



Bega  
Garnbirringu  
HEALTH SERVICE

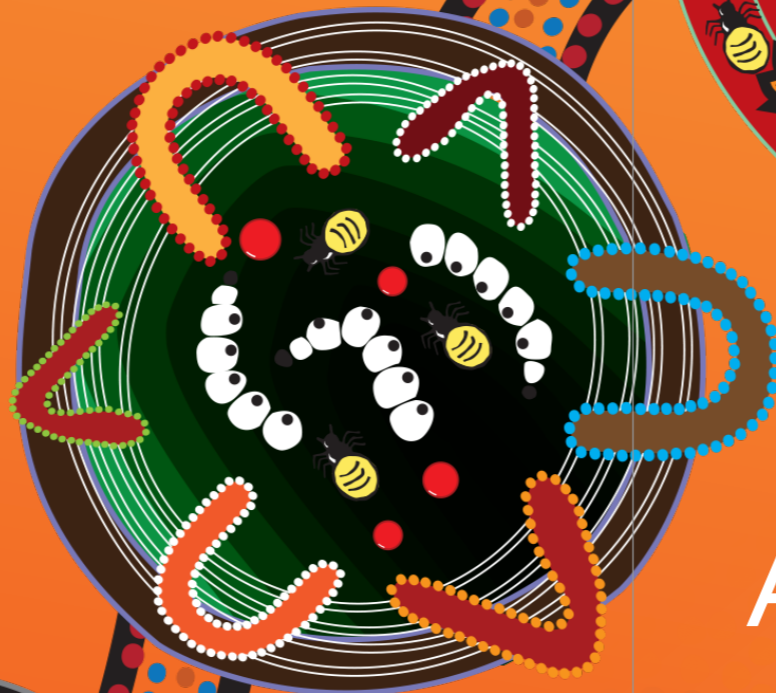
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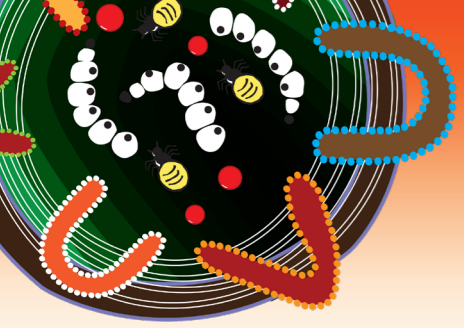


Bega  
Garnbirringu  
HEALTH SERVICE



# Annual Report





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## OUR VISION

Bega Garnbirringu Health Services' vision for the future is for a society in which Aboriginal and Torres Strait Islander people are not disadvantaged and share a quality of life with health standards and life expectancy equal to the non-Aboriginal and Torres Strait Islander community.

## 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.



## ACRONYM BUSTER

**ACCHSRTO:** Aboriginal Community Controlled Registered Training Organisation

**ACHL:** Aboriginal Community Housing Limited

**AEHW's:** Aboriginal Environmental Health Worker's

**AHCWA:** Aboriginal Health Council of Western Australia

**AHFDSS:** Aboriginal Homelessness Fringe Dweller Support Service

**BEGA:** Bega Garnbirringu Health Service

**BGHS:** Bega Garnbirringu Health Service

**CALD:** Culturally and Linguistically Diverse

**CKB:** City of Kalgoorlie-Boulder

**EACP:** Evidence Access and Coordination Program

**ECS:** Early Childhood Support Program

**GPRC:** GP Respiratory Clinic

**GRAHPF:** Goldfields Regional Aboriginal Health Planning Forum

**KAMS:** Kimberley Aboriginal Medical Service

**KRH:** Kalgoorlie Regional Hospital

**MHC:** Mental Health Commission

**NACCHO:** National Aboriginal Community Controlled Health Organisation

**NDIA:** National Disability Insurance Agency

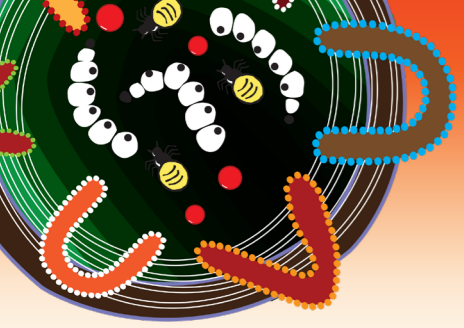
**NDIS:** National Disability Insurance Scheme

**PHAIWA:** Public Health Advocacy Institute Western Australia

**RCC:** Remote Community Connectors

**SRS:** Summer Response Strategy

**WMHSAC:** Wirraka Maya Health Service Aboriginal Corporation



## CHAIRPERSON'S REPORT

**FABIAN TUCKER**  
Chair  
2020-2021

*On behalf of the Board, I am honoured to present this year's report to members, funding bodies and stakeholders. In the second half of 2020, we were still dealing with the impacts of COVID-19 and doing everything we could to keep the virus from entering our communities. Thanks to a massive effort of all Bega staff, we were able to respond to community needs and keep our mob healthy through some very difficult times.*

We have continued to enjoy a high level of stability with the Board and even with all the travel disruptions we were able to meet regularly to provide governance and monitor Bega's progress towards establishing our Central Health Hub model. Unfortunately, the impacts of COVID-19 resulted in some of our current projects incurring slight delays, however, we are still on track to produce the type of facility that will serve our community well into the future. The Board participated in several consultation forums facilitated by MCG Architects to ensure that the design of our new facility is reflective of the Goldfields and take into consideration cultural aspects of the region. We approved the final designs and authorised the project to proceed.

With governance being one of the Board's key functions, we conducted a comprehensive governance policy review at the end of 2020 to ensure they are current, relevant, and compliant the Associations Incorporation Act 2015. As we progressed into a new year that promised to provide a bit more certainty around COVID-19 and lockdown restrictions, we

resumed our focus on developing a Strategic Plan to be implemented post Bega 2020. We engaged the services of an external consultant who facilitated a two-day strategic planning workshop that allowed the Board to explore future strategic directions and priorities for Bega. This process allowed us to review and update Bega's Vision, Mission and Values statements. We were also able to set a series of strategic priorities that align with the organisation's long-term objectives. The plan is now in final draft form, and we anticipate endorsing it early in the new financial year.

I continued to represent Bega's interest in the broader Aboriginal health sector through participating on the Aboriginal Health Council of WA (AHCWA) Board in the capacity of Secretary. This enables me to stay abreast emerging trends and developments on a State and National level and relay relevant information back to the Bega Board and CEO for action.

A highlight for the past year was when Bega hosted an Elder's lunch as part of the 2020 NAIDOC Week celebrations. This event saw approximately sixty Elders come together for an afternoon of social interaction, entertainment, and a wonderful meal, all provided by Bega.

So as this year draws to a close, I am grateful and thankful to all Bega staff for their continued efforts to provide the best possible care to our clients and I look forward to another year in which Bega plays a significant role in health care across the Goldfields, particularly in relation to COVID-19 vaccine rollout.



## CEO'S REPORT

**CLIVE HOLT**  
Chief Executive Officer

*As we began to emerge from the height of the COVID-19 pandemic, July saw Bega return to full-service delivery capacity while continuing to ensure adherence to COVID-19 safety guidelines and restrictions in the workplace. We had successfully navigated the most turbulent phase of the pandemic; however, we were not yet in the clear as we commenced a new financial year with a sense of trepidation and a high degree of caution.*

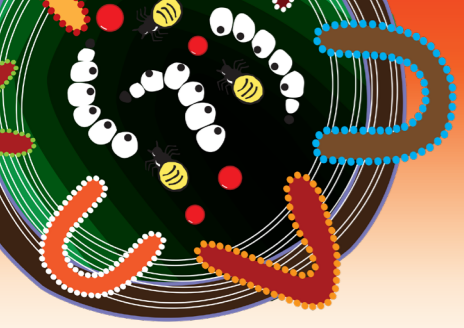
With the country and WA moving in and out of lockdowns and restrictions over the past year, Bega continued to provide best practice services to our clients, ensuring the safety of Aboriginal communities across the Goldfields. During these uncertain times, we also placed a strong focus on the emotional health and wellbeing of staff in the workplace through the delivery of a series of workshops and information sessions to support staff in coping with the additional mental health challenges brought on by the pandemic.

As people became more confident with moving around, we were able to ramp up our recruitment activities and begin filling some vacancies that could not be filled during the height of the pandemic. We also experienced the departure of a few staff who chose to return to their home communities to be closer to family, which facilitated an internal review of our organisational chart to ensure we have the right people in the right roles at Bega to deliver optimum client services and meet contractual obligations. Another factor impacting our recruitment activities was the resurgence of the resources sector, with mining companies desperately trying to attract staff through offering higher than normal remuneration packages. In a bid to significantly enhance our strategic advantage with recruitment, we elevated our HR Coordinator role to that of

People & Culture Manager to provide a higher level of strategic management within the HR function. Supporting this move was the engagement of an external HR consultant to assist with reviewing and updating our recruitment and other relevant HR strategies. I can report that we are currently close to full staff capacity, and I am confident that our current 'Bega Mob' will take this organisation from strength to strength and lead Bega well into the future.

Complimenting these HR activities was the launch of our much-anticipated internal Leadership Development program, which had to be put on hold last year due to the pandemic. Designed and developed in conjunction with Leadership WA, this program aims to take a total of 24 Bega staff on a journey of leadership discovery and development, allowing them to grow and develop into the future leaders of this organisation.

This year also saw some changes to our service delivery capacity and scope through the consolidation of our National Disability Insurance Scheme (NDIS) funded programs and the addition of new funding in the area of suicide prevention. In December 2020, the National Disability Insurance Agency (NDIA), which funded our NDIS Remote Community Connectors (RCC), Evidence Access and Coordination Program (EACP) and Early Childhood Support Program (ECS) informed us that the ECS program would no longer continue to be funded nationally in its current format past 30th June 2021. The ECS program aimed to provide brief, intensive Allied Health interventions to children under the age of 7 years who are experiencing developmental delays. This was unfortunate as we had recently assembled a multi-disciplinary team of Allied Health professionals and the program was gaining traction within the Goldfields. On a positive note, the RCC



and EACP programs received funding extensions to allow us to focus on promoting the NDIS to our clients and assisting eligible clients to access the NDIS.

Around the same time, we successfully bid for funding from the Mental Health Commission (MHC) to develop an Aboriginal Suicide Prevention Strategy for the Goldfields. This strategy was delivered to the MHC in 2021 and resulted in Bega securing a three-year funding contract for the implementation of the strategy. We have lobbied Government for many years to invest more resources in suicide prevention activities to reduce the need for postvention services and I am pleased to see that we now have the capacity to make some significant inroads in this area.

The GP Respiratory Clinic (GPRC) became operational in the second half of 2020 and gave us the capacity to cope with increased testing demand in the event of a second wave of COVID-19. The GPRC saw regular, albeit low, client numbers and by April 2021 we made the decision to not renew the contract any further as there was little demand for testing and Bega was gearing up to be part of the COVID-19 vaccination rollout. Clinical staff underwent training to be able to safely deliver the Astra Zeneca vaccine and commenced offering this to eligible clients in May. In June, we were informed that Bega had been authorized to also administer the Pfizer vaccine and we commenced with staff training and acquiring the specialized refrigeration equipment required to store the Pfizer vaccines.

This year saw some significant progress in our physical infrastructure projects. The new Environmental Health, Maintenance and Central Stores facility at 20–24 Boulder Road reached completion and we are currently in the process of occupying the facility. This will bring much needed relief on the pressure our current infrastructure is under and pave the way for work to begin on our flagship project to be developed at 12–14 MacDonald Street. An ongoing process of consultation with staff, the Board and community members has seen this project progress to a point where the final schematic designs for the building have been approved by the Board and will ensure it meets Bega's needs both now and well into the future. We have also completed the interior design component of the building and will shortly be

moving into the final costing and Tender phase of the project. While we have encountered some minor unavoidable delays with this project, we are now very close to seeing construction commence soon. When complete, this purpose-built facility will house all our Social Support programs, Nindila Training Centre and the administrative functions of Bega. It will also form a key component of our vision for the creation of a Central Health Hub in which clients can access all Bega services in one location. This has been a vision long in the making and I was honoured to present Bega's journey towards creating a Central Health Hub at the Aboriginal Health Council of Western Australia (AHCWA) State Sector Conference in March 2021.

Externally, Bega continued to actively participate in sector-wide forums and meetings to stay in touch with the ever-changing health landscape both at a State and National level. Regular contact with the National Aboriginal Community Controlled Health Organisation (NACCHO), AHCWA, Goldfields Regional Aboriginal Health Planning Forum (GRAHPF), West Australian Primary Health Alliance (WAPHA) and other funding bodies ensures we have access to the latest trends, data and funding opportunities in Aboriginal health.

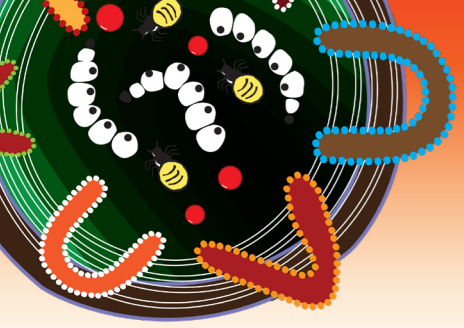
Financially, Bega enjoyed another strong year and despite economic uncertainties brought on by COVID-19, we find ourselves in a very healthy financial position. The successful acquisition of additional funding to support our physical infrastructure developments gives us capacity and confidence to know that we can complete these and other projects without placing pressure on Bega's financial reserves. This contributes towards Bega's long-term strength and sustainability while ensuring a solid foundation for future growth in service delivery and scope.

Overall, while having its challenges, the last year has allowed Bega to consolidate our position as preferred provider for services to the Aboriginal community of the Goldfields and prepare for future growth. Thank you to everyone who is a part of 'Bega Mob', you have again proven your resilience and produced incredible outcomes in the face of adversity. I look forward to continuing our journey together.



# FINANCIALS





## FINANCIALS

### Bega Garnbirringu Health Service Incorporated

ABN: 47 976 288 533

#### Members' Report 30 June 2021

The Board members present their report on Bega Garnbirringu Health Service Incorporated for the financial year ended 30 June 2021.

#### 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 October 2015
Pauline Bonney	7 October 2016
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 \$ 2,750,292 (2020: \$ 2,015,097).

##### 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 Cont...

### Bega Garnbirringu Health Service Incorporated

ABN: 47 976 288 533


#### Members' Report 30 June 2021

##### Indemnification and insurance of officers and auditors

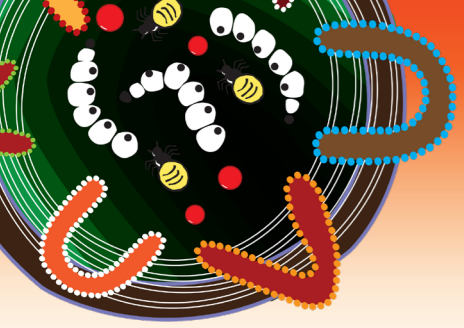
No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of Bega Garnbirringu Health Service Incorporated.

On behalf of the members of the Board:

  
Name: Marelda Tucker  
Position: Board member

  
Name: CLIVE HOLT  
Position: Chief Executive Officer

Dated this 22 day of September 2021



## FINANCIALS Cont...

**Bega Garnbirringu Health Service Incorporated**

### Independent Audit Report to the members of Bega Garnbirringu Health Service Incorporated

#### Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

Location  
Dated this 22 day of September 2021

## FINANCIALS Cont...

**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 2021 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:



Name: Marelda Tucker

Position: Board member



Name: CLIVE HOLT

Position: Chief Executive Officer

Dated 22.9.21



## FINANCIALS Cont...

### 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 2021

	2021	2020
	\$	\$
<b>Revenue</b>		
Grants received	12,025,553	11,372,162
Medicare income	1,827,423	1,448,902
Donations	1,000	5,000
Interest income	24,531	88,514
Other income	524,949	337,752
	<u>14,403,456</u>	<u>13,252,330</u>
<b>Expenses</b>		
Accounting and audit	(32,140)	(36,798)
Advertising and promotion	(336,173)	(256,202)
Consumables	(712,093)	(627,473)
Depreciation	(251,363)	(280,396)
Employment costs	(8,263,255)	(8,081,315)
General expenses	(1,431,801)	(1,263,582)
Insurance	(256,140)	(216,278)
Loss on disposal of assets	-	(5,296)
Motor vehicle expenses	(85,893)	(115,753)
Rental outgoings	(11,000)	-
Repairs and maintenance	(273,306)	(354,140)
	<u>(11,653,164)</u>	<u>(11,237,233)</u>
<b>Surplus before income tax</b>	2,750,292	2,015,097
Income tax expense	-	-
<b>Surplus after income tax expense</b>	<u>2,750,292</u>	<u>2,015,097</u>
<b>Other comprehensive income, net of income tax</b>		
<b>Total comprehensive income for the year</b>	<u>2,750,292</u>	<u>2,015,097</u>



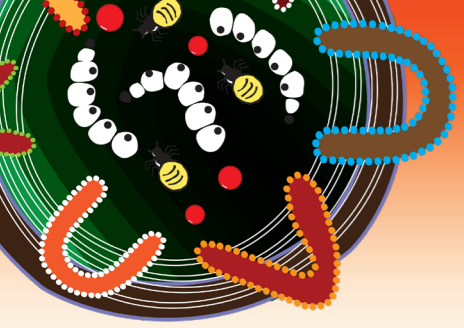
## FINANCIALS Cont...

### Bega Garnbirringu Health Service Incorporated

ABN: 47 976 288 533

#### Statement of Financial Position As At 30 June 2021

	2021	2020
	\$	\$
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	19,915,844	17,513,509
<b>TOTAL CURRENT ASSETS</b>	<u>19,915,844</u>	<u>17,513,509</u>
<b>NON-CURRENT ASSETS</b>		
Property, plant and equipment	9,326,744	8,775,865
<b>TOTAL NON-CURRENT ASSETS</b>	<u>9,326,744</u>	<u>8,775,865</u>
<b>TOTAL ASSETS</b>	<u>29,242,588</u>	<u>26,289,374</u>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Trade and other payables	3,415,442	3,172,634
Employee benefits	1,100,687	1,124,202
<b>TOTAL CURRENT LIABILITIES</b>	<u>4,516,129</u>	<u>4,296,836</u>
<b>NON-CURRENT LIABILITIES</b>		
Employee benefits	127,189	143,560
<b>TOTAL NON-CURRENT LIABILITIES</b>	<u>127,189</u>	<u>143,560</u>
<b>TOTAL LIABILITIES</b>	<u>4,643,318</u>	<u>4,440,396</u>
<b>NET ASSETS</b>	<u>24,599,270</u>	<u>21,848,978</u>
<b>EQUITY</b>		
Art revaluation reserve	70,745	70,745
Asset revaluation reserve	1,565,849	1,565,849
Retained earnings	22,962,676	20,212,384
<b>TOTAL EQUITY</b>	<u>24,599,270</u>	<u>21,848,978</u>



## FINANCIALS Cont...

### Bega Garnbirringu Health Service Incorporated

ABN: 47 976 288 533

#### Statement of Changes in Equity For the Year Ended 30 June 2021

2021

	Retained earnings \$	Art revaluation reserve \$	Asset revaluation reserve \$	Total \$
Balance at 1 July 2020	20,212,384	70,745	1,565,849	21,848,978
Other comprehensive income for the year, net of tax	-	-	-	-
Surplus for the year	2,750,292	-	-	2,750,292
<b>Balance at 30 June 2021</b>	<b>22,962,676</b>	<b>70,745</b>	<b>1,565,849</b>	<b>24,599,270</b>

2020

	Retained earnings \$	Art revaluation reserve \$	Asset 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	-	-	-	-
Surplus for the year	2,015,097	-	-	2,015,097
<b>Balance at 30 June 2020</b>	<b>20,212,384</b>	<b>70,745</b>	<b>1,565,849</b>	<b>21,848,978</b>

## FINANCIALS Cont...

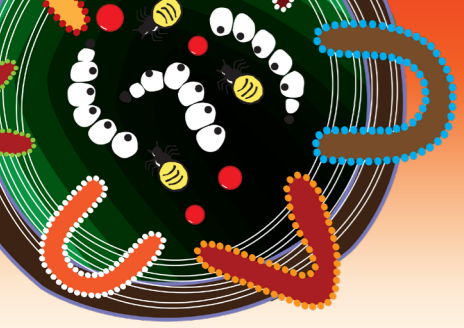
### Bega Garnbirringu Health Service Incorporated

ABN: 47 976 288 533

#### Statement of Cash Flows For the Year Ended 30 June 2021

	2021 \$	2020 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Receipts from customers	14,378,924	13,163,816
Payments to suppliers and employees	(11,198,878)	(9,637,963)
Net cash provided by/(used in) operating activities	<u>3,180,046</u>	<u>3,525,853</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Interest received	24,531	88,514
Purchase of property, plant and equipment	(802,242)	(239,368)
Net cash provided by/(used in) investing activities	<u>(777,711)</u>	<u>(150,854)</u>
Net increase/(decrease) in cash and cash equivalents held	2,402,335	3,374,999
Cash and cash equivalents at beginning of year	17,513,509	14,138,510
Cash and cash equivalents at end of financial year	<u>19,915,844</u>	<u>17,513,509</u>



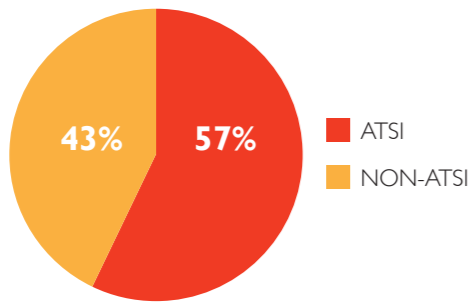


## WORKFORCE DEMOGRAPHICS

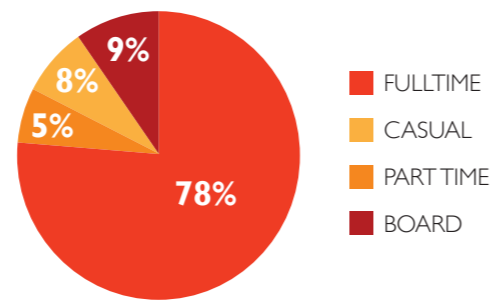
The charts below provide workforce statistics on the Number of Employees, Employment Status, Aboriginality, Leadership Group and Gender across our programs.

### CURRENT WORKFORCE

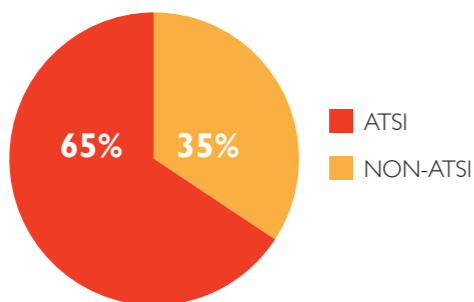
ABORIGINALITY



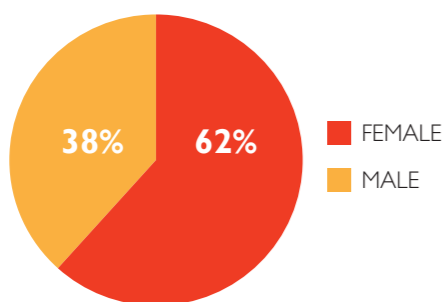
EMPLOYMENT STATUS



LEADERSHIP GROUP



GENDER



Employees 2020 – 2021	Count
Full-time	76
Part-time	5
Casual	8
Board	9

Aboriginality	57
Non-Aboriginality	41

Leadership Group	Count
Executive	3
Managers	5
Coordinators	12

Leadership Group ATSI	7
Leadership Group Non-ATSI	13

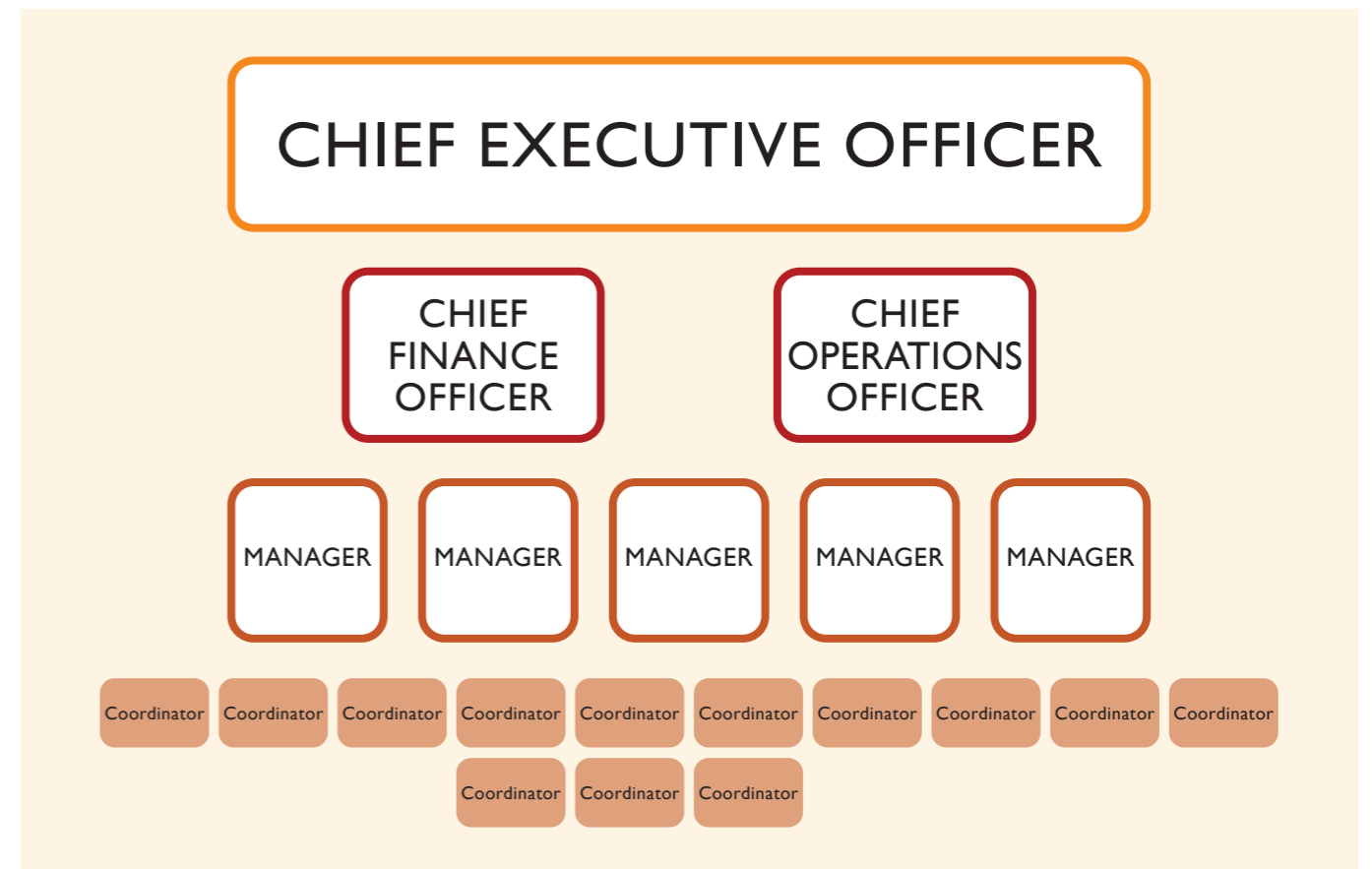
Employee Gender	Count
Female	6
Male	37

ATSI Female	32
ATSI Male	25

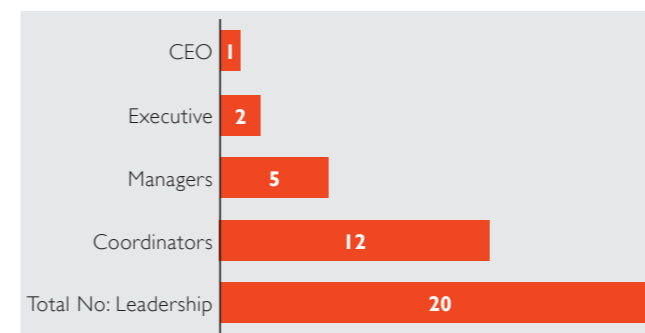


## LEADERSHIP ROLES AT BGHS

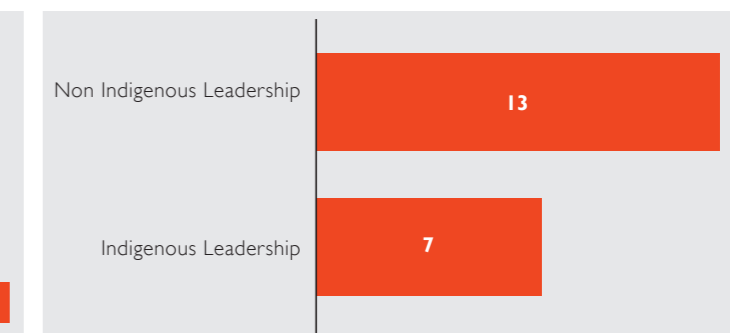
There are twenty (20) positions of Leadership roles within BGHS. Seven (7) Aboriginal & Torres Strait Islanders fill leadership roles within BGHS and have a clear career pathway to occupy positions of leadership within the organisation.



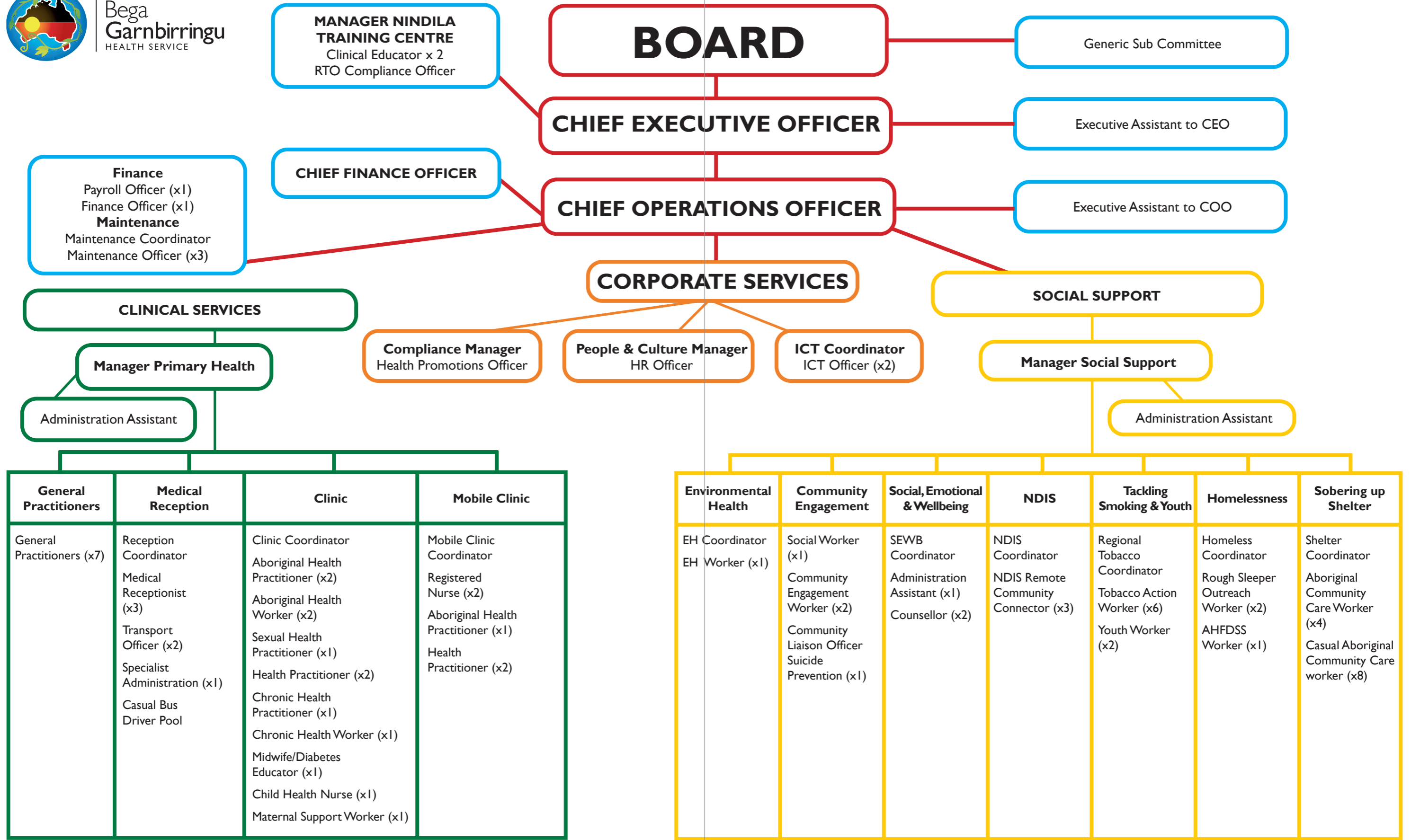
LEADERSHIP GROUP



LEADERSHIP GROUP – ATSI AND NON-ATSI

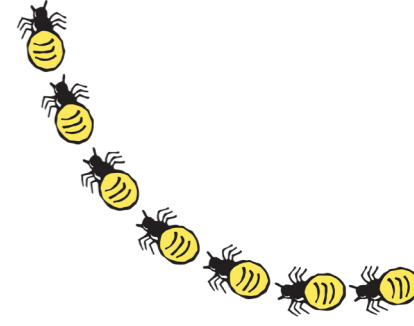


# CORPORATE STRUCTURE



General Practitioners	Medical Reception	Clinic	Mobile Clinic
General Practitioners (x7)	Reception Coordinator Medical Receptionist (x3) Transport Officer (x2) Specialist Administration (x1) Casual Bus Driver Pool	Clinic Coordinator Aboriginal Health Practitioner (x2) Aboriginal Health Worker (x2) Sexual Health Practitioner (x1) Health Practitioner (x2) Chronic Health Practitioner (x1) Chronic Health Worker (x1) Midwife/Diabetes Educator (x1) Child Health Nurse (x1) Maternal Support Worker (x1)	Mobile Clinic Coordinator Registered Nurse (x2) Aboriginal Health Practitioner (x1) Health Practitioner (x2)

Environmental Health	Community Engagement	Social, Emotional & Wellbeing	NDIS	Tackling Smoking & Youth	Homelessness	Sobering up Shelter
EH Coordinator EH Worker (x1)	Social Worker (x1) Community Engagement Worker (x2) Community Liaison Officer Suicide Prevention (x1)	SEWB Coordinator Administration Assistant (x1) Counsellor (x2)	NDIS Coordinator NDIS Remote Community Connector (x3)	Regional Tobacco Coordinator Tobacco Action Worker (x6) Youth Worker (x2)	Homeless Coordinator Rough Sleeper Outreach Worker (x2) AHDSS Worker (x1)	Shelter Coordinator Aboriginal Community Care Worker (x4) Casual Aboriginal Community Care worker (x8)



# PRIMARY HEALTH SERVICES



## PRIMARY HEALTH SERVICES

### CLINICAL SERVICES

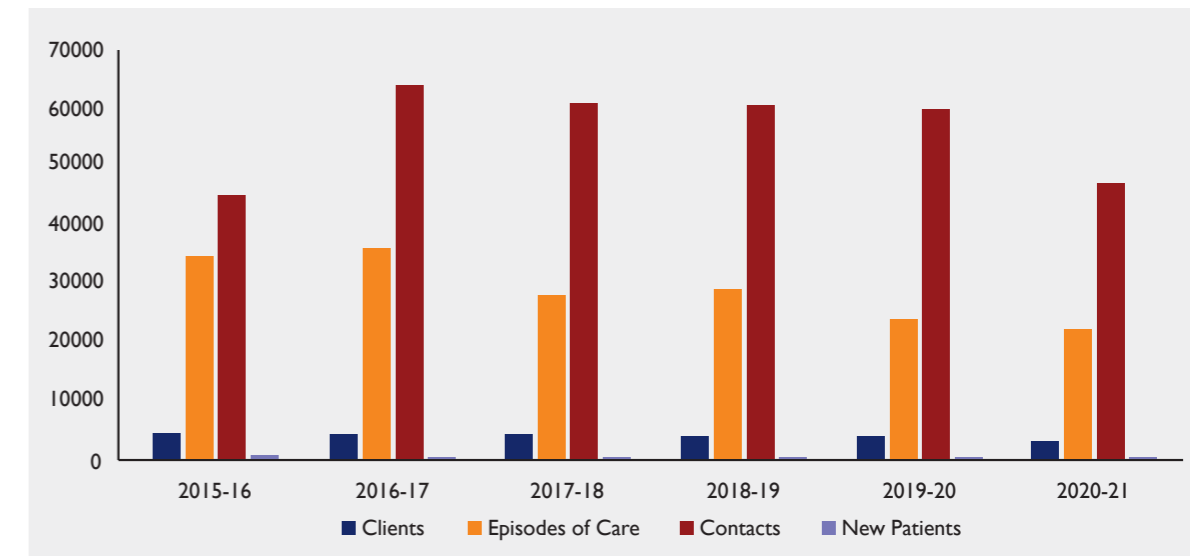
The year of 2020/2021 was certainly one of adjustment for Bega Garnbirringu Health Service (Bega). With the ever-changing COVID-19 situation it has been a challenge to continually provide a high level of service delivery, but one which has been achieved through the hard work and effort of the clinical team. Every year we actively strive for excellence towards quality improvement, 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:**

Activity for Bega is measured in terms of the provision of episodes of care. The count is slightly reduced for 2020/2021 due to the ongoing affects COVID-19 has had on the clinic and the service delivery.

	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Clients	4368	4348	4262	4086	3839	3111
Episodes of Care	34685	36092	28090	29295	24054	22244
Contacts	45102	63759	60902	60600	60046	47135
New Patients	852	636	571	581	473	435





**Note: Changes in episodes of care for 2016–2017**

New criteria and data recording changes introduced in 2016–2017, affect the count for episodes of care for 2017–2018 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 2017–2018 and onwards.

Bega employs Aboriginal Health Workers/Practitioners as the first point of contact and assessment for clients. This enables lower waiting times and quicker consults with the doctor for noncomplex cases.

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 continues to maintain a rate of 43% Aboriginal and Torres Strait Islander employment.



**NEW INNOVATIONS**

**Facebook**

In mid-2020, the clinic implemented the use of a Facebook page. This was a great opportunity to promote all programs which were taking place within in the clinic. Although Facebook is a shared account, we strive to ensure that we are actively promoting our clinic. “Closing the Gap” is the focus point throughout the organisation, and we are hoping to reach a wider audience through social media platforms. We will continue to utilise the benefits of Facebook to bring the most up to date information to our patients about the clinic from a distance.

**Workflow Innovations:**

With the continuing changing environment, Bega has continued with the following changes to our workflow implemented in the previous financial year. The Telehealth and video conferencing services have continued to be well received and utilised by clients.

- 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. 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.

**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.

Working in a space where we are in contact with vulnerable people, there were strict measures that were put into place and our clinic staff were deployed on a different model. All staff adapted well, and we were able to continue to provide our service to the wider Goldfields regions.

Changes were made throughout the clinic in line with the health advice from the government to ensure personnel and clientele safety was always maintained. The introduction of the isolation room enabled us to provide a specialised COVID-19 medical attention to patients. The room has two entry points to ensure the safety of clientele in the waiting room was not compromised. The isolation room is equipped with ‘Point of Care’ testing for COVID-19 following an approach by ACHWA, New South Wales University and Kirby Institute and Bega agreed to commence COVID-19 testing. COVID-19 testing, education 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.



Adapting to service delivery to a changing pandemic environment:

2020/2021 saw the WA (metropolitan) area go in and out of lock downs. Bega, in line with health advice, made changes to the service models when we were required to.

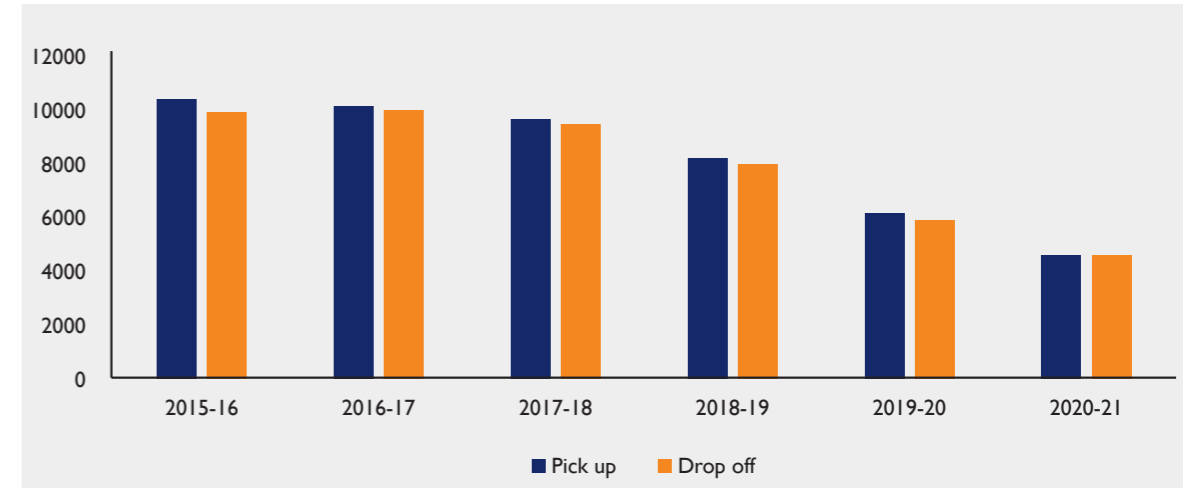
- Bega provided a triage desk at the front of the clinic, to take conduct initial health screenings of all clients based on COVID-19 testing criteria.
- Those clients that were exhibiting symptoms were given the option to attend a face-to-face or telehealth consult with a doctor.



- The COVID-19 pandemic highlighted the need for stringent infection control measures to be maintained throughout Bega. Staff were provided with additional training and upskilling 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 could 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.
- Bega continues to assist in the provision of access to the clinic by providing transport to clients across the Kalgoorlie-Boulder community.
- During the COVID-19 pandemic the transport service was more limited as we could not ensure the safety of the drivers or patients during this period. Modifications have since been made to the vehicles and client transport protocols, to ensure on going client safety and the continuation of the service.
- The transport service saw 9206 clients utilize the service to further close the gap and enable better attendance in the clinic.
- With the modifications to the service due to COVID-19, lower numbers were seen compared to previous years. We are confident that with the return to usual transport models we will see an increase in the use of this service.



### CLIENTELE NUMBERS FOR TRANSPORT



### Training:

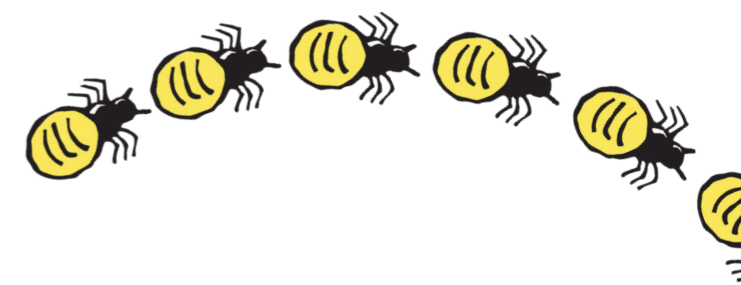
We continue to provide training for all Bega staff to enable them to service and continue providing state of the art care to all our clientele. The training that is provided to all staff varies from clinical education to administration training. BGHS will always enable staff to attend training where necessary.

### Medical Students:

Bega works closely with the Rural Clinical School of Western Australia supporting students from year 3 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 welcomes the students from Nindila Training Centre providing clinical placement support for the Aboriginal Health Practitioner Certificate IV qualification.





## MOBILE CLINIC SERVICES

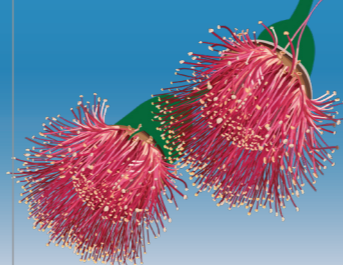
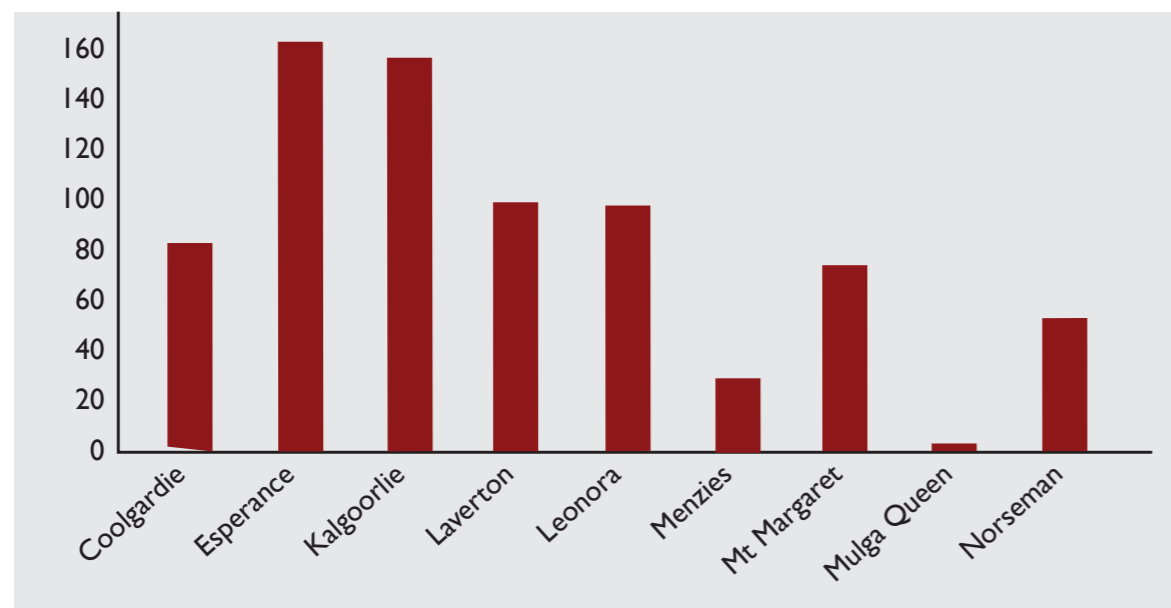
Bega's mobile clinic continued to deliver essential health services to rural and remote communities across the Goldfields for 2020/2021 year. Teams were deployed into the mobile clinic providing the service to the Southern, Northern and Central Goldfields in a bid to further close the gap for our clientele.

The Mobile Clinic is vital in not only the health area but for the Community Events they attend, always striving to provide a service in every aspect.

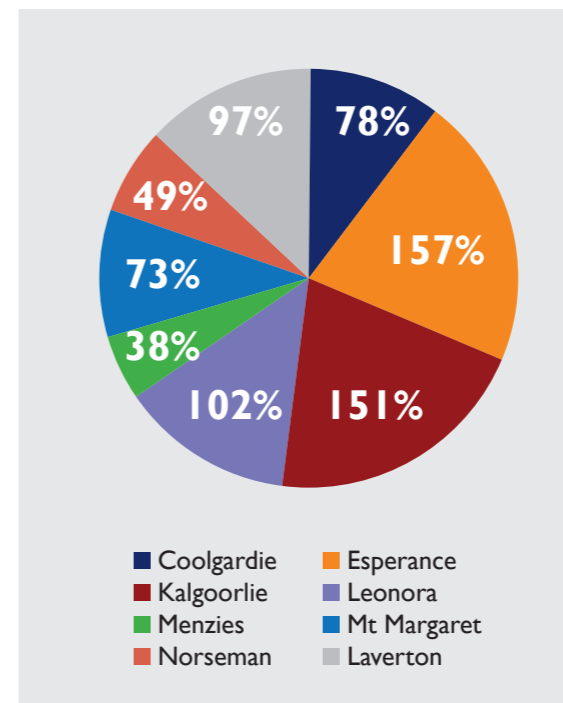
Coverage of the 70,800km<sup>2</sup>, of the Goldfields is predominately travelling the 450km North and 400km South. Our attendance and numbers seen as per the graph below:



EPISODES OF CARE – MOBILE CLINIC 2020/21



## EPISODES OF CARE – MOBILE CLINIC 2020/21



In the 2020/2021 financial year the 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
- 716 Episodes of care were provided from the mobile clinic in the 2020/21



## MATERNAL CHILD HEALTH

Maternal Child Health continues to provide a valuable service to Kalgoorlie-Boulder and surrounding communities.

Our dedicated midwife Janelle, along with the other members of the New Directions team including Dr Kay, Danielle and Jesse provide an inclusive service covering Childhood immunisations, Child 715 checks and assessments of children prior to review with a doctor.



With the assistance of Danielle and Jesse we can continue to bring services to our clientele in the region. The team work tirelessly to ensure continuity of the service even in the most trying times.

Danielle continues to engage in the school programs and setting up the COVID-19 Immunisation Clinic on top of this Danielle is dedicated to assisting to other areas of the clinic when required.

Jesse, who is a part of the Mobile Clinic Team is based in New Directions when she is not out with the Mobile Clinic. Jesse has successfully completed the Immunisation Program within New Directions and is proving to be a great asset to us continually prompting us in the pursuit of knowledge.



We are privileged to have Dr Kay in the New Directions Clinic, providing the team with support when required and medical assistance.

Janelle provides outreach services to Laverton, Leonora, Menzies and Mt Margaret region through the monthly Maternal Outreach Program. This service has been proven to be successful in ensuring our women have access to antenatal and postnatal care within the region. The women within these communities encounter many barriers in accessing care and through the Program there has been a reduction in complications during the birth process due to the recognition of issues and treatment during the woman's antenatal care journey.

Janelle continues to provide antenatal and postnatal care, Diabetes Education and childhood and adult immunisation. We run a weekly Wednesday all day clinic with Dr Joanna Keen, GP/Obstetrician at Bega and a Clinic at the Kalgoorlie Health Campus Antenatal Clinic on a Tuesday mornings with Dr Tilo Asmussen, Obstetric Consultant for our women with high risk factors in pregnancy this ensures that our women have access to the best care possible within Kalgoorlie.

In conjunction with Kayla Theron, Health Promotions Officer, we have developed an antenatal/ postnatal education session, Bega Bumps and Bubs which is held fortnightly on a Wednesday. This takes the form of a yarnning session, which is orientated around craft work and weaving of conversation around everyday issues regarding pregnancy, baby care and looking after yourself physically and mentally throughout all stages of our life.

The team endeavour to provide holistic care of the whole family within a safe nurturing environment throughout prenatal and postnatal transitioning.

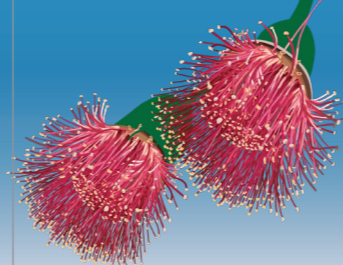


Janelle was recognised in early 2021 from HESTA as Australia's Midwife of the year. Janelle works tirelessly providing a safe space for all Aboriginal and Torres Strait Islander women to receive pregnancy care in the Goldfields. Janelle has worked hard to become an Endorsed Midwife, Diabetes Educator and to be Immunisation competent, all to ensure she provides holistic midwifery services at Bega.

Janelle has the ability to build trust and rapport quickly with her clients. This mutual respect and understanding helps Janelle break down barriers and provide the best possible outcome for the patient. When these women are too shy to contact the maternity ward, they call Janelle.

Janelle's work has reduced pregnancy risk and potentially saved lives. Aboriginal and Torres Strait Islander women in Kalgoorlie-Boulder are receiving high quality antenatal care and experience lower-risk pregnancies and deliveries.

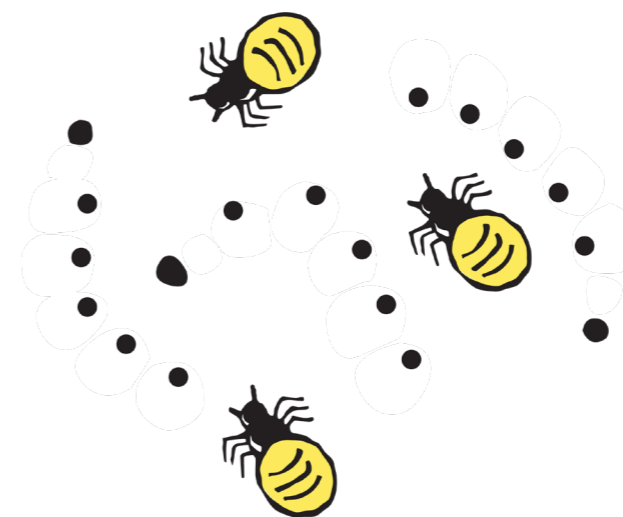
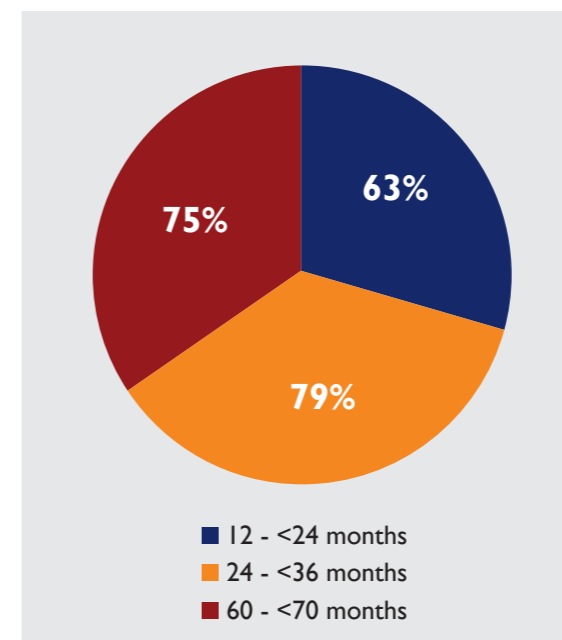
Janelle continues to engage with clients and continue her learning and knowledge through more education surrounding Foetal Alcohol, Spectrum Disorders and managing family violence issues to continue to provide a holistic healthcare experience for the women who visit Bega Garnbirringu.



## IMMUNISATIONS

The staff in our Maternal Child Health team have actively sort out additional immunisation competencies to provide the best quality service to the children community. Our national figures are outstanding and above the national figures for immunisation.

### CHILD IMMUNISATION



## OUTREACH SCHOOLS PROGRAM

The interactive environment and the want to improve the health and lives of the young children in our area is a driving force behind the program. We 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 fortnightly by a GP during in school hours.

The investment in the school system helps provide coverage for ear health issues and basic health care. Most students are fully immunised prior to the commencement of school, or very shortly after commencement. Working with the school's system has been a pleasure for the Maternal Child Health staff as they have an opportunity to interact and treat the local children.





## SPECIALIST CLINICS

Bega Garnbirringu Health Service offers a range of externally provided Health Professionals and Specialists. Our dedicated team in the Specialist Clinic strive to improve the rates of chronic disease. We have medical professionals who travel to Kalgoorlie-Boulder to ensure the continuity of this service at Bega.

Throughout the 2020/2021 year, we have seen 3569 patients utilise the Specialist Clinic Service. Although we have had to adapt to many different service models, we are still seeing good attendance for these clinics.

There are cases where we are unable to provide a face-to-face appointment in the specialist clinic, however, here at Bega we have alternative options and are able to provide our clients with a Telehealth. This enables the patient to receive the provided care they need in the comfort of our clinic.



Visiting Optometrist travels up to 500km north of Kalgoorlie normally 4 times a year. Visits are also provided at the Bega Clinic. Remote areas covered are:

- Laverton
- Mt Margaret
- Leonora
- Menzies
- Mulga Queen
- Cosmo Newberry

Specialist	Visit Schedule
Optometrist (Eyes for Glasses review)	12 visits per year or 28 hours (plus 4 remote visits)
Renal Medicine Specialists (Kidney)	4 visits per year or 8 hours
Diabetes Specialists	12 visits per year or 60 hours
Dental Services	100 visits per year or 75 hours
Audiologist (Hearing aid specialists)	6 visits per year or 42 hours
Diabetes Educator	41 visits per year or 205 hours
Physiotherapist	46 visits per year or 161 hours
Podiatrist	25 visits per year or 75 hours
Developmental Paediatrician	3 Visits per year or 23.5 hours
Ear Nose and Throat	3 Visits per year or 23.5 hours
Obstetrician	36 Visits per year or 252 hours
Telehealth	24 Visits per year or 24 hours

## NATIONAL DISABILITY INSURANCE SCHEME (NDIS): EARLY CHILDHOOD SUPPORT PROGRAM

The NDIS Early Childhood Support Program was commenced with the concept of assisting children with developmental delay or disability, providing treatment for children and assisting their families or carers through a family centred approach. The aim of the program was to help children under the age of seven to develop skills that they will use in their everyday life. By doing so, our aim was to help children to achieve the best possible outcomes throughout life. Initial funding for the NDIS Early Childhood Support Program was provided by NDIS in late 2019. Advertising for the required positions commenced in early 2020, however employment was put on hold due to COVID-19 and closure of communities and state borders. Once restrictions were lifted by August 2020, Bega could once again commence the employment of the following team. The Team comprised of a Child Health Nurse, Occupational Therapist, Psychologist and two Family Support Workers. The team was bright and vibrant, producing an enjoyable area to work and a comfortable environment that both parents and children felt safe, assisting over 50 children and their families. Funding for the NDIS Early Childhood Support has been completed as of the end of June 2021 and the program is now closed. The team have handed over to the services providers in Kalgoorlie-Boulder who have the capacity to take up the existing plans and progress forward.

## NDIS – EVIDENCE, ACCESS AND COORDINATION OF PLANNING

The National Disability Insurance Scheme 'Evidence, Access and Coordination of Planning' continue to connect clients through to plan production. Continuing with client support to the introduction of the client chosen agency Support Coordinator. In the last 12 months the team has 160 clients on their active lists

and have processed 100 through to plan level. The team covers the Goldfields region from Laverton/ Leonora in the North to Esperance in the South, with the main area being Kalgoorlie/Boulder.

## CONNECTED BEGINNINGS

The Connected Beginnings program has a unique role in our region assisting and delivering prevention strategies aiming to improve the health of Aboriginal and Torres Strait Islander children (0-5 years). Bega is now working collaboratively with Wanslea Family Support Services to support a holistic prevention approach that aims to minimise harms related to alcohol use during pregnancy related to Foetal Alcohol Spectrum Disorder (FASD) trends within Aboriginal communities.

In January 2021, Bega employed a Health Promotions Officer to actively engage in providing health education around risky consumption of alcohol through a holistic health promotion approach that ultimately promotes the growth of stronger, healthier babies. Strategies highlighted the increased awareness of what FASD is, support through overall antenatal care and the community ability in supporting those who wish to reduce alcohol while pregnant, planning a pregnancy and breastfeeding. The adaption of the School Health and Alcohol Harm Reduction Program (SHAHRP) a school-based alcohol harm minimisation program is currently underway that aims to build foundations in reducing risky alcohol use among our young people before they reach their 'experimental' phase of adolescence. Delivery of the program is due to begin in early 2022.

### Highlights of the Connected Beginnings Program:

- Providing health expos and health promotion events related to improving healthy pregnancy outcomes,
- Delivering fortnightly antenatal education sessions alongside Bega Midwife, Janelle Dillon
- Stakeholder engagement and collaborations with key prevention agencies such as Mental Health Commission and National Drug and Research Institute





## NINDILA TRAINING CENTRE

In the past year, Nindila Training Centre has seen many changes and achievements.

Nindila had 2 students graduate in January 2021, completing HLT40213 - Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice, with clinical placement restrictions in 2020 due to COVID-19 we are pleased to have Latoya Lewis and Tania Lewis complete their training.

Tania Lewis is now part of the team at Nindila Training Centre as our Clinical Educator. since completing her Certificate IV, Tania has gained her AHPRA registration, completed her TAE40116 upgrade and is now delivering training for our 2021 students.

At the beginning of 2021, Nindila had a large amount of interest for 2021 intake for HLT40213 - Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice. We have 20 new students enrolled including 2 students from Esperance, 1 from Norseman and 1 from Laverton, they all began their training in March 2021.

Due to the large number of students, Nindila decided to split these into 2 groups to attend block, with 10 students in each group this allows for manageable class sizes. By doing this, students have the Lecturer's time required to gain experience to successfully complete their training. We are running back-to-back blocks each month along with dedicated study days every Tuesday and Wednesday.



**Congratulations Latoya**

**From all of us at Nindila Training Centre**

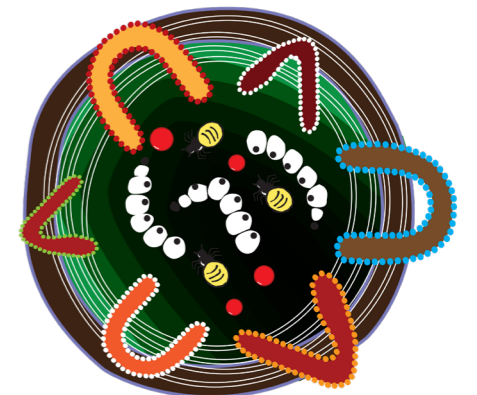
With a refreshed outlook, Nindila has been engaging with Bega's clinic manager and coordinator utilising the expertise of staff to attend Nindila as guest presenters during our blocks, this has been a great opportunity for students to learn from our Health Workers and getting to know our great staff prior to commencing clinical placement.

A major challenge for this year has been the review and proposed changes to the Aboriginal and Torres Strait Islander Health Worker Training Package. Nindila training Centre has been engaging with and strengthening working relationships with RTO's at Wirraka Maya Health Service (WMHSAC), Kimberley Aboriginal Medical Services (KAMS), Aboriginal Health Council of Western Australia (AHCWA) and Marr Mooditj Training in Western Australia. We united for consultation feedback for the proposed changes to the training package under the banner of the Aboriginal Community Controlled Registered Training Organisation's (ACCHSRTO'S) of Western Australia, with the assistance of and forming an industry relationship with the National Aboriginal Community Controlled Health Organisation (NACCHO).

Nindila continually engages with industry organisations to keep informed and updated on industry trends and industry needs to keep up to date with our training needs. Over the past year Nindila has engaged with the following Industry and VET organisations:

- WA RTO Network
- Wizard Pharmacy Central Kalgoorlie
- Western Australia Country Health Service (WACHS)
- Regional Aboriginal Health Consultant
- Population Health
- Kalgoorlie Regional Advisory Working Group
- Community Skills WA
- Central Regional TAFE
- Clinipath Pathology
- Jo Keen - GP Obstetrician

Once again Nindila has been busy re-developing and updating student assessment and resources and completing their AHPRA routine annual monitoring report. This included transitioning to the 2019 accreditation standards as well as transition mapping to the 2019 professional capabilities.





## 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 2020/2021 reporting period the SSU continued to maintain a high standard of service delivery in all program areas and welcomed its new manager, Dena Rundle, in May 2021.

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 SSU.

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, Cosmo Newberry, Laverton and the Tjuntjuntjarra community.

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 commenced in 2017 headed by a psychologist and 2 counsellors. Currently the team consists of a psychologist, one counsellor and a part time Admin assistant.

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 platforms. We have subsequently recommenced with face-to-face service delivery while observing strict COVID-19 safety protocols around social distancing and hygiene. The program has experienced an increase in referrals, particularly from males with referral issues around anxiety.

## COMMUNITY SAFETY & WELLBEING (CSWB)

The CSWB team expanded during this reporting period with the successful recruitment of one social worker to support the community engagement team.

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 Renal Hostel. These consist of art, craft, basket making and wreath making.

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 conduct group activities with some activities facilitated at Trilby Cooper Hostel.

## HOMELESSNESS SERVICE

The Homelessness service consists of two programs, Rough Sleeper Outreach (RSO) 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.

AHFDSS provides breakfast on an outreach basis to clients at local camps and fringe dwellers. Support is also provided to clients in the form of referrals, advocacy and case management in tandem with the RSO program.

The RSO program works intensively with those who are homeless and sleeping rough to gain accommodation, housing or return to country. Assistance is also provided to clients to maintain their tenancies.

There have been a lot of challenges in finding permanent accommodation during the past year, particularly when the WA Government implemented The Residential Tenancies (COVID-19 Response) Act 2020 which put into place a moratorium on evictions. While this was positive for those with long-term accommodation, it presented issues for those looking for permanent accommodation.



## THE GOLDFIELDS SUMMER RESPONSE STRATEGY

The Goldfields Summer Response Strategy (SRS) group is a group of government and non-government agencies that was formed during winter 2020 to work together to mitigate the issues that arose with visitors from outlying communities during the previous summer.

The SRS agreed to support people to return home to communities in the Ngaanyatjarra Lands who would normally be stranded in the City of Kalgoorlie-Boulder as there is no public transport past Laverton. Bega worked with the group by hiring buses, helping with barbecues, and identifying and collecting people who were returning to country on the bus services.





A trial was held with Foodbank where a mobile service was brought to Bega every week for three months. This highlighted the quality food available at low cost to clients. The team has supported clients with providing referral letters to Foodbank so that they are able to shop there apart from relying on emergency relief vouchers.

The RSO program worked with 210 clients and AHFDSS with 314 clients during the year.

The team has continued to develop positive relationships with government agencies, NGOs and private companies on behalf of clients, which assists the clients in achieving their identified goals.

## TACKLING INDIGENOUS SMOKING (TIS)

The TIS team have engaged with over **2700** participants through education/information sessions and community events.

With COVID-19 restrictions easing, the TIS team have been more active and running more activities and events in Kalgoorlie-Boulder and the goldfields region.

The team are regularly setting up displays and holding community BBQs at places where we know our target audience will be (Kingsbury Park and Boulder Loopline Park), this is when we can catch up with clients and engage with them in a more comfortable environment.

Smoking cessation education programs has become part of the curriculum in three schools/academies. With weekly visits to the goldfields football academy, the girls' stars foundation and fortnightly visits to Menzies school.

The team have been working with the Goldfields football academy (GFA) and the girls' stars academy for the past five years. The students in these programs look forward to visiting us or us visiting them. With the Healthy Lifestyle Centre now fully up and running, we can provide more activities with students and clients from other agencies/ organizations and schools.

The team were very involved in the high school NAIDOC day celebration with one of our TIS staff

on the high school committee. The TIS team set up our TIS marquees and ran activities with 629 students passing through and engaging with our team.

The team has welcomed two new employees, all young Kalgoorlie indigenous locals. The TIS team has previously worked with the new employees while they all attended the local high school (boys and girls academies). The new employees said that they saw the kind of work we were doing in the community and wanted to be a part of the TIS team and make a difference in their community.



## 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 Sobering Up Centre service is non-medical in nature and is not designed to offer treatment or rehabilitation. However, Aboriginal people who are discharged from the Sobering Up Centre service may be provided with information and referred to other health, welfare and/or alcohol and drug treatment where appropriate.



## YOUTH PROGRAM

The Bega Youth Support team have engaged immensely in the community over the past year. We have participated in education, information session and community events.

The team regularly attend youth interagency meetings and work collaboratively with all youth agencies in the region including government departments, non-for-profit organisations, community services, local governments, health services, aboriginal accommodations services and sporting clubs.

The team have maintained relationships with key stakeholders in the region, partnering for programs such as, EGDE, Stars Foundation, GFA, Headspace Street van, Pathways to Employment and Fairbridge. We provide session on AOD, education and employments, building self-esteem and confidence, and family conflict.

The team have worked in collaboration with Life Without Barriers to provide one on one mentoring for Aboriginal Torres Strait Islander youth clients, providing activities based on health and wellbeing, schoolwork, sports, and recreation.

The team provide additional support within Bega by collaborating with TIS, New Directions, CSWB, Health promotions, and Homeless Outreach Team. The Youth Team helped the Homeless Outreach Team with fortnightly BBQ breakfasts for the community before clients caught the bus to Warburton and communities in between.

The team worked closely with New Directions to provide sessions such as Mums and Bubs, and International Women's Day. Clients were able to come to the Healthy Lifestyle Centre for a day of relaxation and pampering with their bubs. The team offered additional support for the mums by encouraging conversations through a yarning circle, in the hopes of building rapport to develop trust in the program and Bega services.

The Team work together with TIS on sessions and activities for Goldfields Football Academy, Stars Foundation, outreach to communities, and local schools. The TIS and Youth team planned NAIDOC week at the Local High School.

The team organised, facilitated, and delivered their school holiday program.

They have an average of 25 youth attend the daily program. The activities, whilst fun, provide an element of education and range from culture and connection, sports and recreation and well-being.





The team have maintained a healthy online presence, creating weekly updates on Facebook (@YouthSupport) engaging audience with updates on programs and events.

The team have maintained reporting as required to the Regional Tobacco Co-ordinator and Social Support Unit Manager. The fortnightly reports consist of education sessions and activities performed by the team.

## 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 activities:

- 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.
- #Endingtrachoma program COVID-19-19 strategies have been added into this
- Integrated pest management strategy.
- Trachoma Eye Health Project.
- Environmental health internal bathroom assessments.
- 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

## #ENDINGTRACHOMA UPDATE

The #Endingtrachoma project has started to roll out the "hot spots" projects across the Goldfields and Midwest. Currently there are 4 coordinated projects to date that cover 6 separate communities. To date, most of the hot spot projects have value added to the bathroom audit program. In some cases, we have supported the AEHW's to audit people's private bathrooms and support with the delivery of free soap, towel hooks, mirrors and stickers that demonstrate how to wash hands and face.

In other communities we have organised the plumbing contractors employed by Housing (Dept of Communities) to visit the community while our Bega EH team is also onsite to ensure issues identified from the audits are fixed. We also took the opportunity to have a chat with the householders about the importance of hand and face washing and checked out whether they have a working washing machine and clothesline. We rectified 88 plumbing issues for the 46 houses checked. Only four houses were missed due to not being occupied or people away. It was a great outcome for everyone.





## #ENDINGTRACHOMA PROJECT AUGUST UPDATE 2020



Our visit to Wiluna in August 2020 (Ngangganawili Aboriginal Health Service), guided us to the various residences where we were able to access 26 out of 34 homes.

Residents were thankful for the soap bars provided as well as the towel hooks, mirrors, and light globes which we installed. Agencies involved were (Bega Garnbirringu Health Service), the local Housing Officers (Jade and Janine), Mark Smith (Plumber) and Scott Mackenzie (PHAIWA) who assisted all teams around the communities. Undertaking a community wide inspection of eligible housing stock, bathrooms and toilet facilities proves to be an effective method of identifying repairs for immediate follow up by the contracted plumbers. A significant benefit is that a concentrated repair program can be rolled out in the community. Another benefit is the potential savings to the Department of Communities. Hopefully this translates into the capacity for other maintenance and repairs.

## TJUNTJUNTJARRA DOG HEALTH VET VISIT 7-11 SEPTEMBER 2020



For many years, dogs have played an active part in remote Aboriginal communities as pets and hunting dogs but recently the increased numbers have affected the health of both animals and humans. The issue within Tjuntjuntjarra has overpopulated dog numbers.

In Aboriginal communities our objectives in delivering dog health programs we offer a range of veterinary services. These include:

- Parasite control (mange, worm, and tick treatment)
- Surgical desexing.
- Contraceptive injections.
- Euthanasia of unwanted animals.
- Or a combination of these services.

The Veterinary Program has succeeded in surgically desexing 20 dogs in Tjuntjuntjarra, however it has all been instrumental in removing several unwanted animals.

## KURRAWANG ENVIRONMENTAL HEALTH COMMUNITY FEBRUARY – MARCH 2021

In March 2021, Bega's Environmental Health team visited the Kurrawang community. During this visit, the team gained entry to 14 houses within the community, there are 25 houses in total.

Of the 11 houses not entered, the tenants were absent, or property is not used and in poor condition.

## NAMBI VILLAGE CLEAN-UP

Back in May 2021, our environmental health team had been invited to support a community cleanup within Nambi Village in Leonora.

Prior to event several discussions had evolved with the action plan to deliver support for Nambi Village community residents. Several agencies involved such as, Leonora Wirrapanda Foundation, Leonora Shire Council, Environmental Health Directorate, PHAIWA, ACHL and CKB.

All participating agencies had initially visited Nambi Village community 2 weeks earlier to engage with local residents providing an action plan and to discuss what level of support is required for the community to make this event successful. The local residents agreed to be involved and take this opportunity to improve their community.

With the assistance of Wirrapanda Foundation we began with cleaning yards and removal of the larger whitegoods items and disposing of any old furniture around yards. The Shire of Leonora provided the truck and bobcat to get inside yards and clean the rubbish along fences.

While community members cleaned their yards, our environmental health team with the assistance of the local housing agency made home visits to every house to complete safe bathroom assessments.

During the visit to each property, the local community residents had this opportunity to speak face to face with the housing officer to effectively report any internal structural issues that required fixing or repairing.

The Bega environmental health team provided full internal and external pest control barriers to every property, followed with a BBQ for all involved. The team also got to showcase the new Goldfields environmental health trachoma trailer.





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