QUALITY OF ACCOUNT REPORT

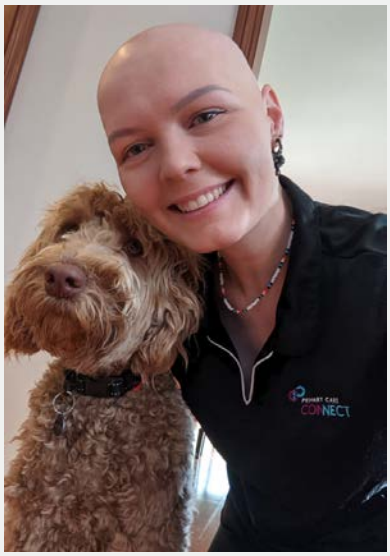
2020 - 2021

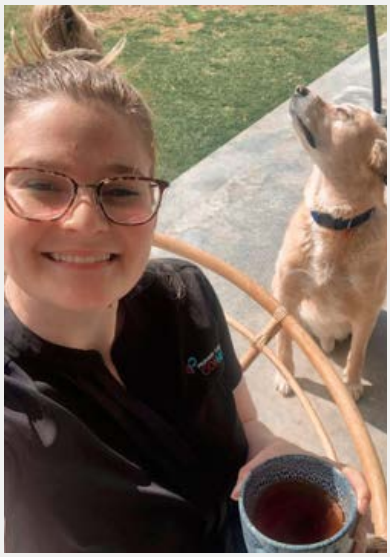
PRIMARY CARE CONNECT


Hub

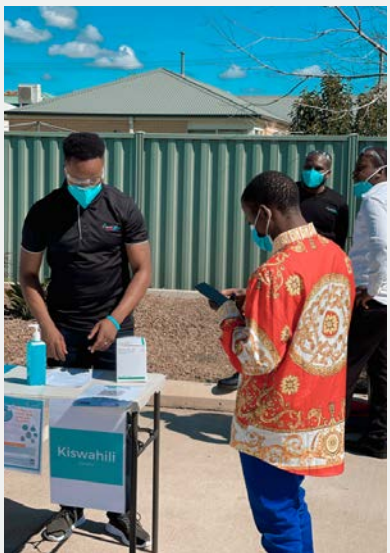




I'VE HAD THE
#JAB DONE





Kiswahili


#JAB DONE

CONTENTS

**NO REAL NAMES USED IN CASE STUDIES THROUGHOUT THE REPORT*

CEO REPORT

It is with significant pride that I write this 2020/21 CEO report. Another 12 months of surviving and thriving during a gobal pandemic, whilst continuing to offer our business-as-usual services. However, business as usual will never quite look the same again, it also brings about a sense of excitement as we set to redefine and shape our service models with greater flexibility, innovation and truly listening to our consumers and community voice.

The pandemic has seen PCC adapting to the circumstances and continuing to provide support to those in need. Our workforce have been overworked, dealing with personal and family circumstances related to the pandemic while supporting an increasingly anxious community and client base. They have adapted to new models of care, with minimal training, facing an increasingly unpredictable future as the pandemic evolved.

The major COVID outbreak in Shepparton saw our community tested like never before, whilst this was stressful, scary, and filled with anxiety, there was a singular constant which fills me with pride and keeps the passion for this work alive; that our organisation consistently puts the consumer and our community first in all our considerations. This is exemplified at PCC, where service delivery, advocacy and partnerships always prioritise the consumer and community more than anything else. Collaboration with other organisations saw PCC staff willingly volunteer to assist Goulburn Valley Health, Numurkah Cobram Nathalia Hospital and Rumbalara Aboriginal Cooperative in all areas where staff were needed, administration, testing clinics, vaccine clinics and material aid.

The High-Risk Accommodation Response (HRAR) program and the work undertaken within this program was a particular highlight for PCC. This program worked with many accommodation providers, such as rooming houses and caravan parks in the preparedness work, with COVID safe plans and infection control advice. Our staff then supported all residents with practical and sound advice through the many changes within the COVID environment. They assisted with material aid when necessary, testing and isolation support and most importantly ensuring all had equitable access to the vaccine. This program also supported Jabba the bus to ensure that all our community members had access in a way that was safe and comfortable for them. Alongside this PCC staff also facilitated multiple CALD community online forms to give practical and easy to understand advice, answer all questions in relation to COVID, testing, public health advice and vaccine. The work of the HRAR staff and all other staff who supported this program are to be commended for their commitment, passion, and determination to ensure all our community was safe and informed.

Beyond the pandemic the past year has seen PCC be instrumental in the opening and operations of the Orange Door in the Goulburn area, the new way of working and collaboration has been at times challenging it has also been underpinned with the laser focus of keeping women and children safe and keeping men who use violence in view. The Orange door saw an additional 19 staff join PCC and we are better for having them in our organisation.

PCC also introduced five new Youth Engagement workers in partnership with other youth services in the state, led by Youth Affairs Council Victoria, funded by Government through the Working for Victoria fund. This program acknowledged the significant impact that COVID was having on young people and provided extra support to navigate and thrive in this environment.

Whilst the environment that PCC operates in is complex, challenging, filled with reform, and competing demands, internally PCC embarked on some important activities to ensure that we remain and strong and able to service the community. We restructured our leadership team, this was due to our growth and future opportunities, this structure saw PCC add to the leadership team to increase support for staff, effectively manage the programs we currently deliver and position PCC for future opportunities. PCC also reset our organisational values, this was staff lead, with lots of consultation and conversations. The new values mean something to all staff, and they see themselves and the work they do within them. These values, Individuality, Growth, Meaningful Connection and Community are not just words on paper but something that we live, talk about and weave into all we do at PCC, we are accountable to our values, and we hold each other accountable to them. PCC has continued our work on the culture of our organisation we are 18 months into our journey of going from "good to great". The culture at PCC is something that I am proud of and how each staff member contributes to this is amazing to witness, we actively work on our culture through a range of activities and hope that ultimately our clients and community benefit from this work.

The list of Thank You's is enormous. To our Board for your commitment, support, and continued stewardship of PCC, thank you. To the Leadership team for your support, passion, dedication, and can-do attitude, thank you. To all the amazingly, wonderful staff for your passion, dedication, flexibility, all that you do is valued beyond words, thank you. To all partner organisation both locally and around the state, PCC could not have the impact we have with our clients and community without your support and commitment thank you. To our colleagues in Government thank you for partnering with us to deliver vital services to our community and trusting PCC to deliver, thank you. Last but no means least to our clients and our community thank you for trusting us, working with us to assist you in living the best version of you, you can be, in a healthy and happy community.

Thank you

Rebecca Lorains
Chief Executive Officer

BOARD CHAIR REPORT

This year has seen Primary Care Connect respond to the changing needs and growing demand for services from our community from the complex and challenging COVID-19 circumstances. We have been adaptive and responsive to ensure our community has had access to our services at time of great need. The staff at PCC have demonstrated dedication, resilience, passion and enthusiasm to help lead and assist our community when in the greatest need.

Whilst grappling with the challenges of COVID-19, many of our workforce have been working from home, and in spite of the challenges this poses for them and their clients, services have been maintained in a consistent and high-quality manner.

During the 2020/2021 year we welcomed our new Directors to Primary Care Connect, in 2020 welcoming Wendy Ross and Carl Durnin, and in 2021 welcoming Lisa Birrell and Greg James. These new Directors bring strong skills to compliment the work of the Board. We farewelled Troy Knox and Nerissa Brooks and thank them for their contributions to Primary Care Connect.

Like every organisation, Primary Care Connect has faced unprecedented challenges over the past 12 months. However, the Board of Directors have continued to work closely with the executive leadership team to progress the implementation of our strategic plan. Into its second year, the focus continued unlocking the client voice, service innovation for future needs and working together. The workforce for the future pillar continues to be implemented with the investment in workplace culture.

The Board invested in building the organisational culture leadership, through the partnership with IQA (now known as Sentify) to deliver transformative value through a program of executive coaching, leadership development and organisation culture assessment and improvement.

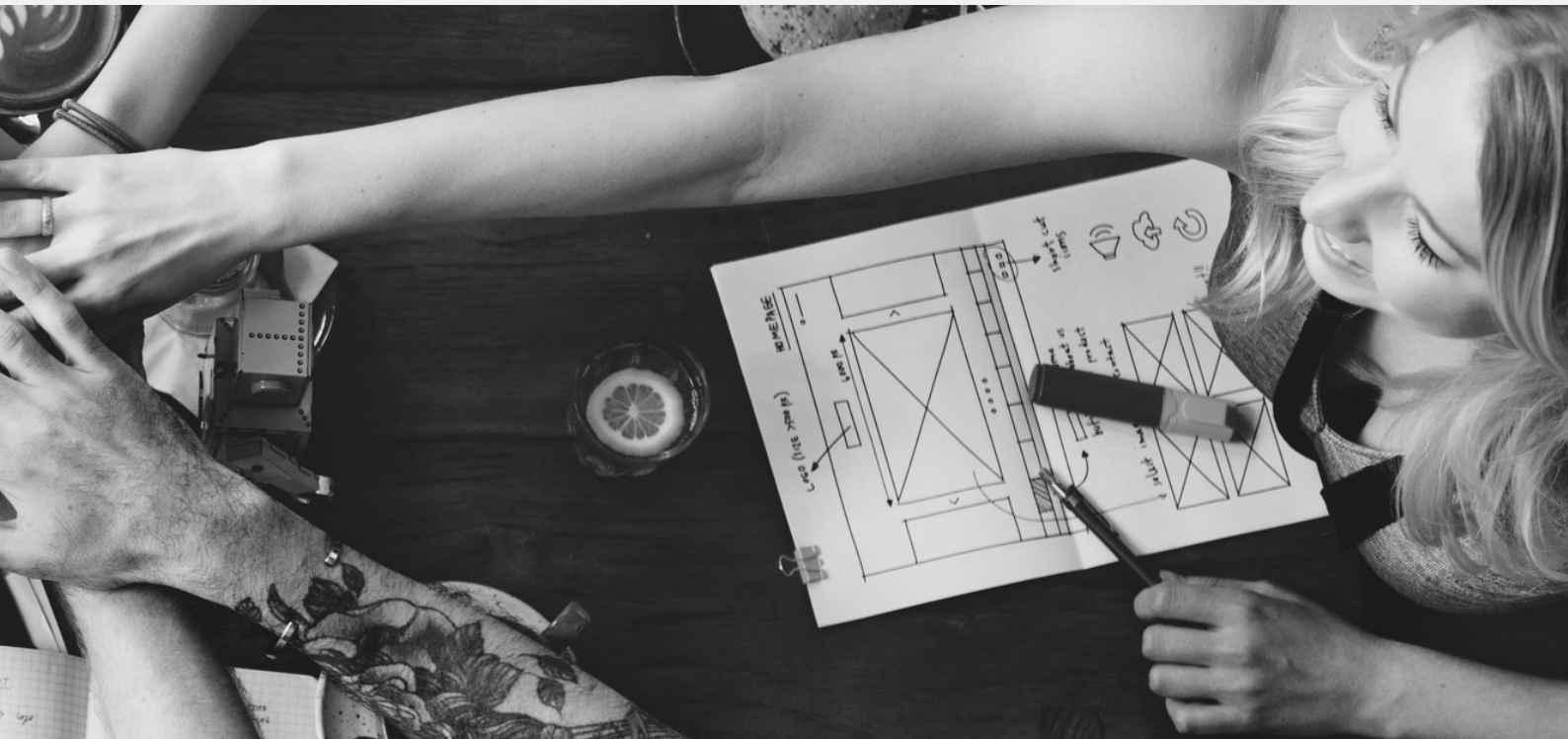
A staff led project with the support of the Executive and Board redefined and reset the Primary Care Connect Values, with connection to constructive behaviours. The overall intent was to support Primary Care Connect to go from "good to great".

During the year the organisation made changes to the executive structure. Following a consultation process, which included individual consultations for those affected staff, the CEO on review of thorough feedback from the process, enacted the change, with support from the Board. This led to the creation of new roles to oversee strategic areas of importance and growth in Family Violence and People & Development.

The Board has worked diligently during the year to maintain a high level of governance and support to the organisation, and in particular the Chief Executive Officer. I would like to thank all our Directors for their commitment, contribution, support and thorough and thoughtful consideration of Primary Care Connect.

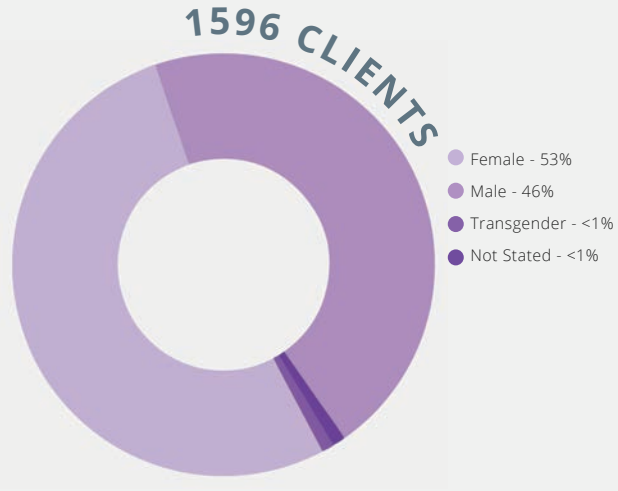
Lastly, I would like to thank our Chief Executive Officer, Rebecca Lorains, the leadership team and staff of Primary Care Connect for the fantastic work that has been undertaken throughout the year, during the pandemic, and needing to adapt to the changing environment at very short notice. The team have continued to demonstrate resilience, innovation and commitment to their clients and communities. In doing so, they have continued to uphold the values of Primary Care Connect; Individuality; Growth; Meaningful Connections; and Community.

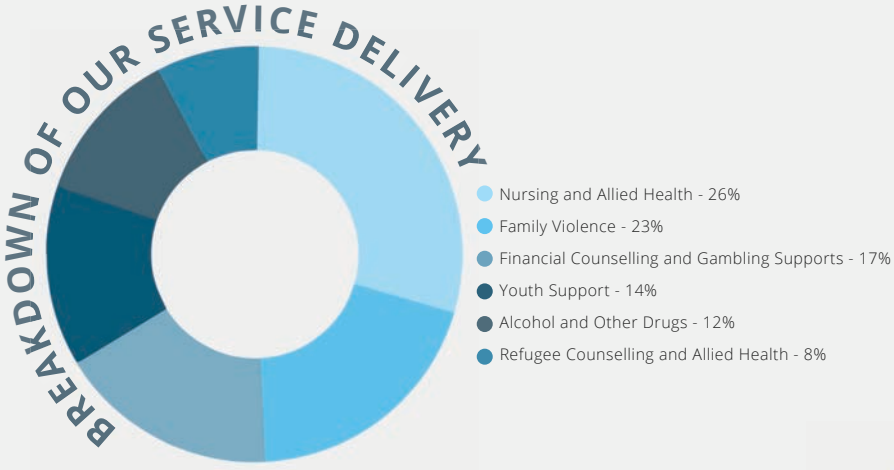
Brant Doyle
Board Chair

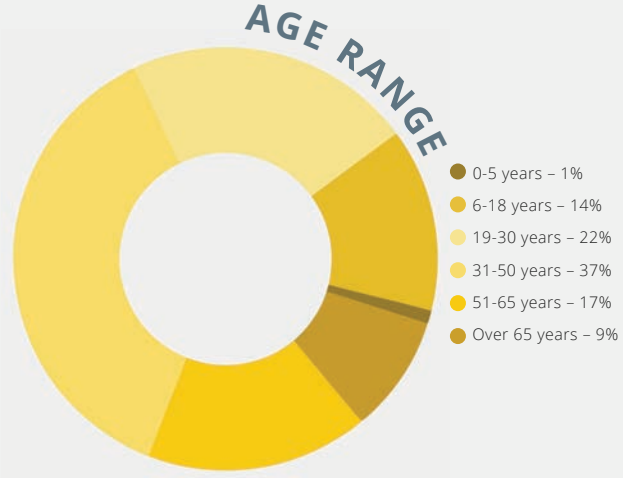


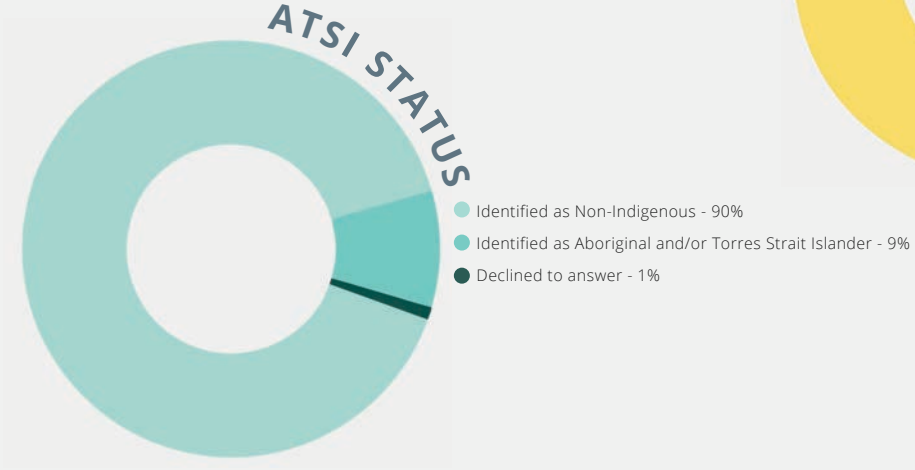
OUR CLIENTS

In 2020-21 Primary Care Connect (PCC) saw many changes to our service delivery. We are so proud to say that during the pandemic we did not have to close our doors, and from the support of our CEO, management, and our committed staff, we were able to continue to deliver services and support our community. While services delivery looked a little different, moving to online platforms such as phone and video calls, our community still came to us for help.









OUR TEAM IS GROWING

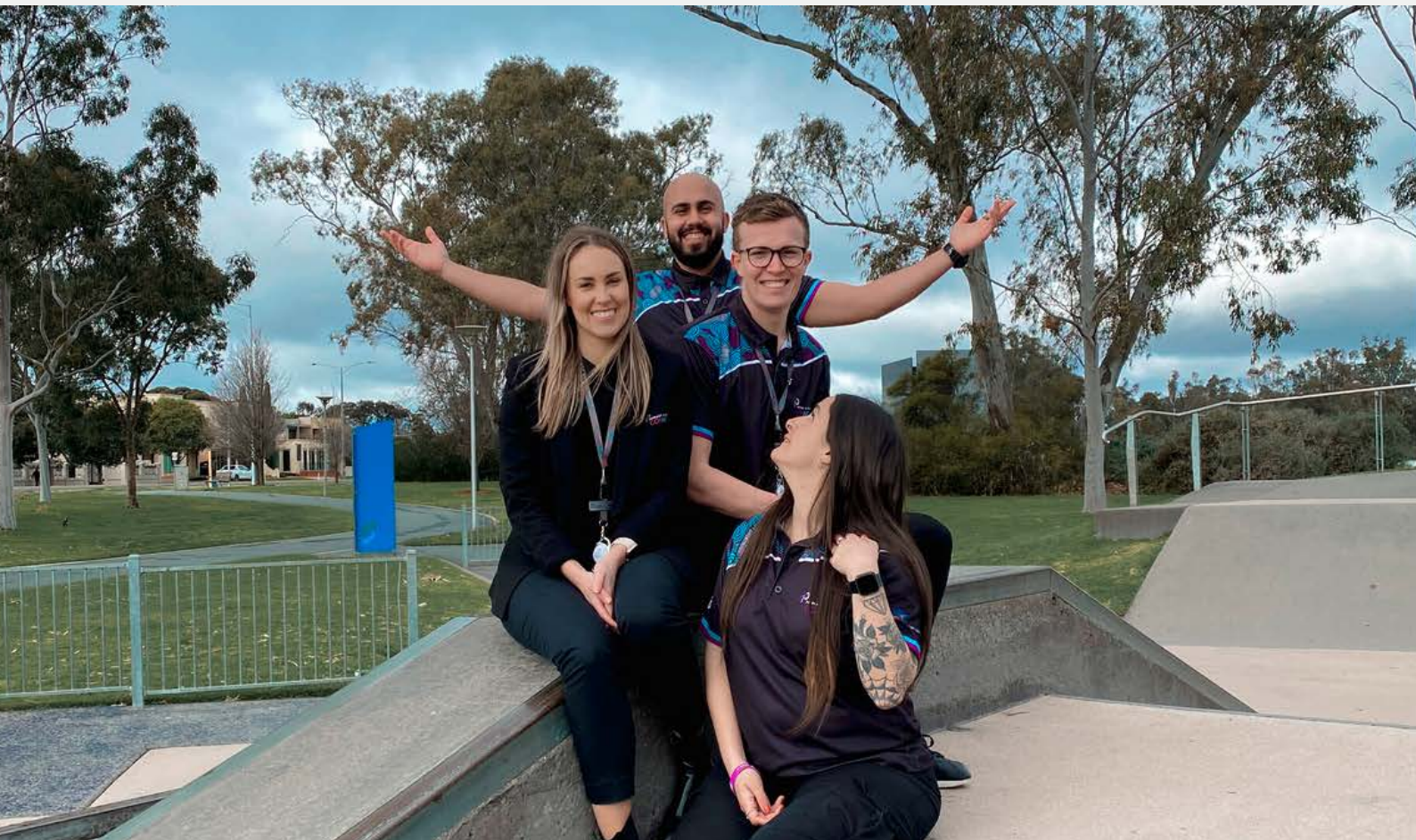
Primary Care Connect (PCC) has always been an employer who grows its employment and program capacity from year to year. In the 2020-2021 financial year, PCC saw some significant growth with the opening of The Orange Door Goulburn and being successful in obtaining funding through the Working for Victoria initiative. PCC had to recruit over 20 people for both programs. The recruitment campaigns were lengthy and widespread to ensure that we were employing people who would be assets to PCC and provide quality services to the community.

At the commencement of July 2020, PCC employed 79 employees and had 64.4 EFT however by 30th June 2021 PCC had grown to employing 97 employees and had 85.8 EFT. This is an increase of 22% of employees and 33% to our overall EFT.

As PCC looks to continue its growth in 2021-2022 financial year, we will focus on different recruitment initiatives to ensure we can continue to find the best people to continue to provide quality services to the community.

We are so proud of the team we have at PCC, and the unwavering quality support they continue to provide to our community, and the support they provide to each other as well.

*"My role through Primary Care Connect has been one of the most rewarding jobs I have ever experienced. The support from the team as well as management has made the position worthwhile and more". – Jane**



CLINIC SIHAT

Primary Care Connect (PCC) has been concerned about a lack of access to local medical clinics, GPs and mental health services providing new arrival health assessments to refugee and asylum seekers clients in Greater Shepparton. A local clinic who had been seeing majority of new arrival clients in Greater Shepparton were at capacity and could not take on any new referrals. Seeing this and listening to feedback and community voice, PCC began partnering with **Cabrini Outreach** to create Clinic Sihat.

Clinic Sihat is a clinic for people seeking asylum, undocumented migrants, vulnerable temporary visa holders, and refugees to access health care within their first six months of arrival. The secondary aim is to also link with local medical clinics, support education on new arrival health assessments with funded refugee health fellows, to support a sustainable model with local medical practices. Clinic Sihat work with clients for the first six months upon arrival and transition care to local GPs whilst they undertake refugee health training.

CONTINUITY OF CARE

Supporting our community members to live their best lives is what drives our team at Primary Care Connect (PCC). It is so important to us that the journey from seeking help through to achieving goals is as seamless as possible for our clients. Building on feedback from earlier Client Voice opportunities, and a review of best practice for the best health outs, PCC implemented One Care Plan.

One Care plan allows our clients to tell their story once at the beginning of the journey, and to create their own goals within a shared care plan, regardless of what or how many services they are seeking within PCC. They can build on or change their goals, all with the support of our Consumer Care Team and our clinical staff.

LANGUAGE IS NO BARRIER

Greater Shepparton is a unique regional town because of the rich diversity of cultures found within and the rich history of migrants and refugee settlement. Primary Care Connect (PCC) value the engagement and opportunity to support our multicultural communities, with that, comes responsibility that we can do so in a culturally safe and accessible manner. One part of this is by reducing or removing the language barrier.

PCC has the use of interpreters across all programs as a standard practice. As a regional town, the most common and quickest access form is to access interpreters is through the telephone. Locally, limited number of professional onsite interpreters in the region is a great barrier and for many clients, they prefer telephone method due to perceived concerns about privacy. The use of phone interpreters guarantees a level of privacy that onsite interpreters may not.

PCC used interpreters whenever required and for whatever language is required. This includes Auslan interpreters.

In addition to interpreters, PCC has forms and information translated into common languages used and is beginning to use video/spoken recordings as well where appropriate

GOING FROM GOOD TO GREAT

Primary Care Connect (PCC) sees each and every one of our team as our greatest strength in supporting our community. We are continually proud of our teams every day. We recognise that in order to support our community, we need to provide the best culture and workplace we can for our team to not only deliver services, but to be able to continue to develop and learn personally and professionally throughout their employment.

We have been working closely with Sentify on taking our workplace culture from good to great. We know that culture development is an ongoing journey of listening, learning and self-reflection. We have completed several inter and intra team workshops, individual coaching and staff and leadership charters and plenty of fun activities.

We are humbled by staff comments when we talk about our culture, 'I am so proud to work at PCC where they genuinely put their staff wellbeing first' and 'I love that PCC are not just family friendly and supportive on paper, they live and breathe that through their everyday actions'. Our culture surveys and measurement tools have shown significant growth in positive culture behaviours.

COMMUNITY ENGAGEMENT THROUGHOUT THE PANDEMIC

During the pandemic, like several other Community Health Services, Primary Care Connect (PCC) supported our High-Risk Accommodation (HRAR) programs, rooming houses, caravan parks and similar. The program initially provided support for those high risk, high foot traffic facilities to implement COVID safe practices plans. Our HRAR staff door knocked and engaged and listened to concerns from residents in these housing areas, attended community spaces to provide informal access to education, provided care packs and built solid connections and trust within the community.

As the Pandemic progressed, a focus shifted to supporting COVID positive cases to ensure they can isolate safely and be assured they have all the necessary items such as food to help them. As vaccines became available, we have also taken a significant lead in addressing vaccine hesitancy and uncertainty in different community groups and supporting people to book and attend vaccination appointments. With the support of our Bi-cultural workers our HRAR nurses have conducted several Vaccine Information Zoom meetings with interpreter services for specific language groups.

Our continuing aim is to support and develop covid safe practices, outbreak planning and response and to minimise barriers for community members to access a vaccine and to go to where our vulnerable community is and offer a service in a safe environment.

ACCREDITATION AT PRIMARY CARE CONNECT

In 2020 Primary Care Connect (PCC) was delighted to have maintained accreditation across both the Human Services Standards and the ISO 9001:2015 Quality Management System. 2021 has seen PCC recently take part in a full recertification for Human Services Standards and a Maintenance review of our compliance against the ISO 9001:2015 Quality Management Systems. Feedback from Assessors has confirmed they will recommend that PCC is fully conforming with all standards. We are currently awaiting the formal accreditation notification.

In undertaking our annual accreditation cycles PCC is particularly proud of the feedback the assessors get from our clients and staff. To hear from clients that the support offered has been so valued in their individual journey makes the work we strive to deliver more worthwhile.

ADVOCATING FOR YOU

Sebastian* lives in one of the surrounding local government areas. He has an intellectual disability and takes it upon himself to enter into a contract for a mobility scooter so that he could be more independent and mobile around the town in which he lives. After buying the mobility scooter, Sebastian realised that he could not maintain the payments under the contract and sought the help of a local agency who helps those with disabilities. This agency reached out to Primary Care Connect for help in advocating on behalf of their client and Sebastian engaged in support from our Financial Counselling Team.

The client was also unaware of the fact that he was entitled to funding for a mobility scooter under National Disability Insurance Scheme (NDIS). Sebastian's goal was to ultimately have the mobility scooter repossessed by the company who allowed him to enter the contract and to then apply for the balance to be waived, and to seek alternative mobility options.

Our financial counselling team were able to advocate on Sebastian's behalf with the scooter company. With more support from doctors, and other support agencies Sebastian was working with, our financial counsellor was able to have the scooter returned, the loan amount waived, and contract cancelled. Sebastian was then supported to order a new mobility scooted through the NDIS, to ensure he can keep up his independence.

Our financial counselling team are experienced, compassionate and able to provide great supports, options and advocacy to our community where financial matters are of concern.

SUPPORTING PEOPLE LIVING WITH PAIN

Sarah* has been accessing the Refugee Health Clinic for nine months. She is married and a mother to five children. At the time of her referral, she was not working but studying to work in aged care. Sarah was referred since she has been experiencing shoulder and back pain for almost 10-years and her pain had become persistent and significantly affected her ability to perform activities of daily living such as hang-out washing and vacuuming and caring for her children. In addition, Sarah was anxious that she would not be able to work in Aged Care because of her physical health. Unsurprisingly, the physical health issues were also affecting her mental health. Sarah reported feeling quite down that she could not care for her kids and work.

Her main goals were to be able to care for her children without feeling limited by her pain, to be able to manage any pain so she could work and to eventually live pain free. Our Physiotherapist worked with Sarah to first identify any barriers to her treatment, and these included her tendency to prioritise her children and family's health above her own, having her husband also experience persistent pain and a child with episodes of acute pain, and distress over a decrease in functional ability.

Our physiotherapist worked with Sarah through monthly face-to-face and telehealth consults. As part of treatment, she received pain-neuroscience education, pain management strategies, rehabilitation counselling and exercise prescription. Sarah underwent a psychologically informed physiotherapy assessment based on cognitive functional therapy. These strategies were used to overcome inaccurate biomedical beliefs, shift her priorities towards her own health, as it was collaboratively decided that she needs to be healthy to care for her children.

Our Physiotherapist encouraged early return to work based on evidence-based guidelines. As a part of return to work the physiotherapist provided guidance on managing physical health while at work. Our Physiotherapist offered client support to talk to employer, however, this has not been needed yet. In addition, referral to counselling was offered but declined. During this time, PCC was also able to offer clients husband and child physiotherapy care which alleviated some of her worry.

Sarah has returned to work and is no longer limited by her physical pain when caring for family. This was enabled by challenging her biomedical beliefs, improving her confidence in her body and position pain as something common, but able to be managed. Sarah continues to experience some pain; however, this is common in people who have experience persistent pain. Goals have now changed to supporting her through her first probation work period and to taking part in recreational exercise. Child condition resolved and husbands has improved. While the goal of no pain is still there, Sarah agrees that this goal is not that meaningful. Client now cares more about managing her pain so that she can do the things she wants to do.


Sportsart

A TEAM APPROACH

Consumer Care has always been central to the quality and service Primary Care Connect (PCC) offer. Formerly known as Intake, this service and our staff are known by community as the voices they hear at first point of contact at PCC, and they are often the last contact with the agency too. A review undertaken in late 2019, looking at our engagement, accessibility and client voice saw a great need at PCC to make change in this area to ensure that the intake model was more than just first point of contact and voices on the phone, but a team that consumers or clients including external organisations can call on to ensure our services are person centred and accessible for all.

We reviewed our access and usage data, our client experience and community survey response, along with staff feedback, to implement our New Consumer Care Team. The team incorporates the elements of working across program areas to ensure the best possibilities for potential, current and future clients are met, and client voices are listened to and heard. Such voices serve as means to ensuring improvements in the services that are offered at PCC meet the needs of the community in real time.

PCC Consumer Care team consist of our front of house staff and four dedicated Consumer Care Clinicians and newly appointed Consumer Care Manager. All are dedicated and committed to the values of PCC but more importantly to ensuring that every person that enters, calls, or receives services at PCC are listened to, heard and provided every opportunity possible to better their health and wellbeing – at the start, middle and end of their journey.

The Consumer Care team work closely with referring agencies or organisations such as The Orange Door, ACSO, Corrections, General Practitioners and many more. Such partnerships are vital to ensuring that no area of need for consumers or clients are missed.

Since the introduction of the Consumer Care team and model, there has been more open communication and opportunity for the team to work side by side internal programs, collaborate more openly and freely with external organisations to update and improve resources for consumers and clients. Above all there has been great growth in the team's confidence and ability to ensure every person they speak to has the highest quality of care provided to them and they have their needs, thoughts, feedback, and experiences heard. This is clear in the returned phone calls and asking for a Consumer Care Clinician by name and feedback received from external organisation on the smooth, prompt, and pleasant communication between PCC and their staff.

The Consumer Care team is a welcomed area of change that encompasses all of PCC's new and vibrant values. At staff charter level, the Consumer Care team 'see and acknowledge the whole person' and ensure they aid to 'make a difference to their present reality'.

SUPPORTING FAMILIES &FRIENDS: INFOCUS EDUCATION PROGRAM

InFocus Education Program is for families and friends affected by someone's drug and alcohol use.

Due to COVID restrictions this program was considerably reduced from 6 x 2 hourly weekly sessions to 3 x 3 hourly weekly sessions so there was a lot of information to absorb, and it was delivered brilliantly by the facilitator. The program offered practical support, relevant information, coping strategies and the opportunity for people to connect through their shared experiences. The program was facilitated by **Family Drug Help (SHARC)**.

The key goals for this program were to help families to develop strategies for communicating with someone who is unwilling or indecisive about changing their substance use. Information about recognising and responding to challenging behaviours and the key role that family members play in maintaining and/or changing the behaviours. However probably the most important point of the program was to help families understand the importance of self-care in dealing with family issues.

One of the most important goals addressed during the education program concerned the advantages for family members setting boundaries for their own self-care and to help them understand that they cannot try to change another person's behaviour.

The program was appropriate, timely and relevant to help support families especially during the extended lock down restrictions in Victoria where

families are having closer than normal contact with family member substance use and the impact of their behaviour.

The focus and basis of the education program was to provide attendees a safe place and the opportunity to talk about their problem. Also, to provide relevant information, explore how family members respond to or cope with situations and what they might be able to do differently.

Feedback from each attendee was extremely positive and provided each person with the tools to help their family member who is substance challenged. Each attendee expressed a wish to learn more and continue to share experiences thus due to the camaraderie and self-confidence gained they wish to continue to meet socially as a group. Again COVID-19 restrictions have prevented further get together.

Each attendee is now a client of PCC and is receiving on-going support including addressing stress factors which affect their ability to cope with and manage their day-to-day tasks whilst dealing with a substance user.

SUPPORTING SOCIAL CONNECTIONS

Mischa* is a young person who had no family supports. She was looking for some supports to allow her to keep up with school during covid lockdowns, find safe and secure accommodation and employment opportunities. Many of her supports where through her school, but this had changed now that school was done remotely. Mischa did not feel connected or as supported as she once did, so the isolation seemed so much worse.

Mischa came to Primary Care Connect and saw one of our Youth Support Team members, with concerns of how she would stay in school, how she would survive financially, since having casual work decreased since Covid- 19 lockdowns, and how would she find safe and secure accommodation.

Our Youth Team were able to be a constant and positive support for Mischa, by listening to her concerns, and helping her prioritise her goals, which ultimately was to be able to stay in school. To achieve this our Youth Team were able to connect her with Centrelink and support the application process through to approval, and supported her to seek accommodation, with referrals made to local accommodation programs. In addition to this, we were able to financially support Mischa to attend her school's debutante ball, which was a huge milestone for her, and one she did not think she would ever be able to attend. Sometimes events like that can seem so out of reach and insignificant when you are trying work through, employment, housing, school as a young person, but social networks and engagements are just as important for your overall health and wellbeing.

The effects from lockdowns due to COVID isolated people even more than they were prior to this pandemic. Mischa showed resilience in a challenging time to make changes and by being able to attend a Deb Ball as a milestone of her schooling and life was a huge incentive for her to continue to build her confidence in herself and in the fact that there are support services locally that can help in many ways.

A TELEHEALTH TEAM

Technology has been a lifeline for many during Covid-19 pandemic. But it has not come without difficulties. Primary Care Connect had a client who was referred to the Refugee Torture Trauma team, diagnosed with post-traumatic stress, depression, back pain and high blood pressure, and limited experience using technology. Due to lockdowns and isolation requirements, phone counselling support was the only option. Initially the client was resistant to this mode of support, but with persistence, and consistency from our counsellor, by having the same appointment time, mode, and interpreter available, progress was able to be made, with the client feeling supported in a safe environment, albeit online.

Social, Cultural and Linguistic differences in the settlement journey were the themes discussed, specifically about employment. The continued psychoeducation was a goal identified. Stress reducing techniques were introduced but efficacy was a first concern, as it was phone contact. Counsellor identified the complexity of physical and mental health issues that the client presented and agreed together that the counsellor would form a care team for the client.

By having the care team formed (virtually), of a Primary Care Connect Refugee Health Nurse, Refugee Access Worker, Physiotherapist and external GP, the client was able to begin to address all concerns, and the counsellor had a greater team of support also. While the Care Team supported the client, it was recognised that there was a need for a referral to a psychologist, preferably speaking the same language. There were none locally in Shepparton, but a referral was made to one in Melbourne, and where travel would normally be a barrier to access this service, the client was now experienced and comfortable using telehealth options after positive experiences through Primary Care Connect, so access and engagement was successful.

SUPPORTING LOCAL STUDENTS

In 2020 I started my fourth-year university placement at PCC within the Family Violence team. I spent six months working part time within the organisation and toward the end of the placement I was fortunate enough to secure a full-time role in the Family Violence (FV) team and working in the Perpetrator Case Management program. I then began the transition from student to full time employee within the organisation.

As I was a placement student, I had many requirements that I needed to fulfil to pass my university degree. These requirements were often time consuming and would include me having to miss placement days to attend my classes. As I was coming up to the end of my studies, there was pressure to gain full time employment as soon as university was finished and to compete for job roles against other graduates.

My goal was to secure full time employment prior to the completion of my placement and studies to ease the stress of emerging into the work force. As Shepparton is a small community, there is only a handful of jobs available when graduating so most of the students would be applying and competing for the same roles. I was concerned about missing out on any opportunities when it came to gaining employment as well as my lack of experience when it comes to interviewing for positions and filling out documentation.

During my placement with PCC, these concerns was something that I had brought up with my manager. She was wonderful at validating and reassuring me that PCC was there to support any decisions I made about my career path. When a position became vacant within the FV team I spoke with my manager about my eligibility for this role, as I wanted to work within the FV team but had a passion for working within the Perpetrator space. She encouraged me to apply

as it would give me good experience in the application process.

After my interview, I was given excellent feedback from those on the interview panel, and I was successful in my application. During the transition from student to employee, the entire FV team were there to support me as I became comfortable with my new professional identity and were/have been there for me as I continue to grow within my role.

I was able to secure full time employment in my desired program well before my placement completed, allowing the last few months of my studies to be much less stressful as this was something I no longer had to worry about. Going from six months placement, to full time gave me the confidence to smoothly transition within the team and feel comfortable with my role and the people around me.

This experience has been something that I have shared with other new graduates in hopes that they will find some guidance from it and some security knowing that PCC is a supportive place for students and new graduates to complete placements, and begin their careers, while still being able to stay local.

PREVENTION OF VIOLENCE AGAINST WOMEN AND CHILDREN

Primary Care Connect (PCC) is committed to preventing violence against women and children in our local community. We run safe and inclusive education sessions for community and workplaces to be able to gain understanding of the drivers of violence, identify and respond to these behaviours.

Terry* is a personal trainer who delivers group exercise programs. Terry attended a foundational family violence training session as part of the collective commitment PCC has to family violence response. After completing this training, Terry says he became more aware of the indicators of family violence when working with clients, as a result he was able to identify some concerns he had for an exercise client he was working with.

With increased confidence following the training, Terry knew to seek help from a family violence team member at his organisation and they met to look at a strategy for supporting this client. Terry and the family violence worker looked at screening questions and went through the response and referral options available for the client and some basic safety planning processes.

The training provided Terry with the skills and confidence to best support the client and to grow his own practice.

Contact Us

399 Wyndham Street | *PO Box 1167* | Shepparton Victoria 3630

(03) 5823 3200 www.primarycareconnect.com.au @primarycareconnect