PRIMARY CARE CONNECT

QUALITY ACCOUNT

We pride ourselves in being part of our communities health and wellbeing and we cannot wait to share what we have achieved in 2018 - 2019!

2018 2019

DATE ISSUED

30/10/2019

www.primarycareconnect.com.au

PRIMARY CARE

CONNECT

CONTENTS

Chief Executive Report	3
Board Chair Report	4
Service Usage @ Primary Care Connect (PCC)	5
Accreditation for Primary Care Connect 2018 - 2019	6
Primary Care Connect In the U S A	7
Community Voice in our Strategic Plan	8
Handle with Care Training - Supporting Our Staff	9
Monitoring Quality Systems	10
Victorian Health Experience Survey Results Client Voices & Access to Our Health Service	11
Access to Interpreters	13
Care for the Most Vulnerable	14
Access to Health Connection Gym	16
Improving Care for People with Disability	18
Financial Counselling Support	20
Men's Health Night 2018	21
Change - Mens Family Violence	22
The UCAN Project	24
Women's Health & Wellbeing Day	25

CHIEF EXECUTIVE REPORT

It is with pride that I present Primary Care Connect's (PCC) 2018-2019 Quality of Account Report. As in previous years this year has been no exception. We continue to grow, respond to the increase complexities within our community and strive to provide a high quality and safe service for those who need it.

PCC embarked on setting a new strategic direction this year, one that will provide a platform for the future and extend our current impact in our community. The key strategies for 2019-2023 are:

- Unlocking the client voice
- Service Innovation for future needs
- Working together

These key strategies are the foundation for engaging and listening to our service users and community. They provide us with the opportunity to create new and innovative programs and services, ensuring we are working together with service users, community and other key stakeholders and ensuring we have the right staff to deliver them.

Our new direction is driven and lead by a strong and engaged Board of Directors who have set an ambitious and visionary direction. I thank the Board of Directors for all their support, guidance and their ability to set a focus for PCC well into the future. In particular I would like to thank Kevin Boote who has been a valued mentor and supporter of me as Chief Exective Officer (CEO).

I am very fortunate to have such a wonderful supportive, innovative, passionate and dedicated Team of Leaders to work with every day. Thank you to Megan, Broni, Hannah, Simone, Teagan, Debbie and Sheree.

The dedication and passion of staff at PCC is to be commended, day in day out they provide exceptional services to those seeking assistance and are the driving force behind what make PCC a great service. I am honoured to see the differences they are making in the community each day.

Here are a few of the highlights of our year at PCC:

- Growth in Family Violence service provision through the Royal Commission to better support Women and Children experiencing or recovering from Family Violence and holding men accountable for use of violence.
- AgriSafe clinics which provide vital health assessment and screening to our faming community
- Strong partnership with FamilyCare, The Bridge and GV Connect - thanks to the Helen McPherson Smith Trust for funding this opportunity
- Undertaking and achieving our Accreditation
- Increasing our partnerships in research by participating on Cross Roads II, Childhood Obesity Monitoring Project
- Establishment of the Wulumburra Program - Healthy Lifestyles program for our Aboriginal Community
- Our Health Connection program and the increase in classes and use of our purpose-built gym
- Increase breadth and innovation programs to our Refugee populations
- Men's Health evening
- UCAN program - community engagement and events to reduce the impact of problem gambling
- An increase focus for PCC to be a learning organisation to address rural and regional workforce issues
- Providing sponsorship to a range of community groups for events and initiatives
- Strong representation and engagement at a local and state level across all programs

PCC would like to thank everyone who has supported and worked with us to achieve better outcomes for our communities. We are fortunate to work within a community and service sector that is built on working together, creating solutions and building a stronger tomorrow.

Rebecca Lorains
Chief Executive Officer (CEO)

BOARD CHAIR REPORT

This year will be my final report as Board Chair. It is difficult to believe that it has been nine years since I was welcomed onto the Board. I have been reflecting, with a sense of real pride, on the agency as it is today compared to the one that I entered all those years ago.

We have been through a period of sustained management stability. Our program and revenue base has increased significantly and we have continued to develop and improve our infrastructure.

Our reputation has never been stronger and our impact on our community never greater.

We have just developed a new strategic plan; we have recently re-visited our organisational wide approach to risk management, including our appetite for, and our tolerance to, risk. This will now allow us to adjust some policy settings that will empower the agency even further.

The Board has continued to invest in our staff and executive through training and conferences. This investment has seen new innovation introduced to the agency, such as the ECHO Project Platform.

We have invested in the Shark Tank Project and look forward to the next tranche of opportunities that might be developed through this process.

We are constantly trying to be better in all aspects of what we do, whether it is Governance or Operations.

This year saw the retirement of several Directors and I would like to take this opportunity to thank all of the Directors that have worked with me and supported me over the nine years of my involvement.

Those retirements meant the recruitment of new Directors Including; Shane Boyer; Nerissa Brooks and Jacinta Russell. They bring valuable skills to the Board room and their contribution has already made an impact. I would like to personally thank them along with fellow Directors Troy Knox, Iris Ambrose and my long serving colleague Menon Parameswaran for their support of me and their wise council for their commitment to Primary Care Connect

I head into retirement from Primary Care Connect extremely confident with the quality of the Governance oversight that this group of Directors brings.

I want to thank the Executive and Management Team for all their work. You have been amazing to work with and to see your growth, development and passion for Primary Care Connect is inspiring.

Finally I want to thank all our staff at the operational level. Without you and the quality of your work we would not be in the position we are in today as one of the exemplary agencies in the state.

Not long after I came into Primary Care Connect all those years ago, a number of long serving Directors retired. In me they placed their trust. Every day as a Director and Board Chair I have strived to ensure that trust was not misplaced.

And so I now pass that baton of trust to Directors and the incoming Board Chair and I charge them with the responsibility of not only maintaining what we have achieved but with the pursuit of continuous improvement. It is only through that endeavour will Primary Care Connect continue to grow and prosper.

Kevin Boote
Board Chair

SERVICE USAGE @ PRIMARY CARE CONNECT

The information below outlines the demographics of how many people are engaged with services at Primary Care Connect (PCC) during the period of July 1st 2018 - June 30th 2019.

Gender of Clients

55% of clients who access our services identify as Female, with 35% Male, 9% unknown and 1% identifiying as Transgender.

Age of Clients

Total number of referrals received was 4948, with the majority of our clients accessing our services aged between 25 - 39. Our second highest age bracket are clients aged 40 - 59.

Total No. Clients

PCC has seen a total of 4948 clients.

Indigenous Status

15% of our clients identified as being of Aboriginal and/or Torres Strait Islander descent.

Refugee Service Access

Our Refugee Service provides support to our Culturally and Linguistically Diverse community. A total of 702 client appointments were attended. With interpreter support, clients are able to receive the support they need and information in the language that they understand.

Most Accessed Service

The most accessed service at PCC was our Primary Health Services. This includes services and programs like Health Connection Gym, Allied Health, Farmers Health and more with a total of 919 appointments made and attended by our clients.

ACCREDITATION FOR PRIMARY CARE CONNECT IN 2018 - 2019

Accreditation at Primary Care Connect (PCC) governs the quality service we provide to our community. It ensures that all elements of our organisation are relevant to community needs, of the highest quality, closely monitored and delivered safely for clients and our staff.

PCC is accredited under the International Standards Organisation (ISO) 9001:2015. In December 2018, PCC undertook an assessment of the ISO 9001:2015 standards and the Human Services Standards (HSS). PCC had two areas of improvement, including the need for better documentation of client input into their own care plan, and for documentation of the Quality Audit Schedule. Following this assessment, PCC completed a review of care planning processes, and have an implementation plan to better document the input of clients participation in their own care planning.

Furthermore, as a part of the Shepparton Community Share Collaboration, PCC has co-designed a cross organisational audit team and schedule. This will involve internal auditors from the four agencies to complete audits across all organisations.

PCC successfully implemendted these elements into our systems, and in March 2019 were awarded accreditation with compliance on all ISO 9001:2015 and HSS Standards.

PRIMARY CARE CONNECT IN THE USA

Primary Care Connect's (PCC) Chief Executive Officer, Rebecca Lorains, accompanied by Executive Manager Research and Evaluation, Megan Lorains, Executive Manager Health Services, Hannah Dolling and Pharmacotherapy Network Coordinator, Tim Griffiths travelled abroad to expand their knowledge and vision on Community Health and the fanatastic work that is happening in America.

Landing first in Alburerque, New Mexico Team PCC were able to attend the Immersion Training for Project ECHO (Extension for Community Healthcare Outcomes) which is a movement to demonopolize knowledge and amplify the capacity to provide best practice care for underserved people all over the world. Read more about Project ECHO and the amazing work they do all over the world.

Since June 2018, Project ECHO was introduced at PCC for our Pharmacotherapy which was provided weekly via teleECHO sessions. A total of 22 - 1 hour teleECHO sessions has been broadcast to over 100 individuals with over 40 case presentations discussed. Of those in attendance at the teleECHO sessions, more than half have attended more than one session.

The team attended further training in Project ECHO to provide the region with greater knowledge and new ideas on how to better support those in our community. Team PCC also attended the MetaECHO Conference where over 700 attendees and learned from more than 120 presentations on differeing topics of health and wellbeing.

Our Executive Team travelled to Chicago to attend the Community Health Improvement Conference, which was themed 'One-Voice' and was focused around the Social Determinants of Health. A key message that was brought back from this conference was "Nothing about us Without us". This highlighted the importance of how embedded our client voice needs to be in all aspects of service planning, delivery and evaluation. This is to ensure we are truly meeting the needs of our community, not just what we think might be best.

Executive Manager's Megan Lorains and Hannah Dolling continued on to Los Angeles Community Health Project and Skid Row in LA and saw first hand how services are taken to the people, rather than the people to the service. It was noted in their learning that the highest success rate of engaging is seen if services go to them.

This tour has provided the organisation with many great innovative ideas of how to better reach our communities instead of waiting for them to come to us to access our services. The tour also identified that as a Community Health Service, PCC is excelling in the work we currently do in our community compared to other parts of the world, with always room for improvement and opportunities to listen and learn from our community.

COMMUNITY VOICE IN OUR STRATEGIC PLAN

Primary Care Connect (PCC) put a call to action out to our community to share their voices regarding the organisation, its current direction, provide feedback on what PCC does well and what might need to be improved. The strategy was to engage our community in discussions that will directly create change in the way service is provided by PCC in the future, and to see what can be achieved when Community voices are engaged and listened to.

A total of 11 questions were asked of participants. A total of 21 surveys were received with 67% of responses being received from female participants, 28% male from participants and 5% from transgender participants. Of the 21 participants five identified as being Aboriginal and/or Torres Strait Islander.

A summary of recommendations as noted above from the voices of our community are below, with the action that has been planned or implemented:

CLIENT VOICE	PCC ACTION
More after hours services.	PCC is now open late on Wednesday evenings, with an increased range of services available and allows PCC spaces to be booked and utilised by community groups.
Increase outreach services for those that travel and time is a barrier to service, such as farmers.	Increase farmer health clinics from Shepparton to include, Numurkah, Nathalia and Dookie. Drought Counselling is also available at the farms.
Better communication pathways to ensure referrals are being received and responded to in a timely manner.	Implementation of software to increase communication and referral pathways for GP's and health clinics to refer into PCC programs and provide secure messaging to follow up on referrals.
Be a 'One Stop Shop' for the community, by providing specialist services such as General Practitioners, Telehealth visiting specialists, Physiotherapy, Mental Health specialists etc.	Employment of an additional Physiotherapist, and completion of a scoping project to implement Telehealth at PCC. Investment in Technology to be able to offer and support clients in telehealth appointments.
Accessibility to services and programs without appointments.	Complete a scoping project to investigate the demand for drop in services to gain support.

This level of engagement is driven by Primary Care Connects Community Engagement Plan.

HANDLE WITH CARE TRAINING - SUPPORTING OUR STAFF

Through staff consultation, it was identified that a number of staff did not feel best equipped to handle or diffuse difficult or confronting situations while at work. Introducing Handle with Care™ Staff Safety and Defusing Situations Training at Primary Care Connect(PCC) was an aim to address this suggustion from staff, help them learn how to deal with difficult or confronting situations.

The training covered:

- Managing your own feelings in difficult circumstances
- Minimising risk
- Legal issues
- Guidelines for managing difficult situations
- General principles for managing difficult behaviour
- Using language that does not create resistance
- Suggested structure for some difficult conversations
- Dealing with individuals according to their different anger triggers and
- Communication skills and strategies for defusing situations where individuals may be aggressive

The Outcomes: The Shepparton Community Share (Primary Care Connect, FamilyCare, Connect GV and The Bridge Youth Service) engaged David Cherry to facilitate four sessions of the Handle with Care Training. David has significant experience in running training in the health sector on staff safety and defusing situations. The four agencies sent 83 employees to this training, with 51 of those being from PCC.

Our staff engaged in learning about:

- Different types of aggressor and how to respond appropriately
- The use of language to diffuse situations
- The significance of body language
- When to leave a situation if it is no longer safe
- Risk assessments when dealing with situations
- Self-reflection on dealing with situations

From the training staff provided the following feedback:

- I feel it was very valuable to use in both everyday life and within the workplace
- Very informative and good to have people sharing own stories where I could relate
- Very engaging, provided examples that were very helpful
- Was fantastic for self-reflections - thoroughly enjoyed the session
- I found this very helpful and will be able to take this back and use in the workplace

MONITORING QUALITY SYSTEMS

When a client enters Primary Care Connect (PCC) exercise classes they need to comply with pre screening procedures to ensure classes are appropriate for the client. This involves Exercise Sports Science (ESSA) Australia pre-screening documentation, a medical General Practitioner clearance to exercise and a pre entrance meeting with a PCC staff member.

Clients are requested to then update PCC when their condition changes or if they are admitted to hospital as this may require exercise adjustments to be made to their exercises, following appropriate clearance screening.All our Personal Trainers are trained in first aid and maintain this as part of fitness registration requirements.

The importance of our staff knowing and understanding PCC policies and procedures, is paramount in PCC providing safe and appropriate care, and also to ensure our staff are confident and skilled in handling any adverse events.

Systems Save Lives

The Challenge: An incident occurred when a client participated in a class and started to present with a change in condition that the personals trainer suspected was a heart attack.

The Support: Staff member called an ambulance immediately, ensured the client was in a safe position.The client remained conscious so no CPR was required.

The Solution: The ambulance arrived and took the client to hospital and they were admitted.

Staff member called management after Ambulance had arrived. That day the staff member and manager debriefed. Staff member followed policies and procedures as outlined by PCC.

That afternoon staff member entered incident on risk register and management then followed up with external reporting requirements.

PCC has followed up with the client to check on their health and wellbeing following the incident.

VICTORIAN HEALTH EXPERIENCE SURVEY RESULTS

The following results were received from the Victorian Health Experience Survey (VHES), which questioned the client's experience in different areas of receiving support at Primary Care Connect. The results below indicate the performance of Primary Care Connect (PCC) - this is illustrated in green and the average of Community Health Services in the State of Victoria (illustrated in blue).

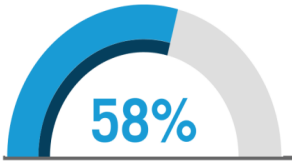
Received right amount of information about condition and treatment

Campus (CH)	81%
Oct - Dec 2017	81%

State	88%
Oct - Dec 2017	87%

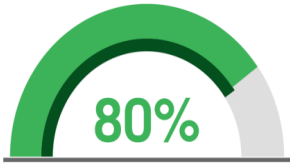
If you needed to, do you know how to make a complaint at the health...

Campus (CH)	50%
Oct - Dec 2017	69%

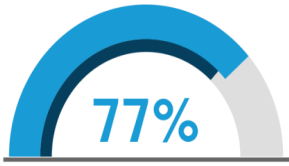


State	58%
Oct - Dec 2017	58%

Health Service definitely assisted me with important things

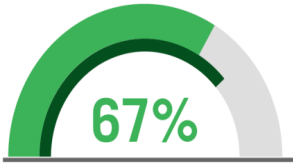


Campus (CH)	80%
Oct - Dec 2017	81%



State	77%
Oct - Dec 2017	74%

Definitely easy to find out health service existed



Campus (CH)	67%
Oct - Dec 2017	77%

State	80%
Oct - Dec 2017	77%

CLIENT VOICES & ACCESS TO OUR HEALTH SERVICE

Primary Care Connect (PCC) achieve above the state average for the majority of aspects of the Victorian Healthcare Experience Survey (VHES). This survey is really important to PCC, as it allows another avenue for clients and community to voice their opinions on the services and experience. The following have been actions that have been implemented as a result of this feedback.

THE ACTION	THE IMPACT
Review of the PCC's care planning model and communication.	This review has provided a number of recommendations to be implemented throughout 2019 including, a more holistic service in regards to shared and integrated care as well as electronic options for clients to access their care plans. This is being scoped out for future integration.
Implementation plans have been written to change PCC to One Care Plan for each client.	This will take place throughout 2019-20 financial year, and will see clients with one care plan, regardless of how many services within PCC they may be accessing. This will allow for a more holistic approach to care, and aim to eliminate the client having to re-tell their story.
Implementation of additional signage for clients to provide feedback to PCC.	Opportunities for people to see where, when and how they can provide feedback to PCC, allowing greater empowerment for the client to speak up with any concerns, questions or compliments.
Increase social media and launch new Community Engagement Plan.	Create better awareness of the service, and work with our community to ensure PCC is meeting the needs of the people who require support.

ACCESS TO INTERPRETERS

Primary Care Connect (PCC) use qualified interpreters across all programs where a person has insufficient English to engage with the supports they need. Information and important forms are available to clients and community members in a number of different languages.

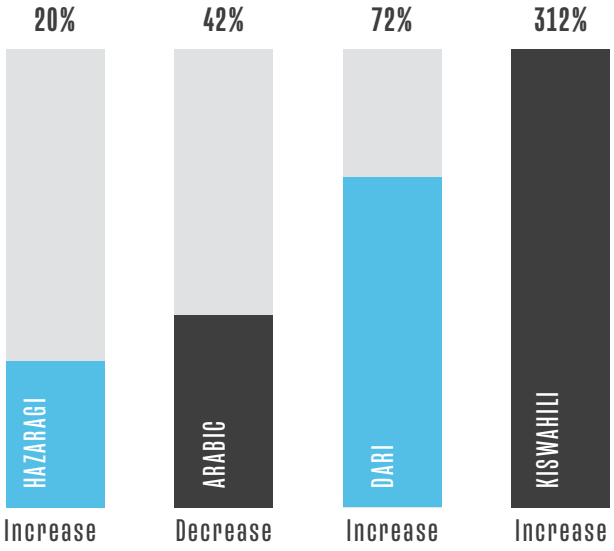
The most common form of access to interpreters is through the telephone. Locally, limited number of professional onsite interpreters is a barrier and for many clients. The use of phone interpreters guarantees a level of privacy that onsite interpreters may not and is preferred by many clients. Profesional interpreters are bound by privacy and confidentiality legislation; however it is common in regional areas for interpreters to know clients in a social capacity, thus the common preference for phone interpreters (who can be accessed from anywhere across Australia).

Our Refugee Services Team are the highest users of interpreters and are funded to provide services, ensuring that all clients are able to access health information regarding their care in a language that they understand. This is standard practice at PCC.

In 2018 - 2019, on 569 occasions interpreters were required at PCC. This is a decrease of 26% from 2017 - 2018 usage. The graph illustrates the top four languages clients accessed.

The cost in this period was $39,543 which is a decrease of 26% in comparison with 2017 - 2018 usage.

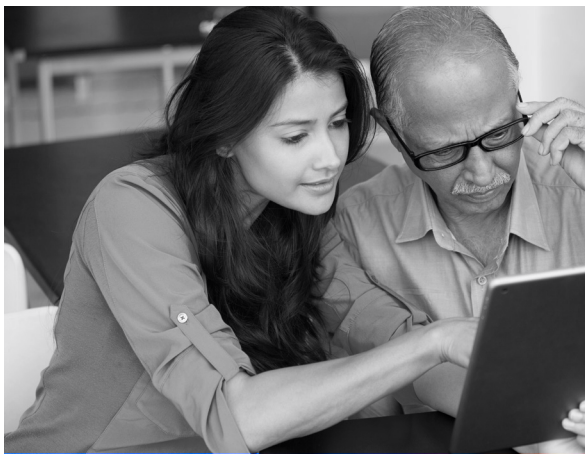
2018 - 2019 Top Four Languages Accessed @ PCC



In comparison to 2017 - 2018, the top four languages are the same, however usage has changed for each.

CARE FOR THE MOST VULNERABLE IN OUR COMMUNITY.

Culturally and Linguistically Diverse clients are some of the most vulnerable clients that come into Primary Care Connect (PCC) with multiple health issues that they require support with. The following case study illustrates the care that is provided by Refugee Health Nurse (RHN).



CASE STUDY:
Understanding Care

The Client: Stephan (name has been changed to protect privacy of the client) is a client who has several admissions to the local hospital due to poorly controlled blood sugar levels.

The Challenge: Stephen's diabetic control was poor and he had commenced on insulin to help bring his blood sugars under control. Language difficulties made it hard for him to understand his health issue and the way the health system worked for his level of care.

He did not understand his condition or relevance of following a diet or the correct diet to follow. He had many other stressors on top of his newly diagnosed condition.

PCC Support to Client:
Refugee Health Nurse was able to assist with organising interpreters when Stephan attended his appointments and a care plan was set in place to support Stephan in being educated on how to manage his diabetes.
The care plan included adddressing other issues such as:

- Addressing stomach pain with his local General Practitioner and attending all follow up appointments
- A referral to Podiatrist - For Diabetic Foot Review
- A vision test
- A referral to PCC's dietitian for diet control.

Solution: When Stephan understood what his condition was, what it meant and the effects of his health condition to his life he was willing to be responsible for his own care. He responded well to education from a Dietician and was attentive to Doctor's advice when given. This was evident in the way he was able to repeat the Doctors instructions back to him to ensure that he fully understood what the doctor was saying to Stephan.

Open communication between Goulburn Valley (GV) Health Diabetic Clinic and our RHN was very helpful when addressing areas of concern.

Outcome: Today, Stephan shares that he feels less anxious about his health condition than when he first presented at PCC. His results show that his diabetes is now under control and he no longer needs to take insulin. Stephan still receives support with education from PCC about scripts that are given to him and medication he takes.

CASE STUDY:

Supporting Cienna & Family

The Client: Cienna (name has been changed to protect privacy of the client), 39 weeks pregnant and expecting her sixth child. She speaks limited english, has no access to private transport and requires financial and material aid support.

The Challenge: Cienna needed to source material aid and Refugee Health Nurse (RHN) support for her the birth of her child. Cienna required access to an interpreter at every appointment so that she could understand the information about her care. To add to her barriers to accessing information, she relied on public transport to help her get to A to B which caused a lot of extra stress for Cienna and her family.

PCC Support to Client: Refugee Health Nurse (RHN) contacted Cienna which was a priority given that she was due to give birth at any time. Making the first initial home visit, it was identified that Cienna needed further support for her children. In particular, our Financial Counsellor provided her with information on how we might be able to provide this support to her.

Solution: Multiple care plans were set in place, beginning with preparations for the arrival Cienna's baby. This included organising clothes, nappies, a pram and other new born items. Cienna was provided support on how to call an Ambulance on 000 when she went into labour instead of waiting around for someone to transport her to the hospital. Cienna was referred to Maternal and Child Health Nurse (MCHN) for enhanced home care support post-natal as it was her first time having a child in Australia. An internal referral to help facilitate her son's Paediatric appointment at the Refugee Clinic at Goulburn Vally Health.

Outcome: From this care and collaboration with other organisations, Cienna was grateful for the support provided by PCC and it was a relief for the family to have a professional English-speaking worker to advocate on their behalf. Cienna has been discharged from PCC, however RHN has continued supporting the family with their son with transport to appointments. Because of the care that Cienna and her family have received, their stresses that she presented with at the beginning have lessened and they continue to make progress.

ACCESS TO HEALTH CONNECTION

Primary Care Connect (PCC) were successful in funding to create a space within the organisation that would support our Allied Health programs and services. The Health Connection Gym has made a positive impact on our clients that suffer with Chronic Conditions. It supports those in need to become more active and engaged in healthy lifestyle opportunities.

Encouraging clients to be involved in group classes not only has physical health benefits, there is often a strong social connection is provided. PCC recognises that clients enjoy spending time with others and the spaces we use have included, where possible, a lounge and kitchen area to encourage clients to socialise after classes have ended.

In 2017 - 2018, PCC was running an average of 18 exercises per week onsite. In 2018 - 2019 this has increased dramatically with nine extra classes offered on and offsite. A total of 27 classes per week is offered to clients and community members.

PCC have added three new offsite locations to the list, and we now offer Allied Health Services in:

- Mooroopna Education Activity Centre (MEAC)
- Murchison
- Shepparton
- Tatura
- Rumbalara Aged Care Facility

ACCESS TO HEALTH CONNECTION

With the support of qualified Personal Trainers and Allied Health staff, the Health Connection Gym is providing our community members with a space to exercise at their own pace.

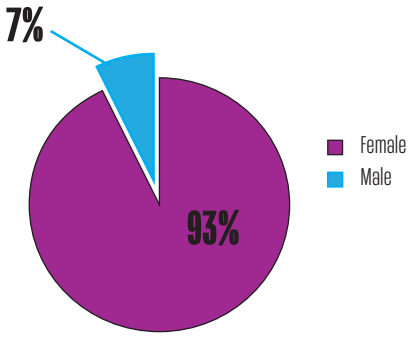


Figure 1: Gender of PCC Clients

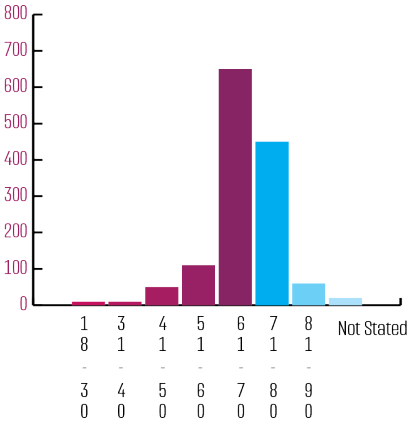


Figure 2: Age of PCC Clients

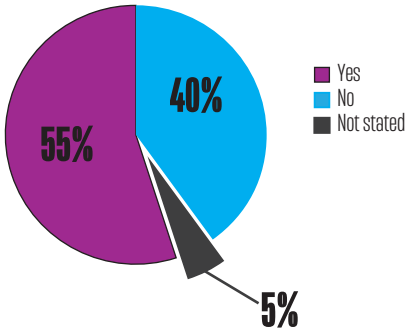


Figure 3: Chronic Condition of PCC Clients

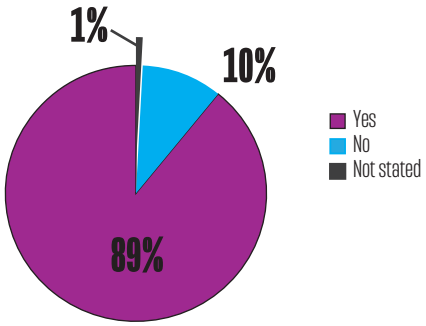


Figure 4: Clients Identify as Aboriginal or Torres Strait Islander

Wulumbarra Program

The Wulumbarra Program is a free program for Indigenous to come use our gym to prevent chronic conditions. Our Indigenous Health Coaches set up programs and support the clients how to use the gym equipment correctly. We also have an incentive where we give out our own Wulumbarra gym apparel to encourage their participation. Singlet or T-shirt 10 visits, hoodie 20 visits, gym bag 30 visits and a Garmin Vivo Fit 4 with 50 visits.

The data shows we had 558 clients use the Wulumbarra Program over the September 9th 2018 to June 30th 2019 period. Figure 5 to the left shows the percentage breakdown of gender using the gym in our Wulumbarra program.

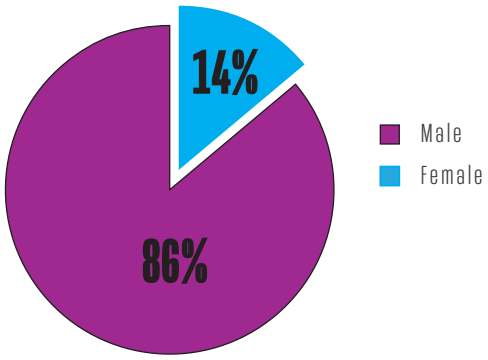


Figure 5: Wulumbarra Program - Gender of Clients

IMPROVING CARE FOR PEOPLE WITH DISABILITY

Primary Care Connect (PCC) are committed to providing the best possible care for all people, regardless of individual challenges and barriers. While PCC offer a range of services, we recognise that we do not have specific expertise in the areas of working with people with a disability.

The work of The Shepparton Community Share has allowed the collaboration between four local agencies, ConnectGV, FamilyCare and The Bridge. Each with their own level of specialty, the collaboration allows for joint training opportunities. As a part of this, we will be developing networking opportunities for staff to learn from one and other in areas of disability, youth and family services, in addition to the services areas PCC offer. PCC are also committed to providing employment opportunities for people with a disability, offering flexible working arrangements and tasks, where possible.

Disability is not a barrier to employment at PCC.

CASE STUDY:
Overcoming Fear for Better Health

The Client and Challenge: Aged 53, Helen (named changed to protect privacy of client) started her health journey with Primary Care Connect with our Chronic Condition Self-Management (CCSM) - Health Coaching Program. Helen was determined to lose weight in hope that it would help her manage her arthritis. Helen also lives with mental illness.

PCC Support to Client: CCSM Health Coach worked with Helen to develop a care plan and set goals to help manage her arthritis.

Solution: Working with CCSM Health Coach helped to empower Helen in making beneficial health changes. During sessions Helen spoke often about how she felt stigmatized by the health system because of her mental health, so building her confidence was crucial for her to meet her goals. Earlier sessions with CCSM Health Coach, Helen was able to spend time focusing on her health literacy and engagement in the health system. For example they were able to discuss strategies to help her feel more confident when discussing her health needs with her local General Practitioner (GP).

This enabled her to speak up about her onging mental health struggles, with her GP who inturn adjusted Helen's medications and stabilize her moods, which in itself has increased her capacity to engage in health-promoting behaviour changes. More recently, Helen has been able to participate in more 'traditional' health coaching where she has been supported in setting small goals to work on.

Outcomes: A fear of hydrotherapy provided a barrier in Helen's progress and a whole session was dedicated to working with her to overcome her fear. She took a leap and attended her first hydrotherapy session, thoroughly enjoyed herself and has made it part of her regular routine, Since November 2018, Helen has lost a total of 10kg, which has been a fantastic achievement for her. Today, Helen continues to visit PCC and participate in the CCSM Health Coaching program and continues to attend hydrotherapy every Wednesday, as she puts it, "I want to make what I am doing here, part of a regular thing in my life."

Learnings: Empowering Helen has been a key factor to her health successes thus far. Helen came in with many goals that she wanted to achieve, however she felt she could not achieve them. In Helen's case setting goals, was one part of the process and building her self-efficacy was a great part of her journey.

FINANCIAL COUNSELLING SUPPORT

Financial Counselling at Primary Care Connect (PCC) is sort after program that is sort after by individuals who need information and support with financial difficulties such as assistance with negotiation of payments or developing plans that will help them increase disposable income and so much more.

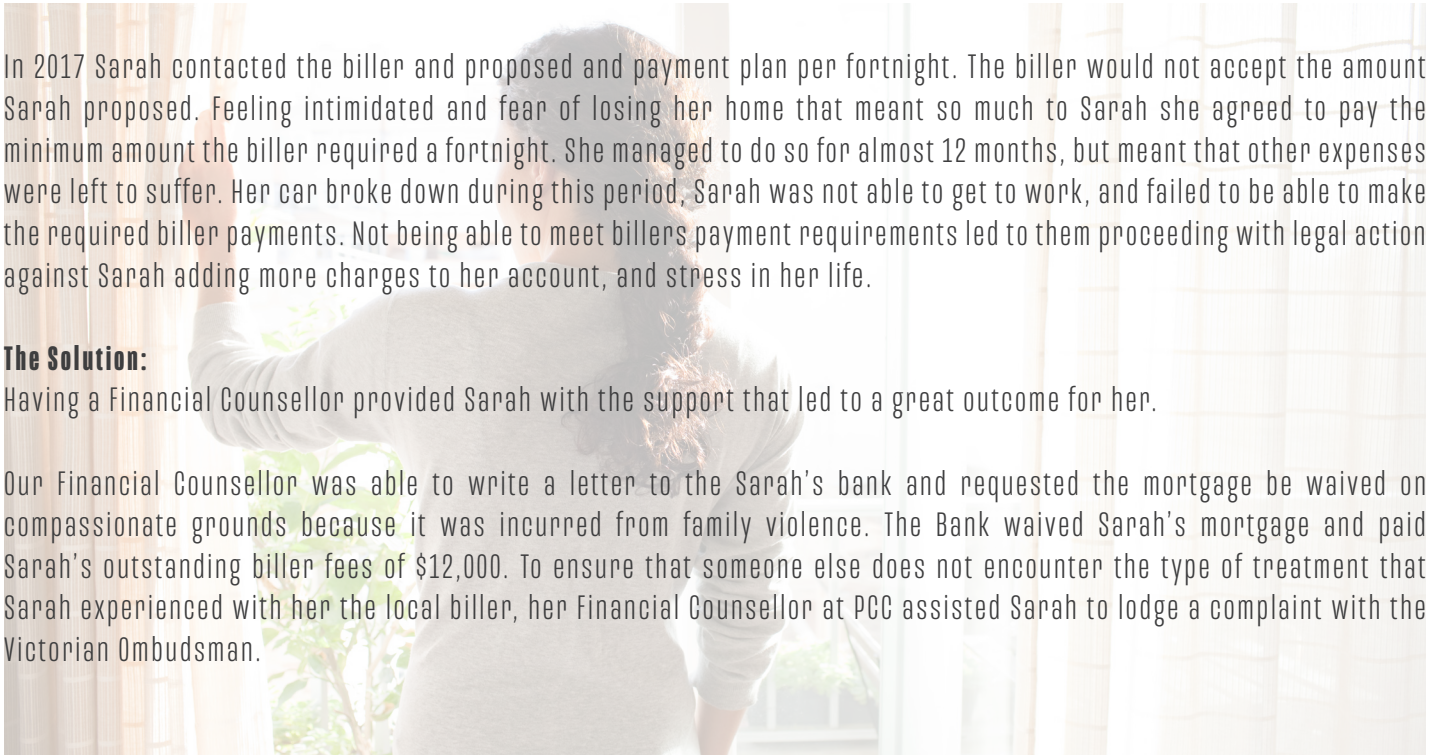
At PCC our Financial Counsellors are experts at providing such support and the advocacy experience they are able to offer has been recognized at State and National level.

The following case study is one of the many examples of what a Financial Counsellor at PCC is able to provide to those who walk through our doors seeking support with financial difficulties.

CASE STUDY: Fear to Hope

The Challenge:
Sarah (name changed for privacy) purchased a home with a mortgage and finished paying her mortgage much earlier than the 30 years allocated. Sarah owned her home before meeting her now ex-husband.

Sarah tragically lost her son and her ex-husband had fled Australia following arrest warrants. During Sarah's relationship with her ex-husband, she endured all forms of family violence and was fearful to leave as he threatened further harm and to take the home she owned outright. When the ex-husband fled Australia, he then initiated property settlement from overseas. As a result of this Sarah re-mortgaged her home to pay for a lawyer and settle the matter. Sarah had house related bills with outstanding balances. Sarah was unable to make payments in full, and was facing legal action from the biller.



In 2017 Sarah contacted the biller and proposed and payment plan per fortnight. The biller would not accept the amount Sarah proposed. Feeling intimidated and fear of losing her home that meant so much to Sarah she agreed to pay the minimum amount the biller required a fortnight. She managed to do so for almost 12 months, but meant that other expenses were left to suffer. Her car broke down during this period, Sarah was not able to get to work, and failed to be able to make the required biller payments. Not being able to meet billers payment requirements led to them proceeding with legal action against Sarah adding more charges to her account, and stress in her life.

The Solution:
Having a Financial Counsellor provided Sarah with the support that led to a great outcome for her.

Our Financial Counsellor was able to write a letter to the Sarah's bank and requested the mortgage be waived on compassionate grounds because it was incurred from family violence. The Bank waived Sarah's mortgage and paid Sarah's outstanding biller fees of $12,000. To ensure that someone else does not encounter the type of treatment that Sarah experienced with her the local biller, her Financial Counsellor at PCC assisted Sarah to lodge a complaint with the Victorian Ombudsman.

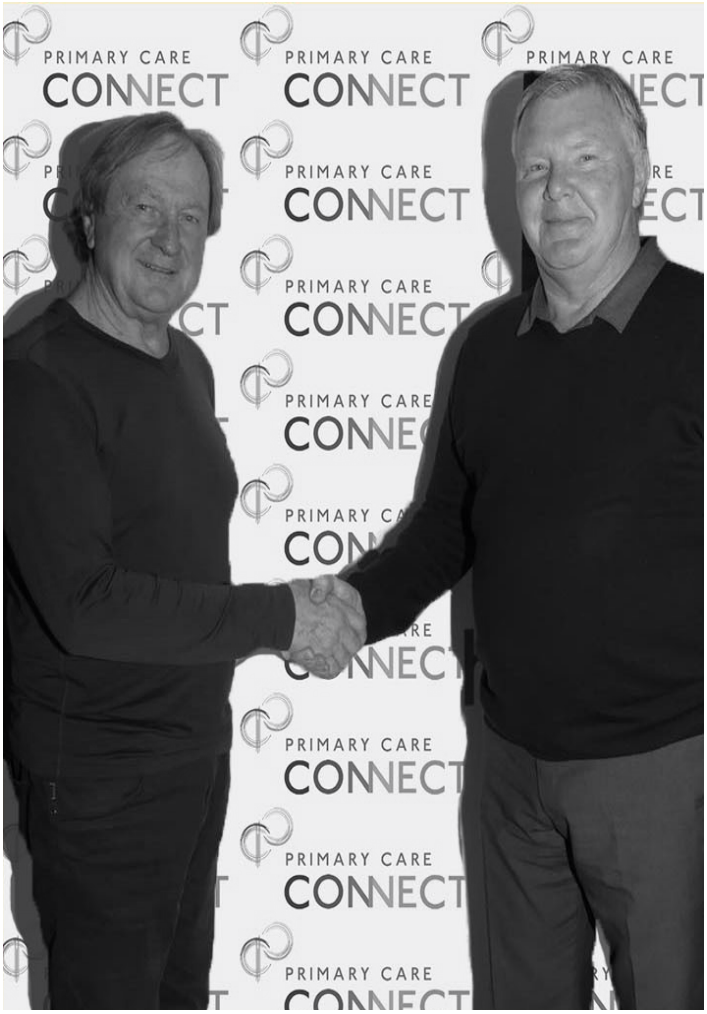
MEN'S HEALTH NIGHT 2018

The annual Men's Health Night was a great success with 120 community members attending - 90% men aged between 23 - 65 to hear about the focus of the evening which was about being proactive with one's health.

Guest Speaker, Kevin Sheedy who is a former Australian Rules Football Coach spoke in great depth to the importance of men styaing on top of their health and not leaving things to the last minute. The Men's Health Night was a collaboration with Goulburn Valley Health and saw 10 other local service providers participate in the event by setting up service stalls, providing health education through interactive stalls, covering various of health topics.

The event consisted of guests working their way around the health stalls, engaging in activities and collecting health information, followed by guests enjoying a two course meal and listening to Kevin Sheedy. Sheedy spoke a great deal about talking to friends and family and checking in on one another and the impacts of Mental Health and how to support someone who might be struggling.

Each year the increase of Men who attend our Men's Health Night has indicated that such events are important and provide an opportunity for conversations that are not openly talked about to be explored and discussed.



Those who attended spoke very highly about the evening and especially the message that was shared.

Here is an example of one of the many feedbacks we received that night:

"Thanks for the invitation. It was a great function, well organised, informative and eudcational - thorougly enjoyed it! Sheedy was brilliant in conveying a very important message across using his excellent style of presentation. Being an Essendon supporter myself, I enjoyed it a bit more than others.... Thank you for organising the event for men like me. You have no idea what tonight has done for me and I just want to say thank you" - MM

CHANGE - MENS FAMILY VIOLENCE

The Perpetrator Case Management Program engages with perpetrators, working with them to call out offending behaviours. The clients are equipped with tools needed to provide an alternative way of dealing with situations rather than being aggressive or violent. It is an opportunity for men to understand who they are, and how their behaviour affects the women and children in their lives.

The men who regularly engage in services find they have a safe space to share, have an opportunity to lift the burden that weighs upon them and seek help and direction to assist in making their relationships better.

Worksheets are used and goals are set to add a practical element to the services provided. From this the men are often encouraged when they put what they learn into practice and see positive results. It changes the whole atmosphere of the home. This itself, is elevating and encouraging for the clients.

For some men services were no longer needed because their situation had improved, some sought employment because their situation had improved and for those whose relationship ended because of the Family Violence have felt they are much better prepared for the next relationship.

In the period from August 2018 to April 2019, 206 clients have used the program. This number alone is a firm indication that the service is needed and it is making an impact on the lives of Men who require support.

FEEDBACK RECEIVED: Working together to make a Difference

"I just wanted to provide some feedback regarding the Family Violence program you run. For the past four months myself and Jim have been working with a high risk Indigenous man, who was released onto parole for family violence matters. The client has grown up with intergenerational violence, substance abuse and related issues. His offending has included offending towards immediate family and his current partner. He also has a diagnosed Intellectual Disability Support and is understood to suffer from Fetal Alcohol Syndrome Disorder.

With these challenges, the client found himself deemed ineligible for many of the usual pathways for offence specific treatment. The role PCC and particularly Jim has been invaluable to the client and this service, in managing his risk within the community and providing him with the necessary tools for behavioural change. Jim openly communicated with myself, was available for case conferencing throughout his parole period. Jim was also available to attend a pre-release meeting with the client at Dhurringile Prison, which helped him commence a relationship with his community supports.

During supervision with me, he spoke highly of Jim and was able to articulate some of the Cognitive Behaviour Therapy approaches he had learnt and implemented. Whilst we only had 3 months to work with the client, it was apparent he was making significant improvements in his own life and journey and with assistance from PCC with funding a driving program and application to Court, remained focussed on achieving his goals in a pro social manner.

I understand that the client has had 100% attendance with your service and plans to remain engaged with Jim post parole, which is fantastic.I personally feel that this program and its flexibility to work in with our clients needs is extremely important to our local community and hope that the relationship we have with Complex Case Support and Primary Care Connect only strengthens as having a collaborative approach to case management has in this case had a excellent outcome".

CASE STUDY:

Family Violence Program in Action

The Client: The client was a 36-year-old female who was residing in a small town within the region that Primary Care Connect (PCC) services via Alcohol and Other Drugs (AOD) and Family Violence (FV) outreach services.

The Challenge: The client was referred by Australian Community Support Organisation (ACSO) to PCC for a comprehensive assessment and treatment. At the first appointment with the AOD worker the client disclosed a 15-year history of violence perpetrated by her defacto partner. The client stated that there was a 3-year break in the relationship from 2013-2016

before they resumed living together. She stated that the violence was psychological, emotional and financial. The client stated that they have two sons, aged 5 and 6 years old who have witnessed the violence.

PCC Support to Client: The PCC AOD worker offered a referral to the PCC's Family Violence (FV) program, which the client accepted and completed a FV safety plan with the client. Client has moved to another area in Victoria where she has family support.

The Solution & Outcome: The PCC AOD worker ensured that the presenting FV issue was prioritised, contacted appropriate services for the children, undertook a safety plan within the AOD role scope, linked the client into a FV service and made sure she had the crisis numbers to contact for support. The work undertaken by the AOD worker was crucially important to the client being able to address her FV issues with the support of the AOD worker, specialist FV services and police.

THE UCAN PROJECT

The UCAN project, funded by the Victorian Responsible Gambling Foundation (VRGF), piloted a public health approach to address gambling harm and to increase knowledge of gambling help services. This was done by providing a range of free and accessible activities, promoting social inclusion and raising awareness about gambling harm and gambling help services. The project was delivered over 12 months in five local government areas in north central Victoria.

The evaluation found that the project clearly provided alternative recreational activities across the five local government areas. The activities and other approaches of the project, such as the '50 Days 50 days Challenge' supported social inclusion, and interviewees provided clear examples of the gentle but effective awareness-raising which occurred through the project. The achievements of the project must be considered in the context of UCAN as a pilot, undertaken in less than 12 months.

The project can be developed and improved, more time for planning, consultation and delivery would further increase the reach and effectiveness of the project. Primary Care Connect (PCC) has gained significant knowledge and experience through this pilot and developed significant relationships across the region. There is a greater understanding of better ways to promote and deliver activities and reach communities.

Whilst this was a pilot, there is a clear sense in the community that it demonstrated its positive potential. As one community house coordinator commented *'I wondered how this was going to work and what does it have to do with gambling - now I feel quite sure. If scalable, I think it's very valuable. If two out of every ten people have a gambling problem, then the more people attending activities, the greater the chance of reaching people with gambling issues or family and friends of those affected by a gambling problem.'*

It is worth noting the endorsement of the broad public health / community development approach of the project in the community. All interviewees highlighted the enthusiasm and professionalism of the Health Promotion Officer, and the efforts she invested in consulting communities and ensuring that a range of engaging activities were delivered.

Interviewees reported that more resources are needed in communities to address the broad issue of social isolation, and issues around gambling harm. All interviewees would like to continue their partnership with PCC and build on the lessons and successes of the UCAN pilot.

There is clearly an appetite for an activity-based program across the region. A range of opportunities are available to PCC, based on the successes, and the lessons of the UCAN project. For example, the partnership with GV Libraries presents opportunities to run more evening activities in libraries across the region. The '50 Days 50 Ways Challenge' was well-received and interviewees were keen for this to be continued, and it could be extended.

The VRGF has re-funded the UCAN project, which will allow PCC to implement the learnings from the pilot and continue to improve UCAN, while maintaining the central element of recreational, socially inclusive **activities.**

Women's Health & Wellbeing Day

Another successful annual Women's Health and Wellbeing Day was held in 2018 with over 85 women attending. Women were welcomed with showbags and directed to participate in a number of activities that were being offered by organsation such as Bunnings, Shepparton, Cosmetic Make Up Artist Samarah, Nail Specialist Kerryn, Hairdresser Judy and Essential Oils Charlene.

Each organisation and support service were able to make each woman feel amazing, at the same time receive important information from our Clinicians on how they can better care for their individual health concerns. Guest Speakers, Katie and Michelle were able to speak to all the women about Breasts and Bowel health. Dr. Stephen Hook shared expertise on skin care and Lauren Farrow spoke on Occupational Therapy and how support is provided to them should they need it. The event also had dental advice and naturopath information as well as enjoying an event filled with fun, laughter and learning of course.

The day saw many women walk away with plenty of information but more importantly smiles and excitement to what next year's event will bring.

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