We are proud to present Our Community, Our Work, Our Stories. We believe it provides valuable insights into the key issues affecting Indigenous people in Brisbane and Logan and how we are working towards reinstating the wellbeing of our people – person by person, family by family, generation by generation.
A message from our Chair & CEO

If last year was a period of review and reflection, this year was one of significant expansion.

Our priorities and directions have been guided by our new strategic plan—Our community, Our future, Our way—which we launched in October 2016. Our commitment to our community is the reinstatement of the wellbeing of our people: person by person, family by family, generation by generation. Our strategic priorities are such that we are focussing on broadening and building on our primary health care and community services, ensuring we are operating in the most efficient and effective way possible.

We believe we have delivered on this promise this year.

The number of health checks through our medical clinics has increased again, with 4857 of our community having a comprehensive health check, a 36% increase from last year. This achievement is underpinned by the continued implementation of the Institute of Urban Indigenous Health’s ‘Model of Care’ and the integration with the Deadly Choices campaign throughout our service network.

We are especially proud of three significant milestones—the launch of our ‘Deadly Kindy’ program, the expansion of Jimbelunga and the opening of our seventh medical clinic at Loganlea.

Learning in the early years lays the foundation for later life. The launch of our first ‘Deadly Kindy’ at Kingston at the start of this year is an important opportunity for us to move towards enhancing the delivery and quality of Aboriginal community led models of early learning for our children and their families. An important factor in our Deadly Kindy approach is the integration of early learning with our existing services, including specialist mums and bubs services, allied health, child maternal health, family support and mental health services.

Following the success of our first ‘Deadly Kindy’ we will be opening two more kindergartens this year.

We opened a new medical clinic at Loganlea, which means more access for our community who are choosing Logan as a home base, the fastest growing region for Aboriginal and Torres Strait Islander people in Australia.

This year we also completed the redevelopment of our aged care facility Jimbelunga increasing our beds to 74 from 55, enabling us to better look after our elders.

We sincerely thank all our staff who bring to our organisation a wealth and depth of expertise and experience, delivering positive, practical responses to health and wellbeing needs.

Thank you to the Board and Senior Management team who drive our vision to enable and empower our people and community.

Every day we remember we are many individuals but one organisation—together we provide a professional, seamless experience for our community in a way that makes them feel safe and secure.

At a glance...

- We are a not-for-profit community owned health and human services organisation delivering on the unique health and wellbeing needs of Aboriginal and Torres Strait Islander people in greater Brisbane and Logan.

- Founded in 1973, our vision for our future is that we are world leaders in Indigenous health and social support services being provided in an urban setting.
Key facts

- **Our staff:** 276
- **We have:** 7 medical clinics, 2 dental clinics, a mums and bubs program, an aged care facility, family and child safety services, social and emotional wellbeing programs and a youth service.
- **Our patients:** we have 9,669 active patients on our books, which represents over 70% of our community accessing our services.
- **We offer:** In conjunction with IUHH we provide a range of allied health services including physiotherapy, audiology, diabetes education, dietician, occupational therapy, podiatry & speech pathology.
- **Our specialists:** we have a range of visiting specialists including child, family & maternal health, ophthalmologists, paediatrics, cardiology, gynaecology, dermatology, geriatrician & endocrinology.

We are the largest, most comprehensive Aboriginal Medical Health Service in Queensland, and Australia’s second oldest. We are determined to reinstate the wellbeing of our people: person by person, family by family, generation by generation.

We pride ourselves on providing health and community services, our way—supporting our people and community in pursuit of our commitment to create a flourishing future and lasting legacy for them and their families.

With nearly 300 staff we operate seven medical clinics, two dental clinics, a mums and bubs programs, an aged care facility, family and child safety services, social and emotional wellbeing and family programs and a youth service.
Our key highlights...

We opened a new medical clinic at Loganlea, which means more access for our community expanding our medical clinics to 7

Our Recognised Entity team helped 370 children and young people this year

We put in place 1641 Care Arrangements, representing a 44% increase

There was a 57% increase in GP management plans with 1696 people

Our GPs completed 716 mental health treatment plans, a 59% increase from last year

505 of our community are enrolled in our care coordination program with allied health and specialist visits doubling and almost tripling in some clinics.

Our community accessed our primary health care more than ever in 2017

We had an incredible 174% increase in our care plan reviews seeing 3195, which means better planned care for our community.

We saw 2863 new patients, an increase of 19% from last year

4857 of our community had a health check, a 36% increase from last year

Our new youth service saw 575 young people

593 of our most vulnerable women and children accessed accommodation at Joyce Wilding Hostel.
We launched our first Deadly Kindy at Kingston in February 2017, welcoming 20 kids.

We completed the expansion of Jimbelunga, our aged care facility, which means we now have the capacity for 74 residents. The new buildings were officially opened by the Hon Ken Wyatt AM Minister for Aged Care and Indigenous Health.

We launched the Young Black and Deadly scholarships which celebrates the talents and strengths of our young mob who have outstanding promise – but may lack the support and resources to fulfill their potential. We have given out 14 $1000 AND $2000 SCHOLARSHIPS.

Our medical, allied health, social health and specialist staff provided 98,553 EPISODES OF CARE.

We worked with our community to mount a grass-roots, community-inspired response to domestic and family violence against women in children, launching the “We Say No More” campaign at Parliament House on 25 November 2016.

Our dental team implemented our first Lift the Lip screening program for kids in our community under four.

We opened Salisbury Mums and Bubs clinic, a community hub offering services to improve the health outcomes of our mums and their babies. The hub is an initiative of ATSICHS Brisbane and JUJH with the Mater Mothers’ Hospital.

Strong and deadly families – we opened our Southside Family Wellbeing Program in partnership with Yull-Burri Ba working in Beenleigh, Logan, Bayside and Browns Plains.
Healthy bodies, healthy us

We operate seven medical clinics that provide comprehensive general and specialty medical services to our community in the greater Brisbane and Logan area.

Our health services are provided by a dedicated team of doctors, nurses, indigenous health workers, allied health professionals and administration staff.

Our teams are committed to providing access to quality health assessments that lead to positive health outcomes for individuals and families.

Our clinical services are committed to providing what our community want, because our people want to live longer and be healthy.

We implement progressive programs that promote enjoyment, participation and happiness in the health journey.

We proudly commit to partnership opportunities that deliver the best services for our community across the lifespan.
Highlights of our work this year...

We opened a new medical clinic at Loganlea, which means more access for our community who are choosing Logan City as a home base, expanding our medical clinics to seven.

We are delivering a service that is more integrated and can also provide access to family support for example linking into our Child and Family Centre at Waterford and our aged care facility at Jimbelunga.

We introduced a Hepatitis C treatment program – all clinics across South East Queensland now provide access to the new Hepatitis C treatments. A number of our GPs are able to now directly prescribe medication to our patients under close the gap. These treatments are very successful at curing Hepatitis C, are easy to take and have minimal side effects. We also added to our already extensive specialist medical services a visiting gastroenterologist to Woollongabba clinic to support the Hepatitis C treatment program.

We continue to partner with key organisations like IUHI and our local Hospital and Health Services to provide better services and connections to much needed services.

We were successful in achieving re-accreditation at our Woollongabba, Northgate, Acacia Ridge and Logan Mums and Bubs medical clinics and across the organisation with ISO.

We continue to work hard to provide follow up care for our community to ensure that our patients have the best opportunity to participate in their own health journey.

We have welcomed new GP Registrars who have chosen the Aboriginal Medical service sector with a view to continuing with our services longterm.

We are delivering more targeted services – we made significant changes to the operation of our Acacia Ridge clinic, which opened at the Muri School. We now focus on planned health care for students, their families and staff of the school including health promotion within the school environment.
School health checks – we improved our systems to support health assessments provided on site at local schools from Northgate down to Logan and out to Beaudesert. We continue to strengthen our partnerships with primary and high schools and provide health checks and follow up for our young people who are our future.

Extended hours – we responded to community requests and now open early at three of our clinics – Northgate, Logan and Browns Plains. We will continue to look at the need in our other clinics.

Building quality systems – we implemented a new system – LogiQC – to help us better manage our systems and quality processes. This means a better level of accountability in areas like managing incidents, responding to feedback and complaints and managing risk.

Point of care information – we invested in tools for our clinicians to ensure the most up to date clinical care and information is used to treat our community. We also upgraded our IT infrastructure to improve functionality services which we rely on every day to deliver health care.

Clinical governance – we continued to strengthen our clinical quality with a focus on continuous quality improvement, peer review and policy and procedure development and review.

9669 ACTIVE PATIENTS
(3 VISITS IN THE LAST 2 YEARS)

98,553 EPISODES OF CARE

2863 NEW PATIENTS

40,607 PATIENT VISITS TO OUR DOCTORS
4857 Health Checks
An Aboriginal and Torres Strait Islander health check (715) is a full health assessment completed yearly with our patients. It marks the very important beginning of a health journey for our community.

1696 Care Plans
Care plans are done annually and assist those who have a chronic illness to work with our medical staff to find the best ways to manage their health throughout the year.

1641 Team Care Arrangements
Team Care Arrangements are discussed at the time of care plans. They ensure our communities are provided with the support they need from our team of health professionals i.e. allied health, Aboriginal health worker.

3195 Care Plan Reviews
A review of care plans and Team Care Arrangements can be done every three months. Our medical team work with patients to make any necessary changes that may be needed to the initial plan.

716 GP Mental Health Treatment Plans
Mental health treatment plans are done on a yearly basis and are reviewed every three months. Mental health treatment plans are very much like a care plan but specifically for mental health care needs.
Our work in action in our community...

The value of Aboriginal and Torres Strait Islander health workers in our model of care

Our health workers provide our community with a culturally capable and clinically qualified service that is committed to quality care. Aboriginal and Torres Strait Islander health workers provide relationship based care within an efficient model of care. This becomes an important part of the recipe when working within a community that values connection and a model that values the patient.

Aboriginal and Torres Strait Islander health workers billed over 300 follow up care items over the past year. The care provided in follow up is integral in better outcomes for our patients and their families.

Our families feel safe and secure when visiting our services and actively seek the support provided by our health workers in their journey throughout their care.

Overall a model with Aboriginal health workers leading enables:

- an opportunity to increase people’s health literacy which increases our patient’s activation in health care
- culturally capable service provision, which aligns with relationship-based care principles creating better outcomes for our people
- an organisational culture that values and promotes the role of Aboriginal and Torres Strait Islander knowledge in primary health care.

Culturally capable and clinically competent care

Outcomes for our patients and their families are dramatically improved through the care provided by Aboriginal and Torres Strait Islander health workers and practitioners. We provide opportunities in follow up care that values our patients at the centre.

Why are we achieving these rates?

- Each of our clinics boast an Aboriginal and Torres Strait Islander health practitioner.
- We provide a holistic wrap around service that includes family medicine, addressing acute and chronic presentations.
- Our systems are efficient and linked—we actively recall our patients for routine checks.

Looking ahead...

- A focus on women’s health, implementing a better way for women in our community to access the much needed early screening, intervention and treatment for women’s health needs.
- Increased uptake in clinics of services that are provided to decrease wait times and increase access to much needed services i.e. nurse practitioner clinics, specialist GP services with men’s and women’s health clinics.
- Working smarter together as an organisation to ensure that both our human and health services approach is integrated with a smooth patient journey in mind.
- Remain attentive to growth areas and responding in a timely manner by planning to increase our service reach.
- Partner and pilot innovative projects with dynamic organisations that demonstrate true partnerships to close the gap.
Jane’s story...

Jane* is a 30-year-old single woman with no children. Her medical history was a mix of long-term medical and mental health issues, that were further compounded by being overweight, anxious, depressed and at times prone to self-harming.

Jane’s health care was a confusing mix of treatments—the pathways for chronic illness and long-term mental illness were often overwhelming, which was leading to further risky behaviours. She struggled to maintain her motivation to be healthy and even though she knew that they could help, her engagement with these supports was sporadic.

Determined to improve her health Jane took the brave step of engaging with an Aboriginal health worker at one of our clinics. She knew that they could understand her from an Aboriginal perspective and also help her make sense of a very complicated health history.

Since working with an Aboriginal Health Worker (AHW)

Jane has made some significant changes in her health and wellbeing choices. With her health worker’s support she is now a part of a number of programs:

- **smoking cessation** – Jane has completed the 4 week program and has dramatically decreased her tobacco intake with the help of the Aboriginal health worker

- **social health team referral** – Jane and the AHW work closely with her case manager and as a result her mental health is now manageable

- **CCSS** – Jane and the AHW worked as a team to access the care coordination and supplementary services program she now has access to a CPAP machine and gets a good night’s sleep.

- **Work It Out** – we spoke with Jane about joining the program for the social and physical benefits. Jane is now a regular and attends weekly.

“We see Jane at least once a week in the clinic, may it be for a GP appointment, allied health, specialist or even social health appointment. Jane is so much more proactive in her health and well-being. Sometimes she’ll just drop in to have a yarn and tell us what’s happening.

It’s good that she feels comfortable enough with us to open up and talk to us... it makes our role as Aboriginal health workers so much more fulfilling when we see great changes like this in our clients.”

_Tereina Kimo_, Aboriginal Health Worker, Woolloongabba Clinic

*To protect our clients’ privacy individual names and images have been changed*
Supporting our community with chronic illness

Our Care Coordinators empower our clients to live quality lives, providing help, guidance, emotional and social support and chronic disease education.

We assist those in our community who suffer with chronic disease along with their families to overcome barriers so that they can effectively manage all of their health care needs.

Their needs are self-directed and we support their health care with passionate multidisciplinary teams that are brought together by the Care Coordinator and GP in accordance with the patient’s chronic disease management plan.

Chronic disease amongst our clients and community is prevalent and can be attributed to the following:

- hundreds of years of inter-generational trauma
- social aspects
- emotional trauma
- economic and educational disadvantage
- physical aspects and barriers
- predisposition to genetic morbidities of chronic disease.

What illnesses are identified as chronic illnesses?
- Diabetes
- COAD (chronic obstructive airway disease) and emphysema
- Asthma
- Heart disease, stroke and other vascular disease
- Osteoarthritis
- Chronic kidney disease
- Developmental delay, due to deficits in hearing and speech
- Cancer
- Neurological disorders, multiple sclerosis and Parkinson’s disease
Highlights of our work this year...

Increase in patients receiving services and care packages through My Aged Care

Our care coordination clients are eligible for My Aged Care packages and services from the age of 50. Assistance can include help with daily living, meal preparation and delivery and access to additional mobility aids. During the year the number of referrals to My Aged Care increased as we supported our patients to engage in the assessment process ensuring respect and equity for our clients. Approximately 20% of our care coordination clients are now actively receiving additional services for support.

Astounding results

Over 20% of our patients need assistance with Continuous Positive Airways Pressure (CPAP) machines to cope with Obstructive Sleep Apnoea (OSA). OSA deprives the body’s organs and brain of vital oxygen supplies and causes clients to cease breathing momentarily many times a minute or suffer hypopneas (partial throat closures) during rest and sleep periods. Significant numbers of our clients are diagnosed with OSA each year and are using CPAP machines.

Commencing and continuing treatment aided with a CPAP machine enables better health outcomes for our patients.

Treating sleep apnoea under the care coordination program has enabled many of our clients the opportunity to remain employed. This in turn has benefitted the whole family with patients expressing a new found drive to manage their own chronic illness in partnership with their care coordinators.

Figure 1: Percentage of care coordination clients receiving CPAP therapy in 2016–17

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Woolloongabba</td>
<td>25%</td>
</tr>
<tr>
<td>Logan</td>
<td>16%</td>
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<tr>
<td>Northgate</td>
<td>38%</td>
</tr>
<tr>
<td>Browns Plains</td>
<td>23%</td>
</tr>
<tr>
<td>Loganlea</td>
<td>35%</td>
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Perioperative care of cataract patients

Our clients continued to access cataract surgery in 2016–17. Our care coordinators have been an integral part, advocating and supporting clients and their families through surgery at the Mater Private at Springfield. Patients express their joy, gratitude with often heartfelt thanks to the IUH eye health team and ATSICS Brisbane who make this possible. Being able to see can make a remarkable change to our client’s life, as quoted by one patient...

“I can start watching DVDs out of my library of 2000. It will be so good to watch John Wayne again”
The number of patients enrolled across our clinics is 505, with care coordination services provided at our seven clinics, including our recently opened Loganlea clinic. Logan and Woolloongabba continue to have the highest number of clients.

The highest number of patients is at our Woolloongabba clinic with 168 patients actively enrolled. Logan also has a high demand with 148 patients. Our newest clinic Loganlea has been supporting, coordinating and advocating for CCSS clients since the third week of opening its doors and currently has 16 patients. Allied health and specialist visits have doubled and almost tripled in some clinics.

**Woolloongabba**

<table>
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<tr>
<th>Care coordination services</th>
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<tbody>
<tr>
<td>2016-17 2015-16 2016-15</td>
<td>1066 EOC</td>
<td>1066 EOC</td>
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<tr>
<td>5155 EOC</td>
<td>1173 EOC</td>
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<tr>
<td>Total 4832 EOC</td>
<td>Total 6328 EOC</td>
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<tr>
<td>Supplementary services</td>
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<tr>
<td>2016-17 2015-16</td>
<td>635</td>
<td>2991</td>
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<tr>
<td>Total 3626</td>
<td>Total 5940</td>
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<tr>
<td>Allied health visits</td>
<td>Specialist visits</td>
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**Logan**

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<th>Care coordination services</th>
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<tbody>
<tr>
<td>2016-17 2015-16 2016-15</td>
<td>1753 EOC</td>
<td>1753 EOC</td>
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<tr>
<td>6158 EOC</td>
<td>1753 EOC</td>
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<td>Total 7911 EOC</td>
<td>Total 5154 EOC</td>
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<td>Supplementary services</td>
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<tr>
<td>2016-17 2015-16</td>
<td>2613</td>
<td>7107</td>
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<td>Total 9720</td>
<td>Total 7166</td>
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<tr>
<td>Allied health visits</td>
<td>Specialist visits</td>
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</tbody>
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Care coordinators are in place to ensure that our patients have the opportunity to access and receive the best possible care timed for when it is most needed.

Our care coordination team also understand that we cannot do this alone and patients need pathways to other organisations and support services who can help. We have worked hard this year to establish and maintain relationships with other organisations who can also support our clients through times of illness and/or crisis. These partners include the IUH Inner City Referral Service, MICAH, Murri Watch, Salvation Army, various detox facilities and mental health support services and various services within government health and hospital services. These partnerships have enabled care that is continuous minimising the chance of patients missing out on care.

Northgate

Care coordination services

- 2016-17 2015-16
- 2440 EOC 531 EOC Total 2971 EOC
- 4545 EOC 1569 EOC Total 6114 EOC

- Care coordination
  EOC = episode of care
- Direct clinical care by the care coordinator

Supplementary services

- 2016-17 2015-16
- 816 277 Total 1093
- 2404 890 Total 3294

- Allied health visits
- Specialist visits

505 patients enrolled in CCSS program
Browns Plains

Care coordination services

- 2264 EOC
- 1036 EOC
- Total 3300 EOC

Supplementary services

- 2053
- 1014
- Total 3067

Direct clinical care by the care coordinator

EOC = episode of care

Acacia Ridge

Care coordination services

- 802 EOC
- 531 EOC
- Total 1333 EOC

Supplementary services

- 498 EOC
- 475 EOC
- Total 973

Direct clinical care by the care coordinator

EOC = episode of care

Looking ahead...

- We will continue to forge relations with internal and external organisations, groups and medical specialists through meetings, regular correspondence and by attending information and workshops to ensure our clients receive a full wraparound service to assist in the management and treatment of their chronic disease.

- We will continue to identify eligible clients for My Aged Care services and packages and continue to refer and support the client. The goal is to have 40–50% of eligible clients assessed for My Aged Care packages, whether it is for immediate access or future care planning.
Our work in action...

Mary’s story

‘Mary’ is a proud Aboriginal woman in her sixties who frequently visits our Browns Plains clinic. She has a history of diabetes and OSA. She really appreciates everything that is done for her and she knows she’s in great hands when she visits and phones, Pearl our care coordinator at our Browns Plains clinic.

Mary had a CPAP machine that was given to her several years ago which hadn’t been used for a lengthy period of time. After some encouragement and support Mary had new sleep studies and she was given a new CPAP machine. She is using the machine and having regular reviews. She feels like a new person with her new machine and has a lot more energy.

Pearl Heke, Care Coordinator, Browns Plains clinic

“Aunty M” story

‘Aunty M’ is a 76-year-old lady of Aboriginal and Torres Strait Islander heritage. Aunty was presenting to our clinic with dangerously high blood sugar levels (BSL’s) with readings of 20+ and 30+ and at times that high that the blood sugar monitor could not register her BSL.

Our care coordinator at our Woolloongabba clinic started Aunty M with diabetes and medication education and began weekly home visits. Since this time her BSL’s have lowered to a safer level with readings between 6–15. On some occasions readings that have been perfectly within the range of 4–8.

and her weekly Bydureon (diabetic medication) has been withheld.

At the moment we have managed to assist in helping Aunty M manage her diabetes, and in the future when her granddaughter becomes her carer we plan on teaching her how to administer her weekly injectable medication.

These results have had life changing effects on Aunty M’s wellbeing. She reports a renewed sense of energy and better health, “I feel great, someone from above is looking out for me and sent us to help her.”

She really enjoys the home visits and she and her family are really happy with the service and have become more involved in her healthcare.

Natasha Eggmolesse, Care Coordinator, Woolloongabba clinic

“Hi Pearl

Just wanted to let you know that the CPAP machine is working a treat.

We don’t hear a thing now. The first night I kept getting up to check on her because it was so quiet...

I now feel better about her visiting my sister in NSW.

Thank you for taking care of her for me.”

*To protect our clients’ privacy individual names and images have been changed
A healthy smile is a deadly smile

We provide a wide range of dental services at Woolloongabba and Logan dental clinics and the newly introduced dental truck at the Murri School. Our aim is to assist and improve the oral health of our community.

Our dental team consists of dentists, oral health therapists, dental assistants, dental technicians and a dental prosthetist.

We continue to support the training of dental students by providing clinical placements for final year dental students throughout the year and we offer a pathway for young Indigenous school leavers in a dental assistant traineeship.

Our dental clients

CLIENTS BY AGE

51+ 1867
41-50 1232
31-40 1000
21-30 1063
11-20 785
0-10 372

2911 MALES
3522 FEMALES

WE SAW 6433 OF OUR COMMUNITY IN OUR DENTAL CLINICS
Dental Treatments

1525 Extractions
2386 Restorations/Fillings
1572 Hygiene/Cleaning Appointments
1036 Dental Check Ups
212 Root Canal Treatments
38 Surgical Extractions
319 Fissure Sealants
1625 Emergency Examinations

Denture and crown work

11 Relines
187 Dentures (Full)
75 Repairs
106 Partial Denture
12 Crowns
Highlights of our work this year...

Expanding our service

Our Woolloongabba dental clinic was expanded this year. We now have four surgeries and an extended dental laboratory. As a result of this increase clinic is the principal provider of denture work with Logan and all IUHI dental clinics referring patients in to see the prosthodontist whose primary role is to treat all patients requiring any removable denture work.

The fourth chair will also promote the expansion of our client base to include seeing more children with the introduction of an experienced Oral Health Therapist.

Increase in denture work

We continue to see an increase in denture work providing full and partial dentures. This can be attributed to the completed extension and upgrade of the Woolloongabba dental laboratory.

Working with our community for our community

We continued to form a number of key partnerships including: placements of fifth year University of Queensland dental students, vocational placements for Certificate III in Dental Assisting students from Southbank TAFE and worked with IUHI on denture and crown and bridge referrals and dental student placement. Networks and referral processes were established for dental support and resources at Mums and Bub Logan, Joyce Wilding and Jimbelunga.

Our work in action in our community...

During the year our dental teams visited and participated in community days and special events to provide information on dental care and disease prevention. The dental team implemented our first Lift the Lip screening program for children under four and visited a number of our kindies – Burragah, Deadly Kindy Kingston and Gundoo Mirra.

Dr Rabbit and our tooth fairy were introduced at the Murri Junior Carnival in May and eagerly joined in with the great amazing race, showing the kids an amazing dab and sharing fabulous tooth brushing skills.

The team also joined the groups on the oval where they screened nearly 100 children for early caries detection with their lift the lip program.
Our community moves forward to a more comprehensive dental program

Our clinics provided a high level of emergency appointments this year. In response we introduced a more structured emergency triage questionnaire and appointment books were set up for recall and check-up appointments.

Eligibility criteria has also been changed so that we only treat patients who live in South East Queensland and are registered with one of our medical clinics. This means we can offer them a suite of allied health and dental care in their health plans. As a result, co-payments for dental treatment are only received for denture and crown work, with all our other work now free.

HEALTHY TEETH
HEALTHY SMILES
HEALTHY US

We introduced a new health promotion program — Lift the Lip screening
Our youth, our future

Our Youth Service provides a holistic approach to wellbeing by supporting our young people to reconnect or strengthen connections with their family, communities and support networks.

Young people between 12 and 18 years old are able to access a wide range of support including access to health services, one-on-one case management and diversionary programs through the ATSICHS Youth Service.

Case managers work alongside our young people who are at risk of disconnecting from their family, community, school or employment or are at risk of homelessness or harm, including self-harm.

575 YOUNG PEOPLE HAVE USED OUR SERVICE THIS YEAR

258 MALES

317 FEMALES
368 NEW SERVICE USERS

444 ACCESS SERVICE USERS

212 SUPPORT SERVICE USERS

16 INTENSIVE RESPONSE SERVICE USERS

Young people are encouraged to explore and determine positive goals and are supported by a case manager to achieve their brilliance and potential.
Highlights of our work this year...

Life skills programs
The concept behind the life skills program came from two of our young people who wanted to do something during the school holidays. From their ideas the life skills program was developed and implemented. The first life skills program delivered by AYS for the young people in the Brisbane region. The theme for this program was respect. Participants learnt to recognise their emotions and respect themselves while respecting others at the Jimbelunga visit. Trust was also recognised as a part of respect and the treetop challenge saw the young people learning to trust themselves while accomplishing difficult tasks.

We had positive feedback and the young people had more creative ideas for their next life skills program which kicked off in April 2017 school holidays.

The April program focused on leadership and saw young people enjoy an array of activities while learning valuable life skills. Participants learnt how to ride a wave as well as the importance of keeping the beach clean with environmental warriors Surfrider Foundation. Conservation was a key focus with a day at Australia Zoo and connections were made between young people and Elders at Jimbelunga Nursing Centre.

NAIDOC week
NAIDOC week saw a fortnight of events for our young people.
AYS participated in a touch football round robin on Tuesday 4 July as young people took on the police. The day was hosted by the Brisbane Crimes and Corruptions Commission to celebrate NAIDOC and to promote breaking down barriers between the Brisbane Police Service and our young people. The day consisted of a round robin of friendly touch football games, followed by a lunch provided by the Crime and Corruptions team. The day was positive and relaxing which provided a safe and supportive environment for our young people.

The AYS team joined the ATSICHS family and braved the rain on Friday 7 July as they participated in the 2017 Musgrave Park NAIDOC event. AYS were proud to display their new branded bus and marquee which they used to set up a chill space for young people and run some activities. The most popular activity, by far, was Which Way. Which Way invited 30 young people to check out local services at the event, get a stamp once finding out information about the service and going in the draw to win a portable Bluetooth speaker.

The participants were given an hour to locate the stalls nominated by AYS which included Headspace and many more. The objective of the game was to provoke meaningful conversations between young people and youth friendly services. The game was a success and all participants appeared the enjoy themselves.
Laura festival

The 2017 Laura Dance Festival boasted a record crowd this year with over 9,000 people passing through the gates. A lucky nine of those were from AYS with three staff and six young people celebrating culture at the well-known festival. Our youth team accompanied six hand-selected young people to the festival where the group camped for four nights, enjoying many cultural performances as well as day trips to Cooktown and Split Rock National Park to view Indigenous rock art and learn about Aboriginal history in the local area. Each young person thrived in their responsibilities around camp which included setting up their own tent, cooking meals and collecting firewood.

The invaluable cultural experience left each young person feeling more connected to their culture and excited to learn more about their own stories. It was thrilling to see the group excited by the cultural performances and eagerly interacting with elders and other young people from all across Queensland.

Even though they slept rough and were up before the sun each morning, it was amazing and life-changing experience. The team is looking forward to more cultural programs to help strengthen our young ones connections to mob and community.

The invaluable cultural experience left each young person feeling more connected to their culture and excited to learn more about their own stories.”

Our work in action...

David* a 15-year-old young Indigenous male who came into contact with our services on an outreach evening in the city. David appeared to be content however as we got yarning he talked about the emotional strain he was under due to his circumstances. By the end, the young fella agreed to meet again to discuss further support.

Over the next few months our meetings became fortnightly, then weekly and sometimes daily, with the intent of strengthening the relationship between David and his Child Safety Worker. The ‘intensive response support’ including meetings and different forms of contact (home visits, meeting at other family member’s households, driving to appointments with Child Safety, etc.) with David and other significant people in his life. This approach saw a better relationship with his mates and strong connection to his family.

With the support of not only his friends and family David now knows where he can get support and is able to independently make healthier choices.

*To protect our clients’ privacy individual names and images have been changed
Mary’s story

Mary* was referred to AYS by her foster carer. Mary is a 17-year-old young Aboriginal woman who had been in statutory care since she was three. She had been in over 30 placements including residential care and had been with her current carer for about six months. Initially Mary attended the Life Skills Program and then joined the AYS touch football and netball teams. Not long after beginning to work with AYS her foster placement broke down and she was moved into a short term placement. This was unsettling for Mary and at the time she said, “I’m glad I’ve got netball to give me a break from my life at the moment”. Mary was supported by her Case Manager to set goals and work towards them, including improving her school grades and working towards independence.

Mary attended the Laura Aboriginal Dance Festival. Prior to attending she wrote in her submission that: “...knowing that this event is going to be in Northern Queensland, where I am from, especially not knowing about my own identity; as in language, my own totem, having a place where I mainly belong, is really exciting.”

Whilst at Laura Mary connected with the other young people and staff, enjoyed the whole experience but most importantly she met her father for the first time and numerous extended family members. She described it as “life changing”.

Following Laura Mary moved into transitional housing. She maintains contact with her paternal family and plans to visit them in the holidays. She has a part-time job and is working hard to complete year 12 at the end of this year.

Mary continues to participate in the AYS netball games and is a great role model the younger participants.

Looking ahead...

Going forward we recognise the need for tailored programs that are led by our young people and address issues that only they know they are facing in today’s society.

Recently, the AYS team presented a show case of some upcoming development of potential youth programs presenting various ideas for future client-lead programs such as male and female cultural programs, a female empowerment program and a youth conference.

The future of youth programs is very exciting...watch this space!
Strong and deadly families

Our aim is to improve the circle of safety and wellbeing for our Aboriginal and Torres Strait Islander children and their families—supporting our families to increase their abilities to nurture and develop positive relationships. This means children and their families can establish a loving and positive connectedness to their identity, culture, community and family.

Our Southside Family Wellbeing Program, in partnership with Yuli-Burri Ba, employs a total of seventeen staff who work across Beenleigh, Logan, Bayside and Browns Plains.

Our model of service

We employ a Lead Case Coordinator who works with the family and manages their needs and goals. An In-home Mentor who works to develop and strengthen practical skills and a Family Counsellor who supports them to strengthen the families’ emotional and mental wellbeing.
Our work in action...

Our family wellbeing service helped a couple who had recently given birth, collaborating with the Department of Child Safety (DOCS) and Queensland Health. Their baby was born two months premature and their other two children were on long-term orders in care of DOCS. Rather than removing the baby from the parents care, which the parents assumed would happen, DOCS advocated for the baby to remain in their care and our family wellbeing service to start working with parents. The parents themselves were overwhelmed and very happy to start working with us.

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“I wanted to say thank you for taking on this family and prioritising this case. The reason I say this is because this family already has all their other children in care, however with having your service and with great communication and collaboration we have been able to keep baby at home with mum and dad. This is a great opportunity for mum and dad, and they also wanted to work with your service, which as you know is another leap in the right direction for our families, the word will get around quickly in our community on what a great service you have and offer. I fear that if your service wasn’t available and the collaboration and communication between the Department and yourself that this would have been another baby in the system. I am also hopeful that after baby goes home that this will empower these parents once again and give them hope for their other babies to return home to their care also”.

DOCS Cultural Advisor

Highlights of our work this year...

- Since we started in April there has been positive reviews within the family community sector and exciting challenges as we work together to implement the program. We have had a popular response and our figures show a high demand.

- Working alongside our Recognised Entity staff we worked with three separate families collaborating with the Department of Child Safety to have the families reunified with their children by the end of November. This is a major step towards early intervention, prevention and reducing the number of Aboriginal and Torres Strait Islander children in care. This alone is a huge celebration.

Being part of change and to see families actually feel a sense of hope is extremely rewarding and empowering.
In May 2017, our Intensive Family Support team referred a family who has one child at home and two children in the care of DOCS. The complexity of the case meant that our Lead Case Coordinator had to work with two DOCS Service Centres as the children were being managed by both Toowoomba and Mt Gravatt resulting in two separate case workers and case plans.

Both children had been in the care of DOCS since birth for approximately four years. Working with DOCS, our Lead Case Coordinator and In-Home Mentor and the family worked towards reunification.

The results... one of the children is already in the process of having overnight visits with reunification planned for February 2018. The other child who is in Toowoomba is more complex mostly due to distance as the family live in Logan. Thus far, visitations are still occurring and with the support of the team the goal remains to ensure that no long term order is put in place by DOCS.

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The coordination of care consists of meeting and managing the needs of both DOCS and the family, advocacy and negotiations between the parent and DOCS and court support. Whilst the In-Home Mentor is supporting the family with transport to specialist appointments, creating a healthy and child friendly house and outdoor area, and supporting positive attachment and relationships. The family is well engaged with our service and values the supports put in place. The parent is proactive in her case management and wherever possible follows through on suggested strategies to meet the needs of the case plan. She too is now engaged with our Child Family Centre and participates in our Friday playgroups.

Looking ahead...

Over the next twelve months, the Family Wellbeing Service is moving towards hosting an array of programs within our local communities. We are already in the process of planning and hosting a men’s gathering, grandparents morning tea, parenting programs and supporting the Child Family Centre team in their delivery of playgroup and cooking classes.

In 2018, the Family Wellbeing Service focus is to expand our service delivery model to group work. By engaging current families through evaluation and feedback methods we are hoping to deliver more programs that are tailored to the community needs.
Intensive Family Support (IFS) is a crisis intervention service aimed at reducing the risk to children and young people in high risk families.

Our staff work intensively with our families for a period of 6–9 months averaging 1–2 home visits per week. Goals are developed with the family using a tool – ‘Family Lead Decision Making’ – working towards realistic and achievable goals for the whole family. Our team consists of one Family Support Practitioner and one Community Support Worker per family.

A TOTAL OF 111 FAMILIES HAVE BEEN ACCEPTED INTO THE IFS PROGRAM...

THE TWO MAIN LOCATIONS FOR REFERRALS ARE INALA AND ACACIA RIDGE

WITH 20 OPEN CASES IN 2017

CHILD SAFETY BRISBANE REGIONS 38
PRESCRIBED ENTITIES (OTHER SERVICES) 22
FAMILY AND CHILD CONNECT 14
SELF REFERRALS 19
CHILD SAFETY (QIS) 10

OUR REFERRAL SOURCE
Our work in action...

We work well collaboratively with our internal and external agencies. Referrals are made to our youth service, social health team, and our dental and the medical clinic.

Before...

Mark* was a child who had been removed from his mother as a toddler and Child Safety had worked on reunifying him with his family. Mark was staying in residential care through Child Safety and had placed himself with his sister. IFS supported this placement along with Recognised Entity and Child Safety. There were concerns for Mark around his behavioural issues at school and whilst in residential care.

Now...

Child Safety supported our IFS team to work with the family that was out of our funded catchment area and Mark, a child who was on a placement order. Working in conjunction with Child Safety and our RE team, we focused on Mark while our IFS team focused on intervention with his sister supporting her in Mark’s new placement. A number of supports were identified including usage of brokerage to assist with the family’s reunification, buying food and establishment of routines for Mark.

*To protect our clients’ privacy individual names and images have been changed

Highlights of our work this year...

**Recognition of service**
IFS has been recognised in the community for addressing family needs in a positive and culturally sensitive way. This led to a statutory organisation asking us to work with a family outside of the catchment area to provide in-home support and behavioural management. Overall, a positive outcome saw this child reunified with his biological family.

**Integration**
As a part of our strategic priorities and core values, the program delivers services in line with best practice by referring clients to out other internal services. As a result, we have fostered ongoing collaboration with RE, our youth service, social health and women’s refuge. We are excited to see more integration occurring over the next coming months.

**Community work**
IFS has attended several community engagement days including Aboriginal and Torres Strait Islander Children’s Day 2017, Child Protection Week 2017, Murri School Kids Activities 2016.
Before

We received a referral from Child Safety. Aaron*, a 10-year-old male was suicidal, angry and displaced within his home, school and community. Aaron’s exposure to domestic violence had resulted in emotional harm, psychological trauma and PTSD. This influenced Aaron’s behaviours towards others and sometimes resulted in him hurting other children and adults in the school environment. Aaron was known to the Queensland Police Service due to his extreme behaviours. Aaron’s mum required intensive support in managing his extreme behaviours issues. Unfortunately this is a common occurrence seen in our community and where family support is needed IFS are willing to assist Aaron and his family.

Now...

From an isolated and angry boy, Aaron is now determined, committed and a responsible young person who is now role-modelling his behaviour both at home and at school.

Aaron is doing really well at school. He was called a ‘racist’ name and instead of retaliating, he went and reported the incident to the Principal. Aaron’s resilience to negative incidents has become a strength to not react or act out as he would have previously done.

Our engagement was pivotal in re-shaping Mum’s negative and confused thoughts about the behaviour and personal development. Mum continues to work full-time and now can concentrate on herself, her family and her job without feeling as stressed about Aaron’s behaviour and mood swings.

Trust was developed that allowed our service to assess and identify the needs of the family dynamics in developing a ‘realistic support plan’ for Mum and her two boys.

Aaron also had to deal with grief and loss issues occurred with the passing of his grandmother. He was able to work through this with ongoing support from IFS and with his ‘kick boxing’ commitments.

Aaron has already competed in Australian Titles and won. Aaron will be training and competing in Thailand at the end of 2017.

*To protect our clients’ privacy individual names and images have been changed

Looking ahead

Identifying community engagement opportunities. This will be done through different key stakeholders including local community Elders groups, health and youth services, mental health services and schools. We want to promote our services which will lead to more support for Indigenous families as well as engaging community to support each other and their families within that community.

We are innovating the way family support services are delivered to our Indigenous families and strive to work within a culturally responsive practice. This is utilised through the child protection and cultural lens to best meet the needs of our families. We continue to work on this practice through case consults with staff and the principal child protection practitioner. We will continue to develop in this area.
Keeping our mob together

When children are no longer able to live at home, they are placed in out-of-home care.

Our Foster and Kinship Carer program supports carer families in our local community to keep these children with kin where possible, and to ensure their cultural identity and relationship with family is maintained. The role of our Foster and Kinship Care support workers incorporate three key functions: recruitment, support and advocacy and assessment.

- Placement breakdown for children placed within kinship placement has been rare, with no reportable placement breakdowns over the last three months.
- The reason for children leaving placements has included reunification with biological parents and children moving to more appropriate placements as per the Child Placement Principle.
- All general foster carers have been consistently at placement capacity. These carers have also provided emergency support to children needing immediate care.
- We have developed positive connections with carers which has led to successful placement matching.
- 107 of the 109 children placed within our program are Aboriginal and/or Torres Strait Islander.
- 58 of our 64 carers are kinship carers, with only 6 general foster carers.

Carers, children and young people by region

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<tr>
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<th>SOUTH EAST REGION</th>
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<td>CHILDREN AND YOUNG PEOPLE WITHIN SERVICE</td>
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Our community, our work, our stories
Our work in action...

Sally* is a seven-year-old girl who was placed in care when she was around one-year-old. Sally lived with the same foster family for the majority of her time in care, until recently when that placement broke down. For the past two months, Sally has experienced significant instability and trauma, moving more than 15 times from foster home to foster home. During this time, Sally’s Grandmother Betty* came forward, stating that she would like to care for Sally and she did not want to see Sally move from home to home. Betty identified that it had been some time since she had cared for a child and was worried that she wouldn’t be able to meet all of Sally’s needs. With our and the Department of Child Safety (DOCS)’m support, Sally is now living with Betty. One of our FKC support workers visits Betty on a weekly basis to provide day-to-day support including exploring positive behaviour support techniques, assistance in developing daily routines, identifying and connecting to social activities and advocacy and support in conversations with the school and DOCS. We also completed Betty’s Kinship Carer Assessment to ensure that Sally can be placed with Betty on an ongoing basis.

When we first met Charmaine* in April 2017, she had severe anaemia and was studying full-time while caring for her 6-year-old nephew James*. Charmaine spoke of having a strained relationship with the course coordinators at university due to needing flexible arrangements to care for James. She said that James was already behind at school academically and socially due to his deafness from chronic middle ear infections, and she was finding it difficult to get James to all of his speech therapy appointments. When our FKC support worker met James in July 2017, she noted that James’ behaviour was very chaotic and disruptive, and he did not use words very often. We assisted by attending an Education Support Planning meeting and discovered that James had difficulty naming letters of the alphabet, writing and hand-eye coordination. We looked at a number of options and decided that our Northgate medical clinic could do outreach therapy to James’ school. To support Charmaine while she was at university, we were able to organise for the therapists to visit James at school and provide him the therapy he needed. Follow up doctors appointments were also organised and James’ Child Safety Officer was able take him when Charmaine could not. One month later after four sessions of speech and occupational therapy, James could put sentences together and has received an award at school for his hand-writing and good behaviour.

As a result of an internal referral from our FKC service to our Youth Service (AYS), Sarah* and Jenna* (aged 17 and 18 years) have displayed significant achievements (as reported by their carer, Donna*). Sarah now has her learner licence after AYS organised driving lessons and took her to the Transport Office. She has also participated in a youth camp in Cape York, connecting with culture and reported that it was excellent. Jenna is a completely different person after becoming involved with AYS. “Her behaviour has changed for the better and she is now a different person. I believe that all the changes that I have observed is because of your programs,” said Donna.

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Highlights of our work this year...

- Recruitment of general carers to assist in supporting current kinship carers.
- Providing targeted support to carer families by identifying the strengths and needs of our children and carers, providing psycho-education to carers during home visits and ensuring active participation in stakeholder meetings and internal discussions.
- Delivering monthly psycho-education sessions to carers. During these sessions, carers have had the opportunity to build relationships with other carers and the broader ATSICHS community.
- Supporting carers and families to attend events within the community.
- Promoting significant cultural celebrations including NAIDOC, Child Protection Week, community days and service opening days.

We have been refocusing our program to ensure holistic support and advocacy is provided to all our carer families.

Looking ahead

- We will continue targeted recruitment campaigns to assist with the carer deficit and to ensure culturally appropriate placements.
- We will work with RE to ensure kinship options are identified. This will ensure increased numbers of children are placed within kinship placements, reducing the likelihood of children being placed outside family and culture.
- Our Foster and Kinship Care team will continue to connect families within the community and promote referral to other ATSICHS programs. Activity days and celebrations will continue to ensure that our children and families feel a part of a larger ATSICHS community.
Making sure our mob is connected to culture

Our Recognised Entity (RE) program is designed to meet the Department of Child Safety’s direction for input to significant decision making processes that relate to the increasing number of Aboriginal and Torres Strait Islander children and young people entering the child protection system.

Our role is to actively participate in decisions made by Child Safety regarding Aboriginal and Torres Strait Islander children and young people throughout each phase of the statutory child protection process.

This year we helped 370 children and young people.

*CSSC—Child Safety Service Centres
Highlights of our work this year...

Reduced number of investigations

Our RE workers have established a good rapport with service centres that has enabled us to work collaboratively with Child Safety. As a result, our numbers have decreased in the last year.

To assist in meeting case plan goals, we have been able to help our families with referrals to other ATSICHS services such as the youth team, intensive family support and the social health program. These referral pathways have resulted in the department allowing us to provide a service to our families in a culturally appropriate way with some very positive outcomes.

With the family wellbeing service coming into operation this year, we have been able to circumvent families entering the system at the intake level. Child concern reports have been screened on a more regular basis, knowing that more intense work can be done with families through our family wellbeing service. This has consequently reduced a number of investigations compared to those that were previously undertaken.

In the last year we have been involved in over 25 reunifications

Currently there are six children who have been placed on two year orders with Stones Corner CSSC. The parents, with our help have been successful in reaching their case plan goals resulting in placing the children at home with their parents, with the last six months of the order being monitored from home. Once the orders have expired, the children and parents will remain at home without Child Safety’s involvement.

We also worked intensely with a family who has an extensive child protection history but had one child at home on no orders at the Mt Gravatt CSSC. We worked with Child Safety to reunify mum with another child that is on a 12-month Child Protection order. Originally a two-year order, our strong advocacy after working with mum, meant we we were successful in getting her one overnight contact ordered by the court. Reviewed fortnightly, it will hopefully increase to two to three nights in the future.

Our work in action...

Our RE team advocated strongly for a Chermside family where three children were removed from their mother. After an intensive four weeks finding the relevant supports for mum the result was the children were reunited with their family. During this time RE advocated strongly for the development of a safety plan so that the children were able to return to their mother’s care.

Inala currently has a child in care under a long term order who was experiencing placement breakdowns which consisted of over five placements at the young age of only seven. Our RE worker was able to locate kin and advocated strongly for the child’s grandmother to be assessed which proved to be a complex and difficult process. Our RE and FKC teams worked in collaboration which resulted in a positive outcome and with continued advocacy, the young girl is now placed with her grandmother after being in care for seven years.

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Kindy is a deadly choice

This year saw the introduction of early childhood services within our model of care. Our deadly kindy program provides quality kindy education and prepares our young ones for school.

The success of our kindy is attributed to the wrap around services that are integrated into the education we provide. We have weekly visits from speech therapists and occupational therapists that work with the group and with individuals. Our dental team has also provided education and Lift the Lip checks.
Highlights of our work this year...

Launching our first Deadly Kindy at Kingston

- In February 2017 our Chairman, Uncle Billy Gorham officially opened Deadly Kindy Kingston and welcomed 20 deadly kids on its first day of operation.
- At the end of 2016-17 the kindy is at capacity enrolments and attendance sits around 85%. We have a waiting list for children to attend.
- All children at Deadly Kindy Kingston have engaged with both the speech therapist and occupational therapist and doctors, kindy staff, parents and families have noted a marked improvement in the children’s general development and capabilities.

Expanding our child and family services

- In July, our early childhood section expanded with the addition of the Child and Family Centre at Waterford West and Burragah Kindergarten. The aim of the Child and Family Centre is to provide a welcoming and supportive place for our families with a focus of children aged birth to 5 years old. The centre will provide a range of services such as early childhood education and care, child and maternal health and support from our Family Wellbeing Service.

Our work in action...

Jack* attends our Deadly Kindy Kingston in additional to the Early Childhood Development Program (ECDP). At the beginning of the year, his parents had concerns whether he’d be ready for school in 2018, as he always had difficulties in social situations. On the first day of Deadly Kindy, he was very proud to wear his new Deadly Kindy t-shirt and backpack but was hesitant when separated from mum and dad. There were tears but they were short lived. This separation anxiety continued for three weeks but with the support and understanding of our Kindy teacher and staff, Jack soon felt comfortable and was excited about attending kindy.

To his parents, this was an amazing achievement. Jack has come ahead in leaps and bounds compared to boy that attended on the first day. His parents believe the support from all the Kindy staff and the open communication has been invaluable and they are currently in ongoing discussions with the teacher about Jacks readiness to attend prep next year.

*To protect our clients’ privacy individual names have been changed.
Noah’s story

Noah* had never attended an early childhood service before Deadly Kindy. Prior to his mother hearing about our new kindy, she didn’t plan on sending him before going to prep in 2018. Keen to know more about an Aboriginal kindy, she enrolled him. This year, Noah has the best attendance only missing two days due to illness.

*To protect our clients’ privacy individual names have been changed

“He has come out of his shell so much going to Kindy. He gets upset when he’s too sick to go. He just loves it”

Looking ahead

- The future is looking bright for the children who attended our Deadly Kindy. Some of who will be moving onto Prep while others will gain much advantage of attending two years at kindy. Many studies show the enormous value in two years of kindy.

- The Child and Family Centre looks forward to bringing the Logan community a welcoming and supportive space that delivers programs specifically catered to their needs. We look forward to introducing a holiday program, after school programs and playgroups with developmental focus. We love the community and want your involvement! This is your space Logan!
Supporting vulnerable women and children

Joyce Wilding Hostel continues to build on its legacy of providing some of our most vulnerable women and children the opportunity to transition into stable accommodation.

Our focus for the past year has been on service delivery and support. This has involved revisiting and refocussing what and how we support our women and families within the limited time frame of three months. Despite the complexities that arise from providing emergency and/or crises accommodation, we are committed to ensuring our residents leave us in a more positive state than which they entered.

Figure 1 Referrals to Joyce Wilding Hostel 2016–17

- 55 Housing support services
- 7 DV support services
- 17 Indigenous support services
- 1 Police
- 3 Department of Child Safety
- 10 Community services
- 26 Self

226 people supported into stable accommodation

91 adults

135 children

593 people accommodated during the year

325 children

268 adults
Our work in action...

Angela* arrived at JWH with her two children, aged ten and nine after ongoing transient accommodation arrangements had fallen through. After a few days of being at the hostel she sat down with our staff to do her support plan. The plan helped her to focus on where her efforts needed to go. “It’s the first time I have really had to think and talk through the different things that affect me and my health.”

Angela’s main priority was to secure stable accommodation for her and her children and to enrol them in a local school to maintain their routine.

During her stay, residents were asked to share what their thoughts and experience were at JWH at a resident meeting. “Even when I tell people that I am Indigenous, they take one look at my skin, roll their eyes and laugh at me. Being here I feel included and part of the community and accepted.”

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Highlights of our work this year...

- Commenced homework club for school-aged children residing at the hostel. It operates Monday to Thursday during school terms. Children who attend five consecutive sessions are able to choose a prize in order to encourage attendance and reward their efforts in their schooling.
- Introduced weekly wellbeing clinics staffed by our staff and aimed at easing access to our other clinical services.
- As a Christmas present volunteers painted and revamped the communal family room.
- Facilitation of fortnightly resident’s meetings as well as a fortnightly newsletter.
- Sourced and provided furniture and other household items for residents who were moving into stable accommodation, assisting families to move into their new accommodation.
- Developed a working partnerships with support agencies e.g. Murrigunyah and their healing programs.
- Worked with existing partnerships that delivered services onsite—Save The Children (who conduct a weekly playgroup), Access Street Vans, Street Doctor, and Helping Hands.
- Renewed service delivery framework.
Donna* was referred to us by a community organisation. She was transitioning back into the community after being incarcerated for over two years. Her long-term goals were to get her own housing and to reconnect with her children who were in care and eventually have them back in her care full time. Donna had initially applied for housing that would include all her children, however about two months into her stay at JWH she shared with staff that she didn’t think she would be able to cope with “having a house all to myself.”

After talking with our support staff she decided she would prefer to apply for a unit and build her way up from there. In the meantime, Donna continued to turn up to her contact visits and remained engaged with her children. Despite all the support and Donna’s best efforts, it took five months before an affordable unit was available for her to move into.

Four months on, Donna is still in her unit and regularly visits Joyce Wilding to fill staff in on what’s been happening with her. She is now able to have her children stay over with her at her unit and she is well on her way to having her children return to her full time.

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Looking ahead

- Establishing linkages and pathways of support for residents and their families
- Employing a full time case worker
- Continued integration of other ATSI CHS Brisbane services to ensure wraparound services for women and their children
- Refurbishments by Department of Housing and Public Works
- Continued strengthening of relationships within the JWH community but also with our residents and their communities and the community at large.
- Delivering school holiday programs for children
- Providing onsite training opportunities for women
- Facilitating a suite of workshops/programs that women can attend
- Providing onsite crèche facilities for mothers so that they may be able to focus on making appointments and accomplishing goals whilst still having children cared for.
- Providing opportunities to strengthen healthy family interactions
- Continued striving towards providing support services with excellence. Focussing on areas such as:
  - strengths-based and client-focussed service delivery
  - collaborative case management with residents and their support networks
  - healthy and thriving families
  - building a sustainable service framework
  - client informed practices.
No shame in talkin about it

Our Social Health team comprises a multidisciplinary team of psychologists, social workers and counsellors who provide free accessible mental health services for Indigenous people residing in the wider Brisbane and Logan area.

WE SAW 864 PEOPLE THIS YEAR

WITH 1993 SESSIONS IN TOTAL

“Combining western methodologies with Indigenous practice”
Introducing new services and programs

This year we employed a group facilitator who delivered the following programs:

- **Mutual support and self-help**
  Peer support programs for people with a lived experience of mental illness, focussing on group discussion, shared experiences, coping strategies and information and referrals.

- **Group support activities**
  Group-based social, recreational and prevocational activities, with a focus on services that improve the quality of life and psychosocial functioning of our mental health consumers in our community.

- **Targeted mental health programs**
  Targeted mental health group program with a focus on one-on-one clinical ‘treatment readiness’. Our clients then transition into clinical services as part of a team care arrangement.

- **Families and carer support**
  Support for families and carers of our people living with a mental illness support, information, education and skill development opportunities to fulfil their caring role, while maintaining their own health and wellbeing.

Developing group work programs

We developed a range of group work programs during the year, including:

- Providing ongoing counselling for the students at the Aboriginal Contemporary Performing Arts (ACPA) and group facilitation work with the student co-hort.

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Our work in action in our community...

Joan* came in saying that she was feeling like it doesn’t matter anymore. Our social health liaison officer explored this with her. She had a lot going on in her head and she had had thoughts of suicide and self-harm. She scored extremely high on the DASS 21 form.

During the session we were able to help her shift her focus and talk through how she could obtain help — who to ring and who to contact, what was important to her and why, and the people in her life who love her.

Joan was able to write clearly about these things and started to speak about the voice in her head that is telling her to do things to herself. We worked through ways that she could:

1. Acknowledge this voice
2. Not listen, which seemed to provide her with a sense of certainty and she also gained back her sense of control.

We also worked through mindfulness and strategies to occupy her time.

Joan told us what she wants to achieve long-term. We showed her that she is connected with her vision, by using the whiteboard and getting her to practice touching back to reality using mindfulness techniques.

Joan is now positive and clearer in her thinking, she said that she went and spoke to mental health and they also talked “the way you do” she laughed at this. She was visibly relaxed, thoughtful and active in her in thoughts and sentences, she also has made up her mind to challenge her family on some of their aspects of parenting which she feels very strongly about.

Joan has been referred to a psychologist and is very thankful for our intervention.

*To protect our clients’ privacy individual names and images have been changed
Sue’s story

We recently worked with Sue* who was initially at Joyce Wilding. After leaving the hostel she was offered a place on the northside. Our social health team supported her, attending the unit and checking its suitability. We spoke about the life changes if she took the house and made a plan with BRIC housing, a community housing organisation, for when she could move in. We also supported her to apply for and get a bond loan from the Department of Housing. Her bond loan was approved and she received financial support from MICAH to pay for the first two weeks of rent (which is essential when going for housing).

Sue had been living in high cost supported living accommodation and had been struggling to pay her rent. Now that she is in community housing she is able to focus on her health concerns and get ongoing social health support.

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Aunty Wendy’s story

We have been seeing Aunty Wendy* for nearly a year. She has had some difficulties with her neighbours which has severely affected her mental health. We helped her with looking at new properties that hopefully she will be able to transfer to in the coming months.

Housing takes a very long time but it is also very satisfying to assist clients in navigating the difficult systems, especially clients who are disadvantaged due to their health or disabilities.

Looking ahead

- We will be concentrating on ‘building the capacity’ within our group work programs to capture the social and emotional wellbeing of our families.
- Creating a ‘culture’ of being ‘proactive’ rather than ‘reactive’ to begin the journey of ‘planned treatment’ when working with our communities and families.
- Better relationships with GP’s and clinics through more collaborative approaches including language, better integration and collaborative program work.
- More access for community through group facilitation to community groups.

“Social health is being able to meet the needs of our community in an efficient and sustainable manner. Making a real difference with the community.”
Looking after our elders

Jimbelunga Nursing Centre has been providing an extensive range of aged health care and support services in the community since November 1994.

We provide our residents with the highest standards of residential aged care in a supportive and caring environment and culturally appropriate framework. We are focused on improving and expanding to meet the growing demand for culturally appropriate residential aged care services in Brisbane, underpinned by an ageing population and increasing demand for higher care services.
Highlights of our work this year...

Increasing our capacity

Jimbelunga now has the capacity to have 74 residents with the completion of the expansion project in June 2017. Of the 74 rooms, 62 are single rooms with an ensuite, while the remaining 12 are single rooms that share an ensuite with the resident next door. These 12 rooms have all been refurbished and while suitable for any person, are especially ideal for couples and loved ones who wish to share a space and remain connected. All rooms have access to our beautiful outdoor areas. Most rooms have views to the sky no matter your location within the room. This was a special design feature to ensure that our residents whether bed bound, unwell or mobile could have their curtains opened and be able to outside and feel connected with the world around them.

Improving our facilities

One of the new features and something that we are extremely proud of is the new cultural area. This is a large space at the southern end of our building that has a large playground for children, BBQ, dancing ring, native gardens and walking paths for residents to enjoy and for family and community to come together to celebrate special occasions such as NAIDOC day and concerts.

In addition, there are extensive gardens, grassed areas and spaces to sit and have a yarn, spend time with family or just have a meal outside.

Expanding our team

In May 2017, with the expansion almost completed, we began to recruit new staff to join the Jimbelunga team. Registered nurses Div. 1 were employed to cover the facility 24 hours a day with a team of Registered nurses Div. 2 and assistants in nursing to ensure that the residents now and into the future are able to have their care needs attended to. Jimbelunga has employed a full-time grounds person to take care of the very large outdoor area and cleaning staff to ensure that the facility meets its requirements. Currently, Jimbelunga has 92 staff with 30% of our staffing identifying as either Aboriginal or Torres Strait Islander.

Jimbelunga residents also have regular access to visiting allied health services (podiatrist, physiotherapist, occupational therapist, optometrist, dietician, and speech pathologist).

Waiting lists

Jimbelunga continues to have an extensive waiting list for both male and female residents. We believe this is due to word of mouth in the community and is a reflection of the high quality service and facilities we provide. We have daily enquiries about Jimbelunga and the care it provides from both Indigenous and non-Indigenous people.
Official opening

It was an honour to have the Hon Ken Wyatt AM, Minister for Aged Care and Indigenous Health officially open the new wings of Jimbelunga. Also in attendance was Aunty Pam Mam the first Indigenous nurse to be employed by ATSICHS Brisbane. Aunty Pam Mam spent the majority of her working life with us, sixteen years of it at Jimbelunga.

ATSICHS Brisbane received $12.5m in funding from the Federal Government to redevelop the Jimbelunga aged care facility. This enabled much needed upgrades to the existing facilities and the ability to expand, with an increase of 19 new beds for residents, taking the number from 55 to 74. The final stages were completed in June 2017 culminating with our residents moving in.
Connecting with our community

We engage with and listen to our community because we believe it is important that the voices of our clients are understood and actively contribute in building resilient, healthier and happier communities. We do this through initiatives driven by our communities that build community capacity. We hope that our clients and our community will say:

Tackling domestic and family violence

‘We Say NO MORE’

We worked with our clients and the community to mount a grass-roots, community-inspired response to violence against women in our region.

This started with a collaboration with Indigenous Hip Hop Projects involving young people from across the Murri School and other clinics to produce a music video aimed at ‘breaking the silence’ and spreading the word that violence against women is not acceptable.

It involved a week-long, intensive, creative process that guided the youngsters through writing, recording and filming their own music video.

In their own words, they went on to describe what they see, what they know and what they will no longer tolerate; publicly and positively defying any place for violence against women in their lives and refuting the norm that exists amongst too many within their older generation that there is still a place for domestic and intimate partner violence against women.

Our young people have a voice and they have a message: they are standing up to say, “no more”.

This stand is now front and centre of a campaign we took to our community.

The “We Say NO MORE” campaign was launched at a community roundtable at Queensland’s Parliament House by Minister for Communities, Women and Youth, Minister for Child Safety and Minister for the Prevention of Domestic and Family Violence, Shannon Fentiman on 25 November 2016.

“I understand, so I make good choices and decisions about my health and wellbeing.”
So what does all this look like on the ground?

**Women's Health Forum**
Held at Woolloongabba, clinic guest speakers included the Cancer Council Queensland, Heart Foundation, Breast Screen Queensland, and Kidney Health, as well as our clinic doctors who yarnd about all things women and their health.

**Wellbeing gatherings**
Yarning, sharing, educating and actioning health in our community – to address the holistic determinants to raise our level of health – Baby massage, anti smoking, good quick tucker, foot health, diabetes, physical health, social health – just to name a few.

**Murri Carnival**
This year we were proud to sponsor the South East Goannas. The Goannas made it to the top 16.

**Bullroarer**
Men’s group, running from Logan clinic – empowering men in the community to be active and healthy.

**Close the Gap**
The Hon Mark Furner, Minister for Aboriginal and Torres Strait Islander Partnerships, visited our Gabba clinic signing The Institute for Urban Indigenous Health’s MOU to secure more employment opportunities for our young mob.
Our digital community

We share lots of messages with our community each day through our social media channels, Twitter, Facebook and Instagram and on our website.

**Facebook**
- **717 Likes** (271%)
- **720 Followers** (281%)

**Twitter**
- **605 Followers**
- **9,800 Average daily impressions**
- **717 Likes** (271%)
- **800 Tweets** (2,480%)

**Instagram**
- **194 Followers** (7.5%)
- **86 Posts (Weekly)** (7.2%)

**Website**
- **44,589 Sessions**
- **29,720 Users**
- **104,868 Page views**
- **82,343 Unique page views**
Young Black and Deadly scholarships

All young people deserve the chance to achieve their best.

Launched in August 2016, the Young, Black and Deadly Scholarship program celebrates the talents and strengths of young Indigenous people who exhibit outstanding promise – but who may lack the support and resources to fulfill their potential.

We have given out fourteen $1000 and $2000 scholarships helping our young mob to pursue their artistic or sporting dreams or further education and training – and work towards a positive future.

More than half of Aboriginal and Torres Strait Islander people are under 25. It is important that we work with our young people to create, empower, and effect lasting change, particularly in the area of health and wellbeing.

Moving forward...

- Gaining better and smarter ways to gather feedback across all our services including electronic data collection and evaluations for continuous improvement strategies
- Implementation of targeted health promotion campaigns
- Development of innovative engagement strategies based on the needs of our community
- Impact and increase engagement via social media and web access.
Leading the way: meet our Board

Our Board puts our vision for the future into action— that we are world leaders in Indigenous health and social support services being provided in an urban setting. They set our strategic direction and ensure we are the most effective organisation we can be.

To read more about our board and the extensive experience that they bring to our organisation go to our website at www.atschbsbrisbane.org.au
Our financial health

We continue to build on our financial base, ensuring sustainability, growth and expansion of our services and programs for our people and our community.

Where our money comes from

Our main sources of funding comes from Federal Government grants. These include the Department of Health and Prime Minister and Cabinet. At a state level we are funded by the Queensland Department of Communities, Child Safety and Disability Services receive money for a number of programs through the Institute for Urban Indigenous Health. We also generate money through Medicare.

Where our money goes

Total expenses have shown a slight increase of 7.6% over last year.
Our Medicare income
We work hard to deliver sustainable services for the future of our community. Each year we reinvest our income from Medicare into our services and developing new programs. More patients are attending our clinics and utilising more services in 2017. This has resulted in an overall increase of 35% in Medicare and dental services income.

Our financial performance

In summary
We have had another solid year. Our financial position remains strong with net assets of:

$56 MILLION
an increase of
$8.99 MILLION
from 2015–16.

Our financial position

In 2016–17 Financial Statements
A full copy of our 2016–17 Financial Statements are available from our website at www.atsichsbrisbane.org.au
If you would like a hard copy please email marketing@atsichsbrisbane.org.au
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For detailed and up to date information about ATSICHS Brisbane visit our website at www.atsichsbrisbane.org.au

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