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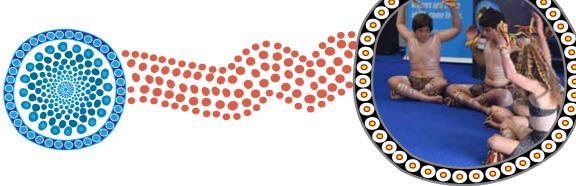
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### **OUR VISION**



of life with health standards and life expectancy equal to the non-Aboriginal and Torres Strait





### **OUR MISSION**

Bega Garnbirringu Health Services' mission includes the development and maintenance of a robust and diverse organisation that provides sustainable, culturally appropriate and holistic health services to Aboriginal and Torres Strait Islander people.

The organisation addresses the social determinants of health and provides for clinical, educational and preventative health services and the development and retention of the skilled workforce necessary to achieve its mission.





### **CHAIRPERSON'S REPORT**

On behalf of the Board, I am honored to be given the opportunity to present this year's report to members and stakeholders. We started this year on a very strong footing and with much anticipation of the milestones we were on track to achieve. However, we soon found ourselves in a position where protecting our people and communities from the threat of COVID-19 became our highest priority.

With our focus squarely on achieving the objectives of our current strategic plan, Bega 2020, the Board was pleased with Bega's efforts through 2019. We celebrated the official opening of our Healthy Lifestyle Centre, progressed with our physical infrastructure re-development projects, and witnessed Bega's brand growing and maturing across the Goldfields region. We also commenced with further strategic planning activities with an emphasis on long-term objectives once Bega 2020 has been fully implemented.

When people first started talking about Coronavirus early in 2020, it seemed like something that was far away and would have little or no impact on us in the Goldfields. This changed very quickly as the virus made it was into Australia and then across to the Goldfields. People feared the potentially devastating effect this virus would have if it made its way into our communities, particularly on those more vulnerable people who were being identified as 'high risk'. Bega suddenly became the last line of defence for keeping Coronavirus out of our communities and ensuring the health and safety of our people. The Board was also concerned about the potential financial impact this pandemic would have on the organisation and our ability to continue to operate and service our clients.

During this period, we increased the frequency of Board meetings by way of adopting videoconferencing technology and other electronic communication platforms. This enabled the Board to have regular contact with each other and the Executive team to ensure Bega was able to deal with the threats posed by COVID-19.1 was extremely proud of the way in which everyone at Bega put in a massive effort and worked together to ensure the virus did not make its way into our



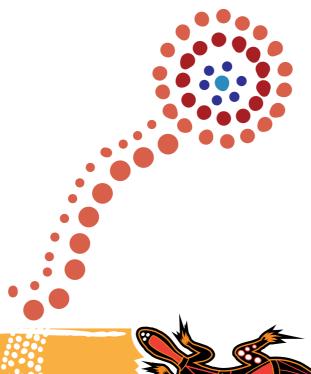
communities. We also received assurances from our funding bodies that our current funding levels would not be affected, and we could continue delivering vital services to our clients from a strong financial base.

This was no easy task and I would like to thank everyone at Bega for their tireless efforts and commend our CEO on his leadership through these very challenging times.

I have always been proud of the work Bega performs in the community and based on our achievements this year, I look forward to another exciting year ahead as we begin returning to a more normal operating environment.

#### **Fabian Tucker**

Chair 2019-2020



### **CEO'S REPORT**

At the end of the 2019/20 financial year, we find ourselves in a vastly different environment to where we were twelve months ago.

While the second half of 2019 saw continued progress and achievements towards the fulfillment of our current strategic objectives, the first half of 2020 presented challenges never before seen at Bega as the Coronavirus pandemic rolled out across the world. And Bega was up for the challenge.

Highlights in 2019 included the much anticipated official opening of the Healthy Lifestyle Centre and the appointment of contractors to commence construction of our Environmental Health, Maintenance and general storage facility on Boulder Road, which is now on track for completion by the end of 2020. The re-development of our properties at 12 and 14 MacDonald Street, into a purpose built Social Support and Workforce Development complex, also took a significant step forward with the appointment of MCG Architects to deliver the final design and project manage the construction process. Design approval is anticipated later in 2020, with construction scheduled to commence in early 2021. Further expansion of our NDIS services came by way of additional funding to establish a multi-disciplinary Allied Health team to support children with developmental delays and provide them with the best possible early learning opportunities. To further complement these activities, Bega received funding under the Connected Beginnings program, which gives us the capacity to deliver targeted health promotion activities to young families.

As our activities began to gain momentum in 2020, so too did the international spread and threat of Coronavirus, or COVID-19 as we know it. Little could any of us have anticipated the pace at which ensuing restrictions would be implemented or the effects this virus would have on the way we do business, both now and into the future. The most significant challenge posed to Bega was around ensuring continued service delivery to clients while also looking after the health and welfare of our front-line workforce. As the landscape changed rapidly throughout March, we often found ourselves adrift in a sea of confusion, with no clear guidelines or 'Rule Book' for navigating this new world. Decisions had to be made quickly, while considering staff safety and risk mitigation strategies to reduce the risk of community transmission of COVID-19. Central to this was the Government's emphasis on social distancing, hand hygiene practices and limiting unnecessary movement and contact with others.



In keeping with Bega's commitment to best practice we modified our service delivery models accordingly, which included:

- Clinical staff assigned to two teams and working alternate shifts.
- Introduction of mandatory temperature testing and COVID-19 symptom screening for anyone wishing to enter the clinic.
- Phone screening for clients requesting transport services.
- Multiple remote consult sites for Doctors to provide phone and telehealth consults to those patients who only required repeat scripts.
- Authorised medication delivery to clients.
- Remote working strategies for Social & Emotional Wellbeing (SEWB) counseling appointments.
- Additional daily infection control measures.
- Dedicated communication channels with WACHS, local emergency response groups, funding bodies, other AMS's and peak bodies.
- Suspension of mobile clinic outreach services and redeploying these resources within Kalgoorlie-Boulder.

By continually reviewing these new service delivery protocols, we were able to adapt quickly to changing demands dictated by external factors. The plight of people sleeping rough and the homeless was highlighted through the pandemic and Bega responded accordingly.





Our Tackling Indigenous Smoking (TIS) and Youth teams assembled and distributed vital 'care packs' to vulnerable people while also taking the lead in producing a series or short promotional videos to assist with informing and educating our clients about COVID-safe practices. Bega was instrumental in establishing a Homelessness Task-force with the objective of facilitating a coordinated inter-agency approach to service delivery in Kalgoorlie-Boulder.

As restrictions tightened further, we had to adapt to the implementation of intra-state travel boundaries and the introduction of specified Biosecurity zones, which affected many of our clients. Regular overnight accommodation services such as the Sobering Up Centre (SUC) were suspended due to elevated transmission risks for staff when dealing with clients. SUC staff were subsequently re-deployed to assist with the Return to Country program, which was successful in repatriating more than one hundred people, many of whom were sleeping rough in Kalgoorlie-Boulder, back to their home communities in the specified Biosecurity zones.

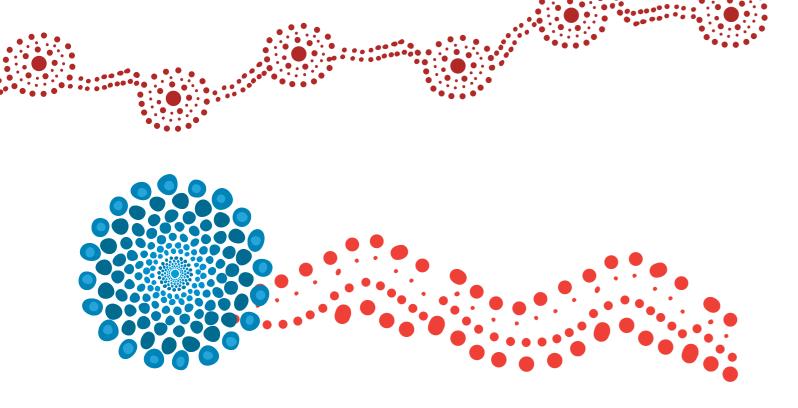
As part of the national effort to respond to and control the spread of the Coronavirus, Bega was approached by the Commonwealth Department of Health to establish a GP Respiratory Clinic with the capacity to provide on-site COVID-19 testing for our clients. The establishment of these

facilities is now under way and we anticipate being able to offer this service to our clients in the very near future.

In a year which has challenged and tested the resolve and resilience of most people, I was both pleased and heartened by the performance of our 'Bega Mob' through exceptionally trying and challenging times. This pandemic presented us with a situation none of us had ever experienced before and for the most part, our staff banded together and rose to the challenges of this new world. Bega has come through the first wave of COVID-19 with flying colors and we are well placed and prepared to respond to any potential second wave that may develop in the future. We now have a tried and tested pandemic response plan in place, supported by a dedicated workforce with adequate PPE stock levels to ensure we can respond effectively and efficiently to any potential additional waves of COVID-19.

I thank everyone for their efforts to bring Bega and our clients safely through the challenges we have faced and guide us through any uncertain times in the future. As a collective, we have moved well and truly outside of our comfort zones and proved that when tested, we have what it takes to get through any challenges that may come our way.

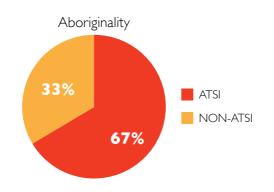
### Clive Holt Chief Executive Officer

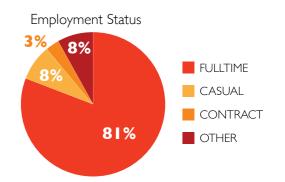


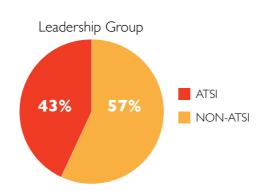
# **WORKFORCE DEMOGRAPHICS**

The charts below provide workforce statistics on the Number of Employees, Employment Status, Aboriginality, Leadership Group and Gender across our programs.

### **Current Workforce**

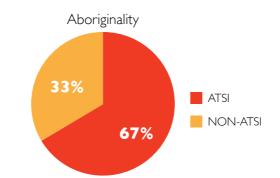








### New Employees 2019-2020



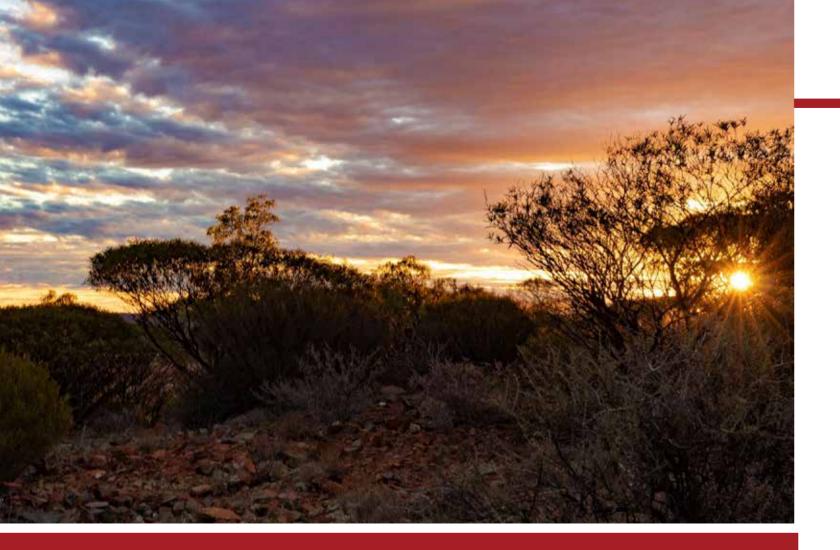


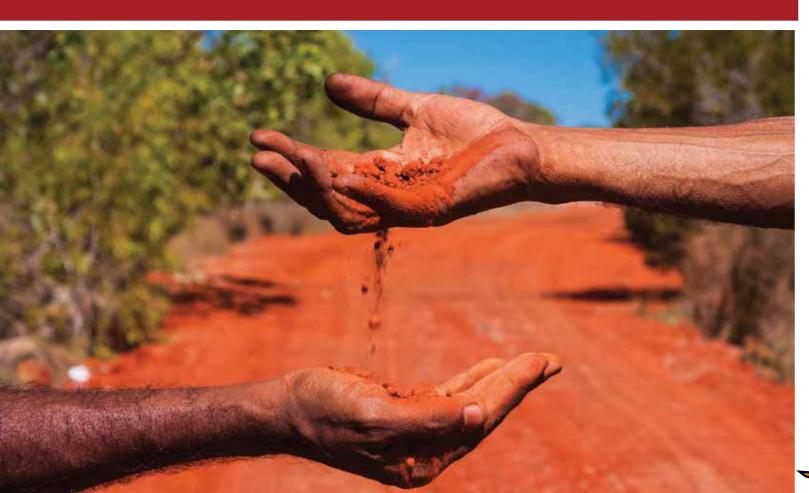












### **FINANCIALS**



#### Bega Garnbirringu Health Service Incorporated

ABN: 47 976 288 533

#### **Members' Report**

30 June 2020

The Board members present their report on Bega Garnbirringu Health Service Incorporated for the financial year ended 30 June 2020

#### General information

#### Board members

The names of the members in office at any time during, or since the end of, the year are:

Names	Appointed
Fabian Tucker - Chairperson	27 September 2012
Ted (Gary) Sambo	12 September 2011
Lorna Willis-Jones	16 October 2013
Barron Bonney	27 September 2012
Dennis Forrest	29 January 2014
Tamarin Tucker 27 O	
Pauline Bonney 7 Octo	
Ann Forrest	7 December 2017
Marelda Tucker	17 October 2018

Members have been in office since the start of the financial year to the date of this report unless otherwise stated.

#### Principal activities

The principal activity of the Association during the financial year was the provision of health care services for Aboriginal and Torres Strait Islander people.

### Significant changes

No significant change in the nature of these activities occurred during the year.

#### Operating result

The surplus of the Association for the financial year after providing for income tax amounted to \$ 2,015,097 (2019: \$ 2,602,077).

#### Events after the reporting date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Association, the results of those operations or the state of affairs of the Association in future financial years.

#### Environmental issues

The Association's operations are not regulated by any significant environmental regulations under a law of the Commonwealth or of a state or territory of Australia.







### **FINANCIALS**



#### Bega Garnbirringu Health Service Incorporated

ABN: 47 976 288 533

### **Members' Report**

30 June 2020

#### Indemnification and insurance of officers and auditors

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of Bega Garnbirringu Health Service Incorporated.

On behalf of the members of the Board:

Name: Takin Take

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Name: CLIVE HOL

Position: Board member

Position: Chief Executive Officer

#### Bega Garnbirringu Health Service Incorporated

ABN: 47 976 288 533

#### **Board Members' Declaration**

The board members declare that in the board members' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they
  become due and payable; and
- the attached financial statements and notes thereto present fairly the Association's financial position as at 30 June 2020 and of its performance for the year ended on that date; and
- the financial statements and notes satisfy the requirements of the Australian Accounting Standards Reduced Disclosure Requirements, the Associations Incorporation Act 2015 and Australian Charities and Not-for-profits Commission Act 2012.

On behalf of the members of the Board:

Position: Board member

Name: CLIVE HOLT

Position: Chief Executive Officer





#### Bega Garnbirringu Health Service Incorporated

ABN: 47 976 288 533

### Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2020

	2020	2019
	\$	\$
Revenue		
Grants received	11,372,162	12,146,644
Medicare income	1,448,902	1,492,548
Donations	5,000	-
Interest income	88,514	131,603
Rental income	-	9,000
Other income	337,752	259,209
	13,252,330	14,039,004
Expenses		
Accounting and audit	(36,798)	(37,596)
Advertising and promotion	(256,202)	(321,775)
Consumables	(627,473)	(684,319)
Depreciation	(280,396)	(353,587)
Employment costs	(8,081,315)	(7,655,354)
General expenses	(1,263,582)	(1,755,227)
Insurance	(216,278)	(197,631)
Loss on disposal of assets	(5,296)	-
Motor vehicle expenses	(115,753)	(95,598)
Rental outgoings	-	(60,462)
Repairs and maintenance	(354,140)	(275,378)
	(11,237,233)	(11,436,927)
Surplus before income tax Income tax expense	2,015,097	2,602,077
Surplus after income tax expense	2,015,097	2,602,077
Other comprehensive income, net of income tax		
Total comprehensive income for the year	2,015,097	2,602,077

The accompanying notes form part of these financial statements.

#### Bega Garnbirringu Health Service Incorporated

ABN: 47 976 288 533

### Statement of Financial Position

As At 30 June 2020

	2020 \$	2019 \$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	17,513,509	14,138,510
Trade and other receivables		(3,213)
TOTAL CURRENT ASSETS	17,513,509	14,135,297
NON-CURRENT ASSETS		
Property, plant and equipment	8,775,865	8,822,189
TOTAL NON-CURRENT ASSETS	8,775,865	8,822,189
TOTAL ASSETS	26,289,374	22,957,486
LIABILITIES CURRENT LIABILITIES		
Trade and other payables	3,172,634	1,863,462
Employee benefits	1,124,202	1,092,329
TOTAL CURRENT LIABILITIES	4,296,836	2,955,791
NON-CURRENT LIABILITIES	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Employee benefits	143,560	167,814
TOTAL NON-CURRENT LIABILITIES	143,560	167,814
TOTAL LIABILITIES	4,440,396	3,123,605
NET ASSETS	21,848,978	19,833,881
EQUITY		
Art revaluation reserve	70,745	70,745
Asset revaluation reserve	1,565,849	1,565,849
Retained earnings	20,212,384	18,197,287
TOTAL EQUITY	21,848,978	19,833,881

The accompanying notes form part of these financial statements.







# **FINANCIALS**



#### Bega Garnbirringu Health Service Incorporated

ABN: 47 976 288 533

# Statement of Changes in Equity For the Year Ended 30 June 2020

2020

	Retained earnings \$	revaluation reserve \$	revaluation reserve	Total \$
Balance at 1 July 2019	18,197,287	70.745	1.565.849	19,833,881
Other comprehensive income for the year, net of tax	16,197,267	70,745	1,505,649	19,033,001
Surplus for the year	2,015,097	-	-	2,015,097
Balance at 30 June 2020	20,212,384	70,745	1,565,849	21,848,978

2019				
	Retained earnings \$	Art revaluation reserve	Asset revaluation reserve	Total \$
Balance at 1 July 2018	15,595,210	70,745	1,565,849	17,231,804
Other comprehensive income for the year, net of income tax	-	-	-	-
Surplus for the year	2,602,077	-	-	2,602,077
Balance at 30 June 2019	18,197,287	70,745	1,565,849	19,833,881

The accompanying notes form part of these financial statements.

#### Bega Garnbirringu Health Service Incorporated

ABN: 47 976 288 533

### Statement of Cash Flows

For the Year Ended 30 June 2020

	2020 \$	2019 \$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from customers	13,163,816	13,907,402
Payments to suppliers and employees	(9,637,963)	(10,725,210)
Net cash provided by/(used in) operating activities	3,525,853	3,182,192
CASH FLOWS FROM INVESTING ACTIVITIES:		
Interest received	88,514	131,603
Purchase of property, plant and equipment	(239,368)	(2,545,270)
Net cash provided by/(used in) investing activities	(150,854)	(2,413,667)
Net increase/(decrease) in cash and		
cash equivalents held	3,374,999	768,525
Cash and cash equivalents at beginning of year	14,138,510	13,369,985
Cash and cash equivalents at end of financial year	17,513,509	14,138,510

The accompanying notes form part of these financial statements.









### PRIMARY HEALTH SERVICES

#### **CLINICAL SERVICES**

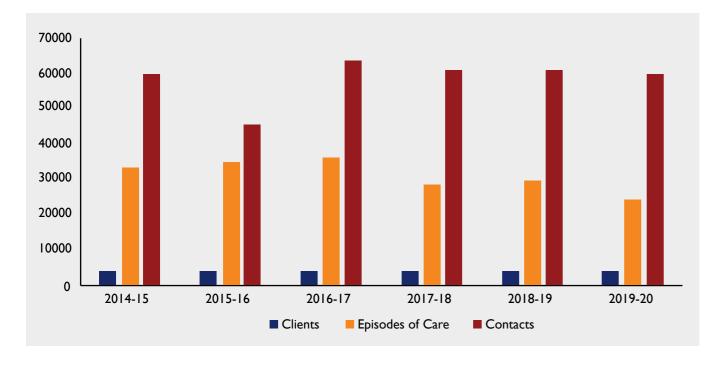
The year of 2019/2020 was certainly one of innovation and implementation for Bega Garnbirringu Health Services (Bega). With the drive for continuous quality improvement we actively strive for excellence in the provision of a professional, culturally appropriate, holistic Primary Health Care Service, servicing the Indigenous population of the Goldfields. In the provision of quality health care Bega is accredited by the Australian General Practice Accreditation Limited (AGPAL) Accreditation - 5th Edition.

#### **ACTIVITY:**

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Activity for Bega is measured in terms of the provision of episodes of care. The count is slightly reduced for 2019/20 due to restrictions in practice and modified service delivery capacity surrounding COVID-19.

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Clients	4015	4368	4348	4262	4086	3839
Episodes of Care	33669	34685	36092	28090	29295	24054
Contacts	59980	45102	63759	60902	60600	60046



#### NOTE: CHANGES IN EPISODES OF CARE FOR 2016-17

New criteria and data recording changes introduced on 2016–17 affect the count for episodes of care for 2017–18 onwards, making data not comparable with previous years. Changes were made to the types of contacts that were recorded as an episode of care that year, with hospital-related contacts and telephone contacts excluded. There were also changes within some clinical information systems in how episodes of care were defined and recorded. Together, these led to lower numbers of episodes of care recorded in 2017–18 and onwards.

#### **CLINICAL SERVICES STAFF**

Bega employs Aboriginal Health Workers / Practitioners as the first point of contact and assessment for clients. Most of our Aboriginal Health Practitioners (AHP) assess clients under a Level 4 Supervision established by the Aboriginal and Torres Strait Islander Health Practice Board of Australia guidelines. Bega also employs Enrolled Nurses (EN) and Registered Nurses (RN). Bega maintains a rate of 67% Aboriginal and Torres Strait Islander employment.

#### **New innovations:**

#### **MEN'S GROUP**

In November 2019 Bega actively promoted Movember, the mustache growing charity event held during November each year that raises funds and awareness for men's health. Bega had a successful attendance from the men in the local communities. Everyone enjoyed the end of Movember BBQ and the provision of a men's pack, with toiletries and information on smoking cessation and depression.

Following on from the BBQ Bega hosted a Men's Health Yarning Group, one of our doctors attended and there was lively and interactive conversations on suggestions for future men's activities. The decision was made to continue the format of a yarning group, which is now held monthly at the clinic and has continued to maintain good attendance.

#### COVID-19

With the introduction of COVID-19 into our everyday practice, our staff have been required to adapt to daily changing circumstances. The impact of COVID-19 on Bega has been multifaceted and resulted in changes in our service delivery models.

#### **Workflow Innovations:**

With the continuing changing environment, Bega implemented the following changes to our workflow.

- **Telehealth consultations:** The client rings in or presents and they are offered the possibility of phone consultations with a Doctor. Bega has also implemented a free call 1800 037 037 to speak to a doctor. Medications that are required from the telehealth consultation are delivered to the client's home.
- Health Direct: Video conferencing is available to patients and advertised both by SMS and on the Bega website. While the initial uptake of the service was slow numbers are steadily increasing.
- Point of Care testing for COVID-19: Following an approach by ACHWA, New South Wales University and Kirby Institute, Bega agreed to commence COVID-19 testing. Staff training has been completed and procedures have been developed and implemented. Point of Care testing takes approximately 45 minutes to return a result,

which significantly reduces the waiting time for clients and the subsequent need to self-isolate while waiting results.

- Off-site Flu Vax clinic and Schools Program:

  During the Pandemic phase of COVID-19 an alternative clinic was set up at the Healthy Lifestyle Centre to provide clients with flu vaccinations. This was done to limit patient numbers in the main clinic so that Bega could safely observe social distancing and other COVID-19 guidelines.
- In addition, our nurses went out to the schools to immunize the children and visited two nursing homes in Kalgoorlie-Boulder. In total we provided services to 662 patients.
- Adapting to service delivery to a changing pandemic environment:
  - Bega provided a triage desk at the front of the clinic, to conduct initial health screenings of all clients based on COVID-19 testing criteria.



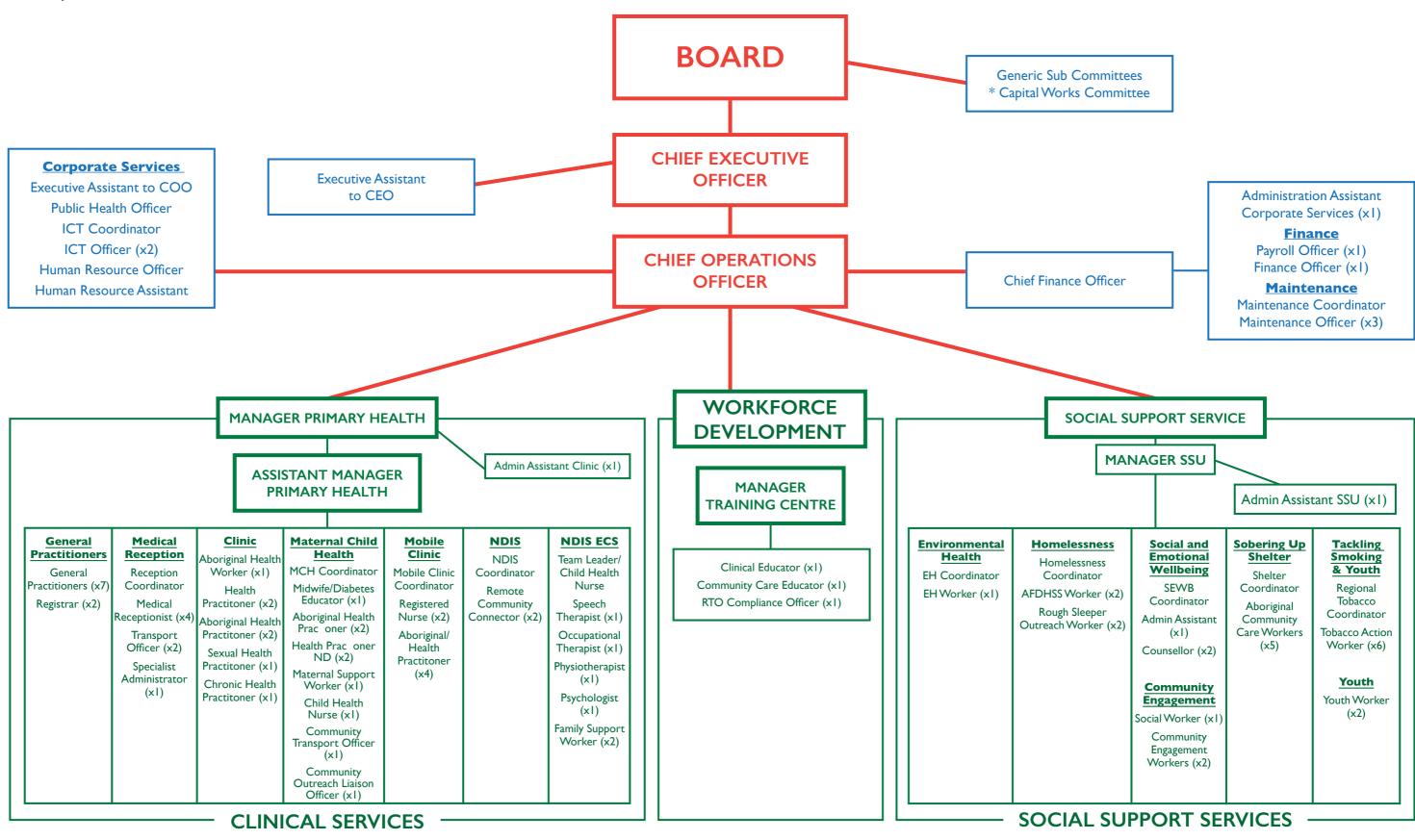
- Those clients that were exhibiting symptoms were given the option to attend a face-to-face or telehealth consult with a Doctor.
- The COVID-19 pandemic highlighted the need for stringent infection control measures to be maintained throughout Bega. Staff were provided with additional training and up-skilling in this area and the effective use of personal protective equipment (PPE).
- Initial supplies of PPE proved challenging at first, however Bega managed to source and secure sufficient supplies to ensure that the clinic can cope with current and future demands.
- Bega converted two consult rooms with external access for patients presenting with COVID-19 symptoms.
- Bega staff have been responsive to a rapidly evolving situation which required amendments to service delivery models and workforce composition.



# **CORPORATE STRUCTURE**



As at 30 June 2020





#### **CLIENT TRANSPORT SERVICES**

Bega continues to assist in the provision of access to the clinic by providing transport from clients across Kalgoorlie-Boulder community.

Although during the COVID-19 pandemic this service was limited as we could not ensure the safety of the drivers or patients during this period. Modifications have been made to the vehicles and client transport protocols to ensure ongoing client safety.



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#### **TRAINING:**

All Bega staff are provided with Cultural Awareness Training, specific to the client cohort of the Goldfields region.

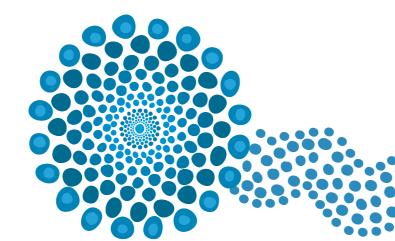
- Spirometry Training
- Wound Care
- Birds & BBV Training (Sexually Transmitted Diseases)
- Aboriginal Immunisation Network Workshop
- Syphilis Point of Care Training
- High Risk Foot Symposium
- CPR Refresher Training
- Cultural Awareness
- Advance Life Support Training
- Certificate II Family Wellbeing
- Nuts & Bolts Sexual Health Training
- Aboriginal and Torres Strait Islander COVID-19 Point of Care Testing Program
- Autism Spectrum Disorder Workshop
- Hand Hygiene

#### **MEDICAL STUDENTS:**

Bega works closely with the Rural Clinical School of Western Australia supporting third year students to completion of their Medical degrees. Students are from the University of Western Australia and Notre Dame University in Perth. They attend for a four-week placement in Kalgoorlie, with one week at Bega to provide an experience in Aboriginal Health.

Bega also extends its coverage of students to Nursing Students from both Murdoch University for Registered Nurse Training and the Central Regional TAFE for Enrolled Nurse Training.

The clinic supports the students from Nindila Training Centre providing clinical placement towards the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care.



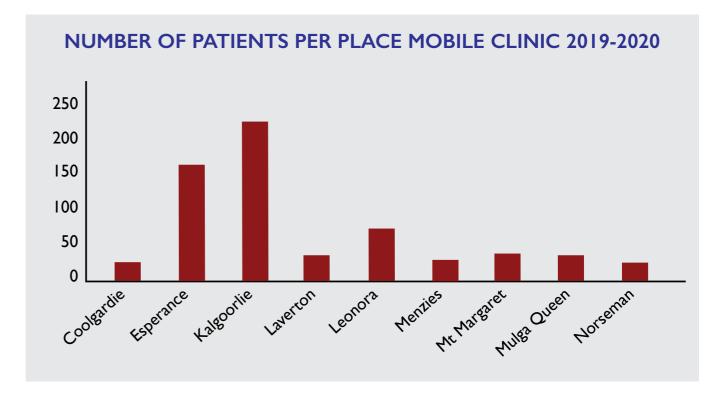
#### **MOBILE CLINIC SERVICES**

Bega's mobile clinic continued to deliver vital clinical services to rural and remote communities across the Goldfields. However, with the onset with the COVID-19 pandemic in February, services were significantly scaled back due to the increased risk of transmission to people living in these communities. During this period mobile clinics were redeployed to provide services in and around Kalgoorlie-Boulder including flu vaccinations and health checks.

In June 2020, at the request of the Mulga Queen community, the mobile clinic traveled to this community and provided a total of 42 flu vaccinations to community members.



Coverage of the 70,800km<sup>2</sup>, of the Goldfields is predominately traveling the 450km North and 400km South. Our attendance and numbers seen as per the graph below:



The mobile clinic also attend Clontarf Boys and Girls academies to support local events and provide medical coverage.

In the 2019-2020 financial year mobile clinic has performed the following activities:

- 5 trips to the northern goldfields
- Visiting optometrist 4 times to the northern goldfields
- 8 trips to the southern goldfields
- 664 clients come through our mobile clinic service.

# NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

Bega's remote community connectors continue to provide essential services for connecting the community to the NDIS. To date, the NDIS team has successfully referred 71 clients into the NDIS. This has been facilitated by the collaborative effort by Bega's remote community connectors and NDIS coordinator.

The team continues to undertake NDIS training and attends workshops via Zoom to up-skill and ensure their compliance with current legislation.



#### MATERNAL AND CHILD HEALTH (MCH)

MCH continues to provide a valuable service to Kalgoorlie-Boulder and surrounding communities. The services are delivered through the following three streams:

- Maternal and Child Health
- Maternal Northern Outreach Program (Midwife) and Bega Bumps & Bubs.
- New Community Primary Health Care Services

MCH have a health promotion day every month with different topics.

#### **HEALTH PROMOTION FOR 2019-2020**

- July 2019 Dry July and Diabetes
- Aug 2019 Speech Pathology
- Sept 2019 Cervical Screening
- Oct 2019 Breast Cancer
- Nov 2019 Epilepsy
- Feb 2020 Skin Health

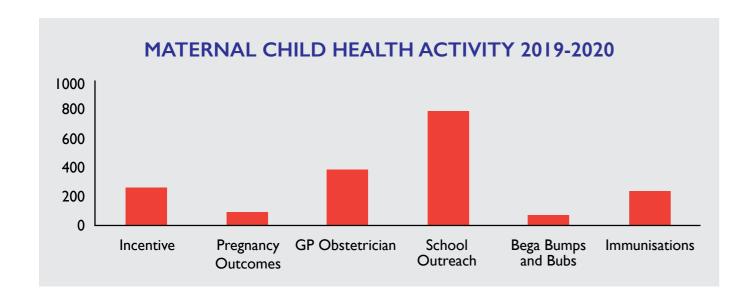
#### **BEGA BUMPS & BUBS 2019-2020**

Every two weeks MCH host a BBQ which offers education and activities. Topics discussed are as follows:

- Co-sleeping education
- Brain development
- Sensory learning/input
- Labour
- Language Development
- Immunisation



- Alcohol/FASD in pregnancy
- Breast feeding/Bottle feeding
- Baby Development/Milestones
- Gestational Diabetes
- Healthy Pregnancy
- Tummy Time
- Transitioning to Solids
- Skin Health
- Smoking before and during pregnancy



#### **ANTENATAL AND MIDWIFERY SERVICES**

Bega provides a dedicated antenatal and postnatal service to the ATSI women of the Kalgoorlie-Boulder region. Three weeks out of four weeks Bega provides the services of a GP Obstetrician attending to pregnancy date marker review and appropriate investigations for our pregnant mothers. The Maternal Child Health team provide education on the cessation of smoking and the necessity of no alcohol or drugs during pregnancy.

#### MATERNAL NORTHERN OUTREACH PROGRAM

Bega has a midwife that works with in the Maternal Child Health Team, who provides outreach services to Laverton, Leonora and Mt Margaret region through the Outreach program. Our midwife covers antenatal, delivery and the post natal population up to 11 weeks post partum. Our pregnancy numbers have increased during the COVID-19 lockdown period to 62.

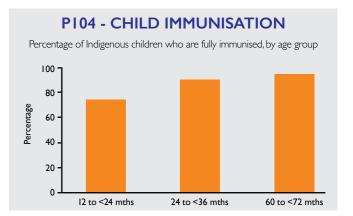


#### **CHILD HEALTH CHECKS**

Child Health Checks are completed at regular age intervals, often these are done opportunistically when a parent presents with other children for medical review. Parents are recalled to have the child heath checks completed. During the child health checks, ears, eyes, general health, and immunisations are checked and completed.

#### **IMMUNISATIONS**

The staff in our Maternal Child Health team have actively sort out and completed additional immunisation competencies to provide the best quality service to the children in community. Bega's immunisation figures are above the national figures for immunisation. Bega currently has four nurse immunisers trained and actively recalling children at the appropriate time for their immunisations.



### **NEW COMMUNITY PRIMARY CARE SERVICES** (NCPCS)

The interactive environment and the drive to improve the health and lives of the young children in our area is a driving force behind the program. NCPCS continue to service our local primary and high schools with a visit from a nurse each week to each school. We have one close primary school that has a high percentage of ATSI children, this school is also visited weekly by a GP. This service was temporarily suspended during the COVID-19 pandemic due to safety concerns relating to potential community transmissions and will recommence once it is safe to do so.

From July to December 2019 we provided 805 occasions of service. This level of service provision into the schools helps facilitate early intervention and detection of ear health issues and other basic health concerns. Most students are fully immunised prior to the commencement of school, or very shortly after commencement. Staff feedback suggests that working within the school system has proven to be highly effective.





#### **SPECIALIST CLINICS**

Bega offers a range of externally provided health professionals and specialists.

Visiting Optometrist travels up to 500km north of Kalgoorlie normally 4 times a year, occurring twice in the July to December 2019 period prior to COVID-19 response shutdown. Visits are also provided at the Bega clinic.

Remote areas serviced are:

- Laverton
- Mt Margaret
- Leonora

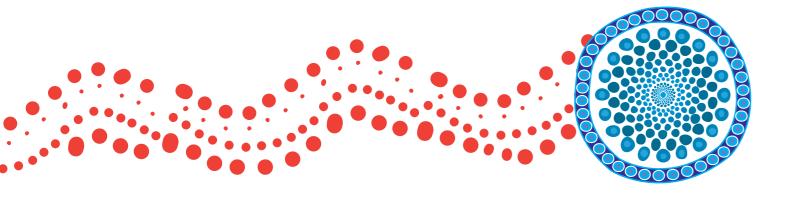
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- Menzies
- Mulga Queen
- Cosmo Newberry

Bega's visiting developmental paediatric clinics in 2019 assisted with diagnosing children and improving the care planning and follow-up process for children with health and/or developmental issues.

The below number of hours are reduced due to the closure of the specialist clinics at Bega. Kalgoorlie Regional Hospital also reduced its capacity to accommodate visiting specialists due to COVID-19 related travel restrictions. As of mid-June 2020, the services have recommenced.

Specialist	Visit Schedule
Ophthalmologist (Eyes)	New doctor commencing October 2020
Optometrist (Eyes for Glasses review)	4 visits per year 28 hours, plus 2 remote visits
Renal Medicine Specialists (Kidney)	4 visits per year or 8 hours
Diabetes Specialists	8 visits per year or 40 hours
Dental Services	90 visits per year or 630 hours
Audiologist (Hearing aid specialists)	6 visits per year or 42 hours
Diabetes Educator	41 visits per year or 205 hours
Dietician	6 visits per year or 30 hours
Respiratory Technician	3 visits per year or 21 hours
Physiotherapist	23 visits per year or 171.5 hours
Podiatrist	25 visits per year or 175 hours



# NINDILA TRAINING CENTRE

In the past year, Nindila Training Centre has achieved many successful outcomes. Two students, Kelly Vincent and Judith Ryder, both completed their graduation in February, receiving their AHPRA registration. Both ladies worked extremely hard over a 24-month period to complete their qualifications and they are now employed by Bega, with Kelly now working as an Aboriginal Health Practitioner, and Judith working as a Remote Community Connector in Bega's NDIS Team.

Nindila continues to offer support and training opportunities to students and Bega staff. The Certificate II in Family Wellbeing, delivered by Aboriginal Health Council of Western Australia (AHCWA), was well attended with the following staff completing the Qualification – Chanoa Cooper and Danielle Gill (Clinic), Christine Donaldson, Regina Dann and Timothy Ayam (Social Support Unit). Clinic staff also completed Ear Health training delivered by AHCWA and a Kidney Health workshop.

During this year, Nindila forged a working relationship with Central Regional TAFE, utilising a TAFE Lecturer to support students who require assistance with Foundation Skills in the areas of language, literacy, and numeracy. This is extremely valuable to both students and staff who require support in order to complete training and up-skill to improve work outcomes.

Some Bega staff have taken the opportunity to up-skill in the following areas:

- Certificate I in Leadership, delivered at Nindila by the TAFE Lecturer
- Food Handling Training.

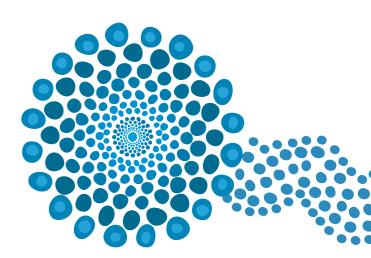
These staff have also completed their on-line Australian Hotel Association COVID-19 hygiene training, as well as the Department of Health – Infection Control Training – COVID-19 that all staff were required to complete.

Nindila continually engages with Industry to keep informed of current Vocation Education and Training needs, along with current Industry trends. Over the past year, Nindila has engaged with the following Industry and VET organisations:

- Central Regional TAFE
  - Career day
  - Opening of the Health and Community Care training centre
- Wirraka Maya Health Service Aboriginal Corporation
- Western Australian Country Health Service
- National Skills Commission VET review
- COVID-19 Ministerial Task-force review of skills training
- Launch Kalgoorlie-Boulder Education and Training Guide

COVID-19 has seen many changes in Nindila's work environment. From March until June 2020, Nindila staff were working remotely. This time was spent developing new training materials and resources for our Certificate IV Aboriginal and/or Torres Strait Islander Health Practitioner, and also keeping up communications with current students regarding their training progress.

Unfortunately, this year, Nindila's clinical educator left the organisation to pursue other opportunities and we are currently recruiting for a suitable replacement.





# **SOCIAL SUPPORT UNIT (SSU)**

### The SSU has seven program areas:

- Tackling Indigenous Smoking
- Youth Support
- Environmental Health
- Social and Emotional Wellbeing
- Community Safety and Wellbeing
- Homelessness and Rough Sleeper
- Sobering Up Shelter

During the 2019/20 reporting period the SSU continued to maintain a high standard of service delivery in all program areas and welcomed its new manager, Robert Shaw, in November 2019. We also successfully recruited two counsellors, two community safety wellbeing workers and a social worker. During the COVID-19 pandemic we implemented some minor structural changes within the SSU to ensure continuity of service delivery in a change environment.

The SSU continues to commit to delivering a culturally appropriate service in a culturally sensitive manner to all culturally and linguistically diverse (CALD) clients that utilise the service. This reporting period has proven challenging with the COVID-19 restrictions hampering our client contact and limiting our service delivery capacity for four months. We were still able to function effectively whilst adhering to COVID-19 safe practices.

The SSU maintains strong relationships with external service providers ensuring that a quality service is being delivered to the Aboriginal and Torres Strait Islander (ATSI) communities of the Goldfields. These relationships have been an integral part of promoting Bega as a central information centre for better ways of working with the ATSI Community.

We continue to build relationships with Government and non-Government agencies who invite Bega to have input to future planning of events, and co-design of programs including strategies on a regular basis which encourage ATSI participation. All program areas work together to deliver a quality service to the ATSI communities across the Goldfields region. This is done in a culturally sensitive and safe environment with SSU staff who understand and acknowledge both CALD and ATSI issues and barriers across the Goldfields.

Through internal linkages with other Bega programs we were able to travel to the Southern Goldfields, Norseman and Esperance. We also travelled to the Northern Goldfields, Menzies, Leonora, Mount Margret Mission, Laverton and have

recommenced our travel to Tjuntjuntjarra community during this time.

The team continues to build on existing relationships and are well received by the Communities with positive feedback. Our teams understand that consistency is the key to maintaining positive relationships for both the Communities and external service providers in these areas.

### SOCIAL AND EMOTIONAL WELLBEING (SEWB) SERVICE

The SEWB service is the result of combining two independently funded programs, SEWB and Community Safety and Wellbeing (CSWB) to deliver a complete cycle of care in the areas of mental health and wellbeing.

The SEWB team expanded during this reporting period with the successful recruitment of two counsellors, one Social Worker and two Community Engagement workers.

The CSWB team have implemented strategic planning of events over the coming months and have facilitated several activities in the Healthy Lifestyle Centre, Trilby Cooper Hostel and Short Stay facility in Boulder. These consist of art, craft, basket making and wreath making. Studies shows these activities to be beneficial therapies for mild to moderate stress and anxiety.

The SEWB client numbers have fluctuated during this time with numbers dropping slightly during the March to June period due to COVID-19 restrictions and limited face-to-face service provision, with clients accessing SEWB services by phone and telehealth. We have subsequently recommenced with face-to-face service delivery while observing strict COVID-19 safety protocols around social distancing and hygiene.

The CSWB program focuses on clients that are affected by Domestic Violence, Alcohol and Other Drugs and people living with low to moderate mental health issues. The CSWB team has recommenced group activities with three activities facilitated at Boulder Short Stay and Trilby Cooper Hostel respectfully.

#### **ENVIRONMENTAL HEALTH (EH)**

The EH Team have collaborated with several external agencies as well as implementing an internal clinic referral system within Bega which has resulted in the increase of referrals.

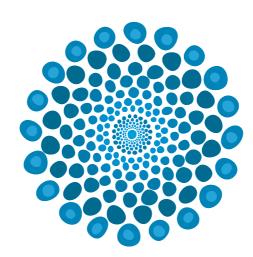
The EH Team engages with communities in a culturally appropriate manner having discussions with many elders to provide information on health education and promote the visiting vets from Murdoch University to attend their communities. The EH team have conducted remote

community visits throughout the Goldfields region Laverton, Wiluna, Tjuntjuntjarra and Mount Margret Mission where they have assisted external service providers with the following

- Dog health program
- Overcome a common barrier to good hygiene practices in remote Communities, particularly the cost of soap, by providing a consistent supply of free soap and towels to households.
- Provide health hygiene particularly hand and face washing to school children, to support the provision of free soap.
- Squeaky clean kids' program COVID-19 strategy has been added into this
- Integrated pest management strategy
- Trachoma Eye Health Project
- Environmental health bathroom assessments and home clean up
- · Health Promotion and community engagement

The EH Team continues to work collaboratively with the following external service providers:

- WACHS Health Promotion
- Department of Housing
- Population Health
- City of Kalgoorlie-Boulder
- · Shire of Leonora
- Shire of Laverton
- Goldfields Indigenous Housing Organisation



#### **ENVIRONMENT HEALTH TEAM AT WORK**







#### **HOMELESSNESS PROGRAM**

The Homelessness service consists of two programs, Rough Sleeper Outreach (RSO) Program and the Aboriginal Homelessness and Fringe Dwellers Support service (AHFDSS). These two programs work together to address issues relating to homelessness and rough sleepers in and around Kalgoorlie-Boulder.



RSO staff work intensively with clients to sustain their tenancies and to assist clients gaining permanent accommodation. The staff aim to reduce the numbers of clients sleeping rough, to reduce the amount of people at risk of becoming homeless to reduce the risk of clients experiencing homelessness and to help maintain or improve client's connections with families and communities. The staff also assist with providing clients with a culturally appropriate service with improved access to suitable accommodation services and or accommodation. The number of clients being offered permanent housing through the Department of Housing continues to be steady. The staff note during the school holidays more remote people sleep rough in and around Kalgoorlie-Boulder. During this time, the RSO team continues to support these clients with phone calls, helped clients with housing applications, home visits and providing follow ups. RSO staff support clients with general queries at our reception, provision of transport for the purposes of shopping or attending Department of Housing appointments. We also provide basic household essentials including blankets, clothing, and other items.

The RSO team had 90 clients during this period; AHFDSS had 116, breakfast was provided by AHFDSS at the Sobering Up Shelter on Wednesday and Friday mornings and every weekday until mid-March out to Boulder Camp. Both teams assisted clients with assessments for eligibility for emergency accommodation at Trilby Cooper Hostel or Red Cross Short Stay; assessments for eligibility were also made for provision of vouchers for Foodbank. Transport was usually provided as part of this service.

AHFDSS sourced and delivered over 200 Crisis Care packs during the COVID-19 crisis. This was a challenging time for our limited service delivery capacity, however our teams performed exceptionally well under these circumstances.

Our homelessness Teams acted as conduit between Bega's clinical services and clients experiencing difficulties accessing the clinic. For example, assisting clients with access to telehealth and medication deliveries for clients who unable to physically attend the clinic.

The homelessness team liaised with a variety of government agencies, NGO's and private companies on behalf of clients.

#### **YOUTH PROGRAM**

The Youth Support Team engaged more than **1200** participants through education/ information sessions and community events. The Youth Support Team created a new Facebook Page (@BegaYouth) on 9 April 2020 to connect with community members and promote the program on social media during COVID-19 pandemic. The team also created and published informational and activity videos on the Bega Youth Facebook Page. The team also participated in regular community events.

The team travelled to the Southern and Northern Goldfields, Esperance, Coolgardie, and Leonora to deliver engagement activities at schools and youth centres.

The team delivered regular engagement activities at various educational and youth facilities which assisted young people to gain skills with resume writing, job application, sign up at MEEDAC, Centrelink and driving lessons. The team also provided one-on-one and telephone support to clients referred by Community Mental Health, and other several external agencies.

The team has regularly attended Youth Interagency Meetings and worked collaboratively with all youth services in the region, including Government departments, not-for-profit organisations, community services, local governments, health services, Aboriginal accommodations, and sporting clubs.

The team continued working in collaboration with external agencies on programs to assist young people in the Goldfields region. Some of the joint programs are – EDGE; Kalgoorlie Street Van; Young Parents Group. The team attended quarterly consortium meeting in March 2020. The teams will continue working together to share statistics; information; and deliver youth engagement activities.

The team expanded the program delivery by setting up displays and informal conversations at Kingsbury Park, Community BBQs, and Bega clinic BBQs. Many young people approached the stall and received information on youth support services.

Due to COVID-19 restrictions, the team ceased outreach and group activities in accordance with COVID-19 safety protocols. The team was redeployed to produce and distribute care packs

to vulnerable Bega clients. The team were available to deliver these care packs with no contact or risk to the client.

The team also provided support to Bega departments and clients by creating social media videos, creating TIS and Youth Facebook pages on Facebook and have assisted with Safer Street Patrol during this time.





### **TACKLING INDIGENOUS SMOKING (TIS)**

The TIS team have engaged with more than **1800** participants through education/ information sessions and community events.

The team created a new Facebook Page (@BegaTIS) on 9 April 2020 to connect with community members and promote the program on social media during COVID-19 pandemic. The team have been promoting regular scheduled events and have had informational displays at various local locations. The team also published a story in Kalgoorlie Miner, and promoted relevant posts and competitions on Bega TIS Facebook page, which reach a wide audience. The team launched 'Smoke-Free' competitions in collaboration with other Bega programs.

As a key member of the 'WA Aboriginal Tobacco Control Leadership Group', Bega has won prestigious Dr. Bob Elphick Award for our contribution in Aboriginal smoking cessation.

Smoking cessation education programs became part of the curriculum in three schools / academies with fortnightly visit to O'Connor Primary School, Clontarf Boys Academy, Kalgoorlie Girls Academy.



The team implemented the TIS action plan in partnership with **55** organisations in the region, including Government departments, not-for-profit organisations, community services, local governments, health services, Aboriginal accommodations, and sporting clubs.

The team complemented the program delivery by setting up displays at Kingsbury Park, Community BBQs, and Bega clinic BBQs. Many community members approached the stall and received information on smoking cessation and Bega services.

The team organised BBQ and information sessions at Trilby Cooper Hostel and Boulder Short Stays. Participants were educated on harms of smoking and support services to quit smoking.





During COVID-19 the team created and distributed hygiene packs for clients.

Due to COVID-19 restrictions, the team ceased outreach and group activities in accordance with COVID-19 safety protocols. However, the team provided support to Bega departments and clients by:

- Providing transport and medications to clients
- Creating social media videos
- Creating TIS and Youth Facebook pages on Facebook
- Assisting with Safer Street Patrol
- Using display boards at Wizard Pharmacy and newspaper promotions

### **SOBERING UP CENTRE (SUC)**

The Sobering Up Centre operates five nights a week from Monday to Friday.

The SUC services provides a safe, supervised overnight care for intoxicated Aboriginal people. The SUC provides access

to showers, laundry facilities and meals. The SUC service is non-medical in nature and is not designed to offer treatment or rehabilitation. However, Aboriginal people who are discharged from the SUC service may be provided with information and referred to other health, welfare and/or alcohol and drug treatment where appropriate. Within this reporting period over 2000 intoxicated people were provided a service before COVID-19 restrictions affected the SUC service.

During COVID-19 SUC staff have had to restructure the program to adjust to restrictions by supporting local police and external agencies helping with meals at night which were prepared during the day. The SUC staff helped transport Ngaanyatjarra and Pitintjarra people back to community on buses and planes. Sixty-seven people were returned to country using this strategy. This return to country strategy was supported by Department of Communities, WAPOL, Meedac and WACHS.

The breakfast program is being returned to normal at SUC. SUC is open and operating at a limited capacity due to social distancing measures.

























# **ACKNOWLEDGMENT OF FUNDING**

The important work we do would not be possible without funding, and Bega genuinely appreciated the trust shown in us by our primary funding bodies.























