy options, referrals and specific supports. Reporting of client contacts have been improved through liaison with CHL Bairnsdale. There were 120 individual contacts reported during the period.

Individuals and families present to the service on occasions seeking financial assistance for items such as food and fuel and, at times, referrals have been made to St Peters Church, Mallacoota.



John Hillyer
SAAP Worker



Kids undercover accommodation

Youth Services

During the year MDHSS was represented through the Youth Worker at functions or committees conducted by the following groups:

- MDHSS Youth Representative – Mallacoota P-12 School Council
- MDHSS Youth Representative – Mallacoota Arts Council
- Youth Forum Lakes Entrance
- Creating Youth Action and Youth Visions (CRAYV)
- Youth Community Alliance Action Building (CAAB) Project
- Link 'n' Youth Workers Network

MDHSS hosted an event for youth as follows:

- Youth forum: “Connecting the Dots” accompanied 13 young people to attend a Regional Youth Forum jointly funded between MDHSS and Youth CAAB for National Youth Week.

Several programs for young people in Mallacoota were developed as follows:

- Skate competition - organised a skate competition and social activities for local young people
- Health Expo - contributed to the Health Expo events staged by the Mallacoota P-12 College
- Youth group – 10-12 young people regularly attend weekly activities in the Men’s Shed. Since the opening of the shed in November 2004, 173 young people have attended activities in the shed and 26 sessions of Youth Group have been conducted.
- January Holiday Activities - organised Beach Volleyball as well as Pool and Table Tennis at the Men’s Shed
- Life Skills Training - in conjunction with the P-12 College, conducted weekly life-skills training for young people in the Men’s Shed
- Youth CAAB Event - trip to accompany local young people to attend Youth CAAB event.



Steve Baxter
Youth Worker



Julie Scott
Project Co-ordinator



Disability Services (Futures for Young Adults and Flexible Support Packages)

MDHSS manages five “Making A Difference” program packages and one “Futures For Young Adults” program. All these packages are well utilised by clients in the community, and are a valuable support for people with a permanent disability. These packages are proactive and enable MDHSS to provide excursions, which promote social interaction, the development of life skills and provide an opportunity for experiences outside of Mallacoota.

Some of the highlights this year have been:

- Trip to Bega Country Show
- Day trip to Magic Mountain
- Viewing of “ Madagascar the Movie” in Merimbula
- Shopping in Merimbula
- Activities at Top Fun in Merimbula
- Yellow Pinch Wildlife Day Trip
- Camps with EGARAG and Kilmany Uniting Care
- Visit to Merimbula Aquarium
- Ten Pin Bowling in Merimbula



Participants enjoying the mini-golf on the trip to Magic Mountain, Merimbula

Volunteers

Volunteer Transport Service

The Volunteer Transport Service continues to provide a valuable service to eligible residents of Mallacoota and District. A Department of Human Services funded program enabled 30 trips to specialist appointments in Bairnsdale, Canberra, Bega, Merimbula, Eden and Orbost.

Volunteer Program

Volunteers assist with a range of programs conducted by MDHSS. The work of Volunteers is critical to the success of the organisation. Volunteers are active in driving the bus locally and out of town, assisting with kitchen duties, coordinating book club, coordinating kitchen rosters, supervising the walking program, growing herbs and vegetables in the PAG garden, assisting with games and movie afternoons, assisting in the Telecentre, Occasional Childcare Centre, and support groups organised by the Neighbourhood House program and transporting clients to medical appointments in Mallacoota.

Volunteers have been provided the opportunity to access education in the following areas: Dementia, Coping with Grief and Loss in Everyday Life, basic computer courses and updating CPR skills.

In recognition and appreciation of the contribution volunteers make, during National Volunteers Week May 2005, all volunteers were presented with a gift voucher to spend at a local business.



MDHSS volunteers enjoying a luncheon



MDHSS Volunteers

The following people assisted with social and community activities for people who accessed MDHSS services:

Diane Appleton	Lorna McDougall
Don Ashby	Dennis McLeod
Shirley Bell	Bob McKnight
Pat Bourke	Elaine McKnight
Jenny Boyle	Leah Morrison
Marion Bruce	James Mason
Eileen Buckland	Jean Nickels
Sue Chevers	Alice Perry
Jane Colbert	Neil Purves
Glen Cuthbert	Gail Rands
John Cuthbert	Bernard Schmidt
Aileen Dean	Beverley Schmidt
Margaret Devlin	Robert Semmens
June Drake	Palmina Sorrell
Michael Drake	Jan Symes
Chris Dunkley	Joan Taylor
Bev Gallagher	Daphne Thorpe
Ann Geer	Doreen Thorpe
Max Gibson	Cate Tregallis
Elaine Gilbert	Steve Waixel
Gerry Grabert	Rod Waterson
Phillipa Hamilton	David Webb
Warwick Herman	Maree Webb
Rae Howell	Sue Williamson
Elisha Kaycave	Pru Wootton
Joan LeSeuer	

COMMUNITY SERVICES

Community House (Neighbourhood House)

The Mallacoota Community House within the structure of MDHSS has a community development role within the community. Its aims are to:

- reduce the isolation of individuals and groups within the community
- increase life opportunities for people who are disadvantaged by encouraging self help and mutual support groups, social interaction and participation
- provide skills development opportunities for people who are disadvantaged to improve their capacity for independence, social interaction and income generation
- increase social capital within the community.

These aims involve broad action, provide for innovation and a degree of flexibility, and can

accommodate aspects of other government programs and responsibility.

The Community House continued its work in providing information referral and support to the community and providing co-ordination of the various programs operated by the centre, including ACFE programs, My Connected Community, Occasional Childcare Centre, Communities for Children (Toddler Gym), Telecentre and Centrelink Agency.

In June 2005, MDHSS was successful in obtaining funding through the Communities for Children Program to conduct a Toddler Gym for a period of six months. This program is aimed at children 0 – 6 years and is designed to encourage a healthy lifestyle and regular physical activity in young children. The program is being run by a qualified fitness instructor in the second half of 2005, at the Occasional Childcare Centre, Mallacoota Kindergarten and the Mallacoota P-12 College. Also, a general session is available to all children after school once per week at the MDHSS. It is anticipated that this initiative will be sustainable into the future.

The Community House has continued to promote MDHSS services through a weekly one-hour radio show on local community radio 3MGB and providing articles about activities for the local newspaper, the "Mallacoota Mouth".

The Community House conducts the following three support groups: Playgroup, Friendship Sewing Group, and the Yoga Support Group. Playgroup commenced in early 2004 and has grown steadily. Playgroup meets every Tuesday morning in the Miva Hall. Activities undertaken at playgroup have involved a visit by Mallacoota Rural Ambulance, music sessions and visits from the Maternal Child Health Nurse. On average, 6.5 children have attended playgroup each week with their parents.



Playgroup



The Friendship Sewing Group commenced in July 2004. The group meets twice a month. At each meeting a specific project is undertaken and some participants complete their own individual projects, such as embroidery, crochet and tapestry. Everyone enjoys the company and encouragement of other sewers. Members of the group have completed workshops through ACFE and have made a handcrafted Friendship Quilt, which will be displayed in the Miva Hall on completion. An average of 13 people attend each meeting.



Friendship Sewing Group Quilt

A Yoga Support Group is held weekly, with six or seven regular participants, during school term. A volunteer coordinator leads the group with an emphasis on gentle stretching and relaxation.

2004/2005 has been a successful year for the Community House, providing skills development, increased social networking and interaction, support mechanisms, increased life opportunities for individuals, and adding to the social capital of the community.



*Susie Vatcher
Community House Co-ordinator*

ACFE

The Adult Community and Further Education (ACFE) classes have continued to successfully provide a wide variety of skills development opportunities for the members of the community. A total of 1008 student contact hours were undertaken in 2004/2005.

Programs have been provided in Computer Technology, Personal Development, Fine Arts, and Literacy and Numeracy. In August 2005, a new workshop on building a wood-fired oven was run very successfully, engaging many people, particularly men who had not participated in the ACFE program before. Over the course of a weekend, participants completed two wood-fired ovens, one of which is permanently located at the Men's Shed. Also, this program provided new social connections and introduced participants to the Men's Shed. It is anticipated that this program will be offered again in 2006.



Wood Fired Pizza Oven

Occasional Child Care & ACFE Childcare

Friday sessions of the Occasional Childcare Centre were held in the afternoon in the latter half of 2004, but the sessions were moved to a morning timeslot in 2005, which has been well received by parents. Satisfaction levels of clients using this service were very high, as indicated by our client satisfaction survey undertaken in May 2005. A total of 31 children during 2004 and 32 children in 2005 were enrolled, with an average attendance of 11 children per session. Staff member Nicole Migotto-Brown has taken a leave of absence in the second half of 2005 and staff member Yollie Wethereld is relieving for this period.



Occasional Child Care



Telecentre

Many locals and visitors regularly use the Telecentre service to access the Internet and use the computers for a variety of other tasks, such as word processing and scanning. The Telecentre is a powerful tool for a remote community to help reduce isolation and to develop skills within the community. The total number of users of the Telecentre in 2004/2005 was 876, for a total of 928 hours. Two volunteers assisted in the Telecentre throughout the year.

Centrelink

The Centrelink service has continued to provide a much needed and appreciated service. A total of 1370 contacts with clients were made during 2004/2005.

Men's Shed

The Men's Shed established in 2004, through a grant from the Rural Health Strategies Branch, Australian Government Department of Health and Ageing, is both a community building project and a project that focuses on the health and well-being of men in the community. The project is aimed at men of all ages and provides a centralised meeting space where men have an opportunity to socialise with other men, engage in structured activities, share and gain skills and knowledge, and gain access to relevant services and information available to them within the community.

From the opening of the Men's Shed in October 2004, to June 2005, there have been 585 attendances with on average 49 people attending per month.

A Men's Shed Committee was formed and this committee meets regularly to oversee the ongoing running of the project, under the guidance of the Manager, MDHSS. The committee conducts regular working bees to clean up areas in and around the shed, and other activities as required.

Every Tuesday night a Trading Table is conducted in the Men's Shed. This group makes items that can be sold to raise money to purchase materials and equipment to be used for ongoing projects, as well as making repairs to community-based toys and equipment.

The Men's Shed has seen the expansion of the range of equipment on offer to those participating in woodworking and building projects in the shed, with ongoing community donations.

International Men's Health Week was celebrated in June 2005, with the Community Health Nurse, Zoe Young, conducting two health-screening sessions in the Men's Shed. The Men's Shed is a valuable asset, utilised by a broad section of the community.



*Book shelf project
Volunteer James Mason*

Youth Group in the Shed

Independent Living Units

MDHSS manages five independent living units. The units, four one-bedroom and one two-bedroom, are located within MDHSS grounds. The units have maintained an occupancy rate of approximately 60 per cent during the past 12 months, and, currently, there are three vacancies.

Features include:

- security of tenure
- delightful garden setting
- realistic entry contributions
- low weekly rental charge
- washing machine
- parking facilities
- verandah at the rear of each unit.

The Miva Units are located within easy walking distance of MDHSS facilities and the local Medical Practice. Access to on-site health and support services is available. The units offer a flexible and comfortable lifestyle for people who wish to live without problems associated with maintaining a home.



CORPORATE SERVICES

Human Resources

Current Employment Statistics

Total permanent staff	34
Full time staff	5
Part time staff	22
Casual staff	7
Turnover rate for permanent staff	5.9%

Staff 10 + Years of Service

Ms Irene Allan	10
Ms Wilma Becker	11
Ms Diane Brenchley	11
Ms Eileen Buckland	12
Ms Judy Darby	11
Ms Jennifer Griffiths	13
Ms Patricia Helmore	16
Ms Gail Hodgson	11
Ms Debra Jackman	11
Ms Jan Millicer	10
Ms Palmina Sorrell	13
Mr Greg Thompson	11
Ms Celia Wallace	10

OH&S

The Occupational Health and Safety Committee meet bi-monthly, and MDHSS has provided orientation training for new staff, including no lift training, needle exchange, and food safety.

The OH&S committee organised training for staff and volunteers in the areas of:

- O'Shea No lift system
- Needle Exchange training
- CPR
- First Aid Level 11
- Effective Communication
- Reforms of the OHS Act
- OHS Representative Refresher Course

Further, the committee has attended to the following areas:

- Emergency response and evacuation exercises and procedures
- Monitoring of Accident and Incident forms
- Updating of Material Safety Data Sheets (MSDS)
- Hazard Audit Checks
- Updating OH&S policies and procedures

To encourage health and well-being amongst the team, staff have been provided the opportunity to participate in a weekly one-hour Tai Chi session at the centre.

Information and Communications Technology

This year has focussed on improving our current information technology systems. Eight new computers have been installed in the Telecentre and all computers are connected to the Broadband network. Also, computers and software have been updated on relevant workstations.

MDHSS is supported by BRHS in software application management and hardware network infrastructure. Maintenance and assistance is undertaken offsite as much as practicable in order to reduce onsite maintenance costs.

Facilities

MDHSS has a maintenance program to ensure ongoing scheduled maintenance and safety audits, which meets statutory standards and regulations, ensures facilities are safe and that buildings are structurally sound.

Fire Safety

Fire appliances and systems have undergone regular 6 monthly audits, which are undertaken by the Country Fire Authority and a qualified electrician. 'Tag and Test' monitoring of electrical equipment has been implemented on a regular basis.

Food Safety

An external third party audit was conducted in May 2005 by Graham Watts, Catering and Hospitality Management Services Pty. Ltd. The audit resulted in 100% compliance to both the Victorian Safety Act 1984 and AZNFA Food Standards Code. Also, East Gippsland Shire Council conducted a food safety audit in 2005.

Medical Equipment Safety

The Regional Biomedical Service, Latrobe Regional Hospital conducted annual safety and performance testing in May 05 on all medical equipment at MDHSS, to ensure all items meet Australian Standards.



Quality Improvement

MDHSS is committed to quality improvement and maintains appropriate policies and procedures to ensure that its services deliver quality care to clients in all areas of the organisation. MDHSS ensures that audits and compliances are carried out in a timely manner and that policy and procedure manuals are updated across the organisation, including risk assessment. Staff have access to an internal database to facilitate searching for information, and, through the manager, to BRHS policies and procedures. All MDHSS services are currently accredited.

Successful audits have been undertaken as follows:
Department of Veterans' Affairs -Community Nursing Program
Home and Community Care – Home Based Services

Finance

The financial statements for MDHSS for the year ending the 30th June 2005 have been signed off. The statements indicate a turnaround in operations from a \$91k profit the year before to a loss of \$85k. The results include capital work revenues and depreciation.

The agency, as at the end of the reporting period, had current assets amounting to \$792k, inclusive of \$779k in cash and investments. Current liabilities amounted to \$104k, which means the agency has a current asset ratio of 7.6. The agency is very strong financially.

Expenses were \$169k higher than the prior period. The explanations are:

- A \$40k increase in employee expenses due to wage increases and additional staff and a staff separation package costing around \$10k.
- A \$30k increase in property expenses due mainly to the development and implementation of a maintenance program and equipment purchases.
- A \$100k increase in administration expenses due mainly to a \$41k write down of assets sold, \$30k strategic planning consultancy, and an increase in BRHS cost recovery of management services, Information Technology and Human Resource assistance.

Report of Operations

(Year ended 30th June 2005)

Summary of Financial Results	2005\$	2004\$
Total Expenditure	1,216,202	1,047,344
Total Revenue	1,131,240	1,138,182
Surplus (Deficit)	(84,962)	90,838
Retained Earnings	1,317,622	1,400,161
Total Assets	1,563,676	1,627,889
Total Liabilities	170,468	149,719
Net Assets	1,393,208	1,478,170
Total equity	1,393,208	1,478,170

Key Performance Indicators

Service Level

MDHSS provides services to the district with a population of 1382 (ABS, 2001) drawn from a total area of 750sq hectares.



MDHSS ACTIVITY DATA

Service Activity	2004 - 2005		2003 - 2004		Contact - Clients % + / -
	Contacts	Hrs	Contacts	Hrs	
Health Services					
Nursing Services	1732	1735	2309	1599	- 25.0
Acute Care					
Palliative Care	67	81	195	204	- 65.60
Post Acute Care	102	85	218	116	+ 5.3
Home Care Services					
Home Help	874	1031	984	1221	- 11.2
Property Maintenance	239	288	227	292	+5.3
Meals on Wheels	23 clients	1197meals	44 clients	643 meals	-47.7
Respite Care (NRCP)	11 clients	N/A	18 clients	N/A	- 38.9
Community Care Packages	10 clients	2287	14 clients	2728	- 28.6
Family Counselling	453	N/A	589	N/A	- 23.0
Allied Health					
Dietetics	18 clients	20	28 clients	28	- 35.7
Physiotherapy	602	327	711	487	- 15.3
Podiatry	409	136	463	154	- 11.7
Social Services					
Planned Activity Group	3901	10195	3577	9789	+9.1
Supported Accommodation Assistance Program (SAAP)	36 clients	N/A	32 clients	N/A	+ 12.5
Transitional Housing	26 clients	N/A	26 clients	N/A	0
Housing Information and Referral (HIR)	32 clients	120	34 clients	115	- 5.8
Disability Services					
Flexible Support Packages	5 clients	N/A	8 clients	N/A	- 37.5
Futures for Young Adults	1 client	N/A	1 client	N/A	0
Community Services					
ACFE	96	1008	99	1159	- 4.0
Centrelink	1370	505	1503	550	- 8.9
Telecentre	876	928	952	852	- 8.0
Occasional Child Care (enrolled children)	32	N/A	31	N/A	+ 3.2

Visiting Health Professionals and Services:

Audiologist	
Breastscreen	
Continence Advisor Stomal Therapy / Breast Cancer Support	
Diabetes Nurse	
Maternal and Child Health	
Speech Therapist	
Occupational Therapist	
Optometrist - Thrifty Specs	
Psychiatrist	
Psychologist	
Women's Health – Pap Screen	

Frequency

Monthly
2 yearly
Monthly
Monthly
Fortnightly
Monthly
3 Monthly
3 Monthly
Monthly
Bi-weekly
Annually



Summary of Operational and Budgetary Objectives

During the 2004-2005 financial year, MDHSS exceeded targets in four programs on an average of 7 %, remained unchanged for two programs; however, the remaining 16 programs experienced a decrease in demand on average 26 %. The most notable decrease was in the occupancy rate of the Independent Living Units.

Donations

MDHSS received a total of \$760.00 in donations from the following community members and organisations:

Mr. S. Johnston (redirected payment – emergency airport duties)

Mr. & Mrs K Wylie

Ms. C. Wallace (redirected payment – emergency airport duties)

Mallacoota Abalone Cooperative

Mallacoota Lions Club

Mallacoota Community Markets

National Competition Policy

In accordance with the National Competition Principles agreed to by the Federal and State Governments, in April 1995, MDHSS has implemented policies and programs to ensure compliance with the National Competition Policy in examination of each business activity to establish and apply market contestability and tendering for the provision of services where appropriate.

Compliance with Building Act 1993

MDHSS has commenced the development for reporting, planning and forward budgeting of Standards Assessments and Condition and Maintenance Assessments.

Government funded agencies are required to carry out an assessment and report on the condition of their built assets, in accordance with good business principles, practices and government requirements including the:

- Principals of asset management, as set out in the asset management series (1995)
- Minister for Finance guidelines- Building Act 1993- Standards of Publicly Owned Buildings

Workforce Data

Area	2005	2004
Health Services	21	20
Social Services	2	2
Community Services	4	5
Administrative	7	6
Total EFT	24.5	22.5

Merit and Equity Principles

MDHSS is committed to providing equity to all staff and potential employees, ensuring our professional workforce contributions are assessed and acknowledged on merit. MDHSS has a Critical Incident Support Management team who provide peer support for staff and volunteers in the areas of harassment, bullying, stress management, grief and loss.

Summary of Freedom of Information Act

The Freedom of Information Act 1982(the FOI Act) gives people a right of access to information held by MDHSS and applications for access to information and records are processed in accordance with the FOI Act.



Whistleblowers Protection Act 2001

Under the provisions of the Whistleblowers Protection Act, MDHSS does not tolerate improper conduct by its employers, officers or members, nor the taking of reprisals against those who come forward to disclose such conduct.

MDHSS is committed to the principles and the intent of the Act and to the protection of genuine whistleblowers against action taken in reprisal for the making of protective disclosures. In line with this, MDHSS has in place a corporate policy and procedure, which comply with the Act. Disclosures made under this policy will be made swiftly, professionally and discreetly.

Disclosures may be made to:

Chief Executive Officer
Mallacoota District Health and Support Service Inc.
C/- PO Box 474, Bairnsdale Vic 3875
Phone: 5150 3414, Fax: 5150 3367
E-mail: email@brhs.com.au

or

The Manager
Mallacoota District Health and Support Service Inc
PO Box 200, Mallacoota Vic 3892
Phone: 5158 0243, Fax: 5158 0448
E-mail: mdhss@vicnet.net.au

or

The Ombudsman
Level 22, 459 Collins Street,
Melbourne Vic 3000
Phone: (03) 9613 6222 Fax: (03) 9614 0246
Toll Free: 1800 806 314
E-mail: ombudvic@ombudsman.vic.gov.au



COMPLIANCE INDEX

The Annual Report of the Mallacoota District Health and Support Service Inc. is prepared in accordance with the Financial Management Act 1994 and the Directions of the Minister for Finance.

Financial Reporting Directions

FRD 22

Clause	Disclosure	Page No
(i) (a)	The manner in which the entity was established.	Inside Cover
(i) (b)	The objectives, functions, powers and duties of the entity.	2,3,4
(i) (c)	The nature and range of services by the entity including the persons or section of community served by the entity.	3,7
(i) (d)	The administrative structure of the entity including:	
(i) (i)	The names of the members of the Governing Board, Auditor and Chief Executive Officer;	4,5
(i) (ii)	The names of occupants of senior officers and a brief description of the area of responsibility of each office;	5
(i) (iii)	A chart setting out the organisation structure of the entity.	6,7
(i) (e)	A statement of workforce data at the end of the current and previous financial year, as per labour categories, and a general statement on the application of merit and equity principles during the year.	21
(ii)	Relevant financial and other information in respect of a financial year should include:	
(ii) (a)	A summary of financial results for the year, from Annual Financial Statements, with comparative results for the preceding financial year.	19
(ii) (b)	A summary of significant changes in financial position during the year.	19
(ii) (d)	A financial analysis of operating revenues and expenses. (refer to financial statements).	19
(ii) (e)	A summary of major changes or factors which have affected the achievement of the operational objectives of the year.	
(ii) (i)	A statement on occupational health and safety matters.	18
(ii) (j)	A statement on the extent of compliance, with the building and maintenance provisions of the Building Act 1993.	21
(ii) (k)	A summary of the application and operation of the Freedom of Information Act 1982 in relation to the entity.	21
(ii) (l)	A summary of the application and operation of the Whistleblowers Protection Act 2001 (the Act) including disclosures required by the act.	22
(ii) (n)	A compliance index identifying the extent of compliance with statutory disclosure and other requirements. (refer FRD 10 disclosure index)	
(ii) (p)	A statement, to the degree applicable, on the extent of progress in implementation and compliance with national competition policy.	21







Contact details:

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Mallacoota 3892**

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