



# Connecting with Community

Annual Report and  
Quality Account Report  
**2017-18**



**DPV**  
Health



## Acknowledgement of Traditional Custodians and Country

The DPV Health Ltd acknowledge the Wurundjeri traditional Custodians and Elders, past and present, especially the Wurundjeri-Willam Clan of the City of Whittlesea and the Wurundjeri Gunung-Willam-Balluk Clan of the City of Hume on whose land we live, work and meet; and the rich contribution they make to the life of this region.

## Child Safety Statement

DPV Health is committed to the Victorian Child Safe Standards in policy and in practice to promote and protect the best interests of all children involved in our services.

## Diversity Statement

DPV Health is an inclusive organisation that celebrates the diversity of all people within our communities. We are passionate about enabling people to lead happy healthy lives. We are dedicated to working with the Aboriginal and Torres Strait Islander, Disability, Lesbian, Gay, Bisexual, Transgender, Intersex and Queer/Questioning (LGBTIQ) and Newly Arrived Communities.

## Funding Acknowledgment

DPV Health acknowledges the financial support received from the Australian Government, Department of Health, Victorian Government, Department of Health and Human Services and Victorian Department of Education.



*Our vision is ensuring the health and wellbeing of our community.*

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Find further information online

# Report from the Chair

## I am delighted to introduce the inaugural annual report of DPV Health Ltd.

DPV Health Ltd. was established to facilitate the merger between Dianella Health and Plenty Valley Community Health. After a great deal of hard work, we merged on 29th March 2018. Mergers are undertaken for various reasons including to extend the market, fill a gap in ability to provide certain services or products, gain skills/experience from other sources etc but this merger was, in major part, driven by what would be the best way to sustainably deliver quality community health services. Both Boards came to the same conclusion, that the previous organisations of Dianella Health and Plenty Valley Health were natural partners.

As DPV Health, we continue to provide all the previous services in more locations, delivered by the same team of known and trusted professional staff and are in a stronger position to advocate for improved health services in our region. I thank the Board Members, staff and members of both legacy organisations for their vision, persistence and commitment to the health of the community in the outer northern suburbs of Melbourne. The workload since the signing of a Memorandum of Understanding on 8th August 2017 has been intense and often unrecognised. I also acknowledge the support from our funding bodies, particularly Northern Region DHHS staff, who facilitated the process.

As part of the merger process, a new Board was established with representation from both legacy Boards while ensuring the best skill mix.

Also, it was agreed that while in time the position of CEO should be advertised, it was important that there be a continuity at this level, at least in the short term. Many mergers fail in the first year or so, because of a lack of continuity in management.

Dr Neil Cowen, formerly CEO of Dianella Health, was appointed as CEO to oversee operations, the integration of our services and start the implementation of the new 2018-2022 strategic plan. Mr Philip Bain, the former CEO of Plenty Valley Community Health, has

retired from full time work, to concentrate on health service planning, including chairing the committee reviewing the future of community health in Victoria. I thank both of them for their efforts in bringing the two organisations together.



*Ms Margaret Douglas*  
**Chair**

With the imminent retirement of Dr Cowen, the Board is now undertaking an exhaustive search for the next CEO who we hope will commence work early in 2019.

Our region is undergoing significant growth – it is an exciting time for health and community services. DPV Health is well positioned to be at the forefront of substantial change, and the Board is looking forward to building and strengthening our services in line with our mission of ensuring the health and wellbeing of our community.

A handwritten signature in black ink, which appears to read 'Margaret Douglas'. The signature is fluid and cursive.

Ms Margaret Douglas  
**Chair**

## Our Board – Directing our future

DPV Health's Board of Directors share a passion for making a difference to the health and wellbeing of individuals, families and the community as a whole.

DPV Health is operating in a more competitive environment and we need Directors with the skills and experience to face new issues. Fortunately, our Board has people with experience and backgrounds in service delivery, healthcare management, finance, law, strategic planning, marketing and more.

The Board refers to the DPV Health Strategic Plan when making all decisions and then makes sure the organisation has what it needs to meet Victorian legal requirements and deliver on our strategic goals.

### **The Board of Directors are:**

- > Ms. Margaret Douglas - Chair
- > Ms. Gloria Sleaby - Deputy Chair
- > Mr. Robert Burnham - Director
- > Ms. Julie Busch - Director
- > Mr. Vincent Cain - Director
- > Mr. Gary Henry - Director
- > Ms. Vase Jovanoska - Director
- > Mr. Mark Sullivan - Director
- > Mr. Emmanuel Tsakis - Director
- > Mr. Colin Woodward – Director

I thank all Board members for their ongoing commitment. My thanks also go to past Board members who contributed their time and skills.

### **Past Directors:**

- > Ms. Judith Ascroft
- > Mr. James Hooper
- > Ms. Anne Jungwirth
- > Dr. June Song



# Report from the CEO

## DPV Health Snapshot



19

locations  
across Hume  
and Whittlesea



2

purpose built  
state of the art  
**GP Super Clinics**



538

Staff

80+

Volunteers

221

Members



40+ years

Of service to our community



Strong **community connections and partnerships** with:

- ✓ Victorian State Government
- ✓ Department of Health
- ✓ Hume City Council
- ✓ Whittlesea City Council
- ✓ Northern Health
- ✓ Medicare
- ✓ Dept. Veterans Affairs
- ✓ TAC
- ✓ Worksafe, and
- ✓ Primary Health Networks

We end this year, quite differently to the way we started the year, and it is important to mark the journey. It is a chance to celebrate what has been achieved for our community by bringing together two strong community-based organisations to advance our vision of ensuring the health and wellbeing of our community.



Dr Neil Cowen  
Chief Executive Officer

The **Community snapshot** on page 7

**7** demonstrates just how diverse the people we serve from our 19 sites are, with 44% speaking a language other English. To improve our engagement with our community, we have updated communication with our clients by developing a new website using modern symbols and translations. Clients can click on the appropriate National flag and the language changes from English to one they can understand. Direct engagement with our clients is important and so is the work carried out by our **Consumer Representatives** **16** (see page 16) whom I recognise and thank. We have tried to maintain our large social media footprint and are committing to expanding this form of engagement with our clients in 2018/19.

We continue to run clinics for our Aboriginal and Torres Strait Islander (ATSI) community and target other vulnerable groups for culturally appropriate services, some in partnership with specialist organisations. We conduct training with our staff so we can provide culturally appropriate services in which no one feels excluded or unwelcome. We have made improvements in the area of LGBTIQ clients as we continue our journey to achieve Rainbow Tick accreditation in addition to the other accreditation overlays to which we **20** submit ourselves. **Harmony Day** events across our catchment were a celebration of our diversity (see page 20).

Family violence has been recognised in the community as a major cause of harm and suffering. DPV Health is the only registered Community Health **15** Organisation that are part of and located at the new Support and Safety Hubs, which are commonly known as the “Orange Door”. This is because our **Men’s Behaviour Program** was recognised for the excellence of its outcomes – prevention of violence being much better for the community. We hope to also be part of the future Hub to be located in Hume Moreland while continuing to serve the Hub in North East Melbourne.

**29** Prevention is also why we run **free influenza vaccinations** (see page 29); our **LIFE! Program for preventing diabetes, heart disease and stroke** **32** (see page 32); and have such a strong coordinated Population Health Program in partnership with Local Government and DHHS.

Looking back over the past year, it is amazing, that despite the frenetic activity associated with achieving a successful merger, we again managed to achieve

our budgeted outcomes. We generated an underlying surplus, even when the positive impact of the merger is factored into the calculations.

We build from a position of strength. With some minor exceptions we achieved or exceeded our service agreements with government. Allied Health services increased by 3% to 175,000 hours of service, and refugee health services increased by 8%. I cannot thank the staff enough, for everything they have contributed, and continue to contribute, so our community can have health and wellbeing. It is the staff who ensure that we are the health provider of choice in the north, by their focusing on quality outcomes for our clients.

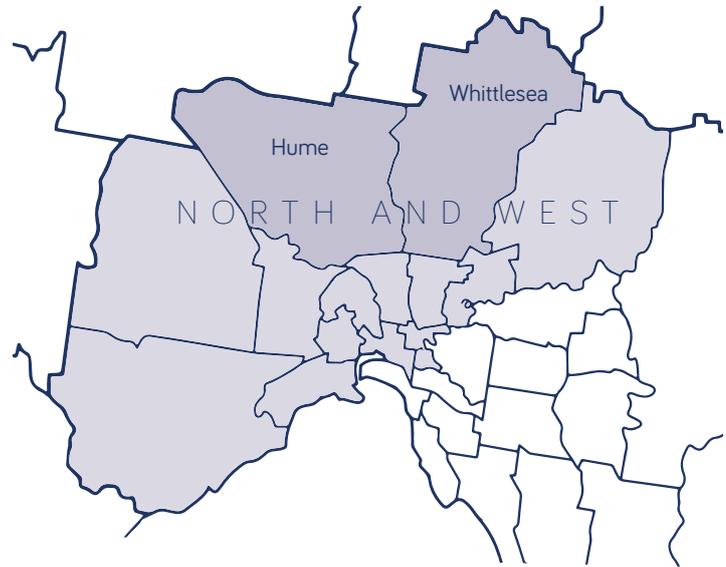
The leadership group has risen to the challenge posed by merger and bonded extremely quickly. I acknowledge, that it has been a privilege to serve a talented committed Board of Directors. Throughout the year, their focus has been on the greater good of achieving a successful future for this organisation, even at the cost of personal sacrifice.

Looking to the future, I am confident that both the community and staff will enjoy the benefits of the hard work and hard decisions of the past 12 months. While not leaving until January 2019, I will retire, confident in the knowledge that DPV Health has a very strong leadership group in place, and that the Board under the leadership of Margaret Douglas, has set a clear direction for its future. It has truly been a privilege to serve as the inaugural CEO of DPV Health.



Dr Neil Cowen  
Chief Executive Officer

## Snapshot of our Community



432,366

people live in the Hume and Whittlesea area



35%

of our community were born overseas



44%

speak a language other than English at home



30%

of our clients are aged 20-39 years

79%

of our clients reside in the Hume or Whittlesea local government areas which helps us to further connect and work with our local community to meet its health and wellbeing needs



Our Clients by Gender:

54.82%

identify as Female

45.17%

identify as Male

0.01%

identify as Intersex/Other

# Our Services



## Medical

DPV Health have GP Super Clinics in Broadmeadows and Mill Park. Online bookings, with one of our qualified and professional male or female GPs, can be made by visiting the DPV health website. Allied health, paediatric and psychology services are also offered within the same building as well as dental services from the Broadmeadows Dental Clinic.

**Please see page 42 for our article about GP electronic referrals into other health services.**

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## NDIS & Disability

Our team of DPV Health NDIS & disability support professionals will work with you to ensure that you get what you want and need to develop your capacity to actively participate in the community. We can support your NDIS plan through adult community group programs and activities, allied health services, autism assessment clinic, early childhood intervention services, continence support and mental health services.

**Feel free to contact us on 1300 234 263 for more information or go to page 18**

**for our article about the Community Careworks program.**

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## Elder & Senior

DPV Health offers physical, mental and social aged care services to assist our elder and senior members of the community and their carers to attend to the many and varied health needs during this stage of life.

**Feel free to contact us on 1300 234 263 for more information or go to page 18**

**for our article about the dietitians cooking group.**

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## Health & Wellbeing

General health and wellbeing services such as Aboriginal and Torres Strait Islander optometry clinics, allied health, community asthma program, family violence, healthy mothers, healthy babies, homelessness, hospital admission risk program, mental health, nursing and refugee and asylum seeker services for adults and children are available from DPV Health. Some services are centre based, while others are offered on an outreach basis.

**Feel free to contact us on 1300 234 263 for more information or go to page 32 for our article about our Life! Physiotherapy program.**



## Dental

DPV Health offers a 25 chair general, emergency and prosthetic public dental services across our Broadmeadows, Craigieburn, Epping and Whittlesea Township sites and private dental services from our Epping site. Services are available for adults, youth and children and accept self referrals. Adults who wish to access public dental services require a valid pension or health care card and youth require a concession card or are dependents of a concession card holder. Public dental services are available to all children aged between 0-12 years. Please see  page 33 for our article about our dental program and their great work within the community.

**Feel free to contact us on 1300 234 263 for an appointment at Broadmeadows or Craigieburn, 9409 8766 Epping or 9716 9444 Whittlesea.**



# Statewide Plans and Statutory Requirements



## Aboriginal Health – Strategies to improve cultural responsiveness and safety

*DPV Health delivers health services to Aboriginal and/or Torres Strait Islander peoples across the Kulin nations of the Wurundjeri peoples.*

The **Traditional Owners and Elders of the land** in the City of Hume (CoH) are the Wurundjeri Willum Clan; with a population of approximately 1,456<sup>1</sup>. The Traditional Owners and Elders of the land in the City of Whittlesea (CoW) are the Gunung William Balluk and in this region their population is approximately 1,639<sup>2</sup>.

'Closing the Gap' Statistics reveal limited progress in Aboriginal and/or Torres Strait Islander health needs. The prevalence of poor health, cultural safety, social and emotional wellbeing issues within Aboriginal and/or Torres Strait Islander communities continues to grow; and highlights the need for improved, coordinated and culturally responsive service.

- > 47 percent of Aboriginal people have a relative who was forcibly removed from their family due to Stolen Generations policies in Victoria. Trans-generational trauma continues to affect Aboriginal people in Victoria.
- > Over 1 in 5 Aboriginal adults report high or very high levels of psychological distress, this is double the non-Aboriginal rate.
- > Aboriginal people in Victoria are twice as likely to be admitted to hospital with a potentially preventable condition.
- > Diabetes is three times more prevalent among Aboriginal peoples than non-Aboriginal population.
- > Aboriginal women are 34 times more likely to be hospitalised due to family violence with 10 times more likely to die from violent assault, than other women.

- > Despite negative outcomes, Victorians strongly support their local Aboriginal communities.
- > 83 per cent of Victorians believe that Aboriginal Australians hold a special place as the first Australians.
- > Many people believe that something should be done to reduce discrimination experienced by people from racial or ethnic minority groups in Australia.

This year commenced with the National Aboriginal and Islander Day Observance Committee Week or **NAIDOC Week celebrations** from 2-9 July with a display at DPV Health in Epping featuring the theme 'Our Languages Matter'. All sites were provided with NAIDOC packages for displays at other service sites.

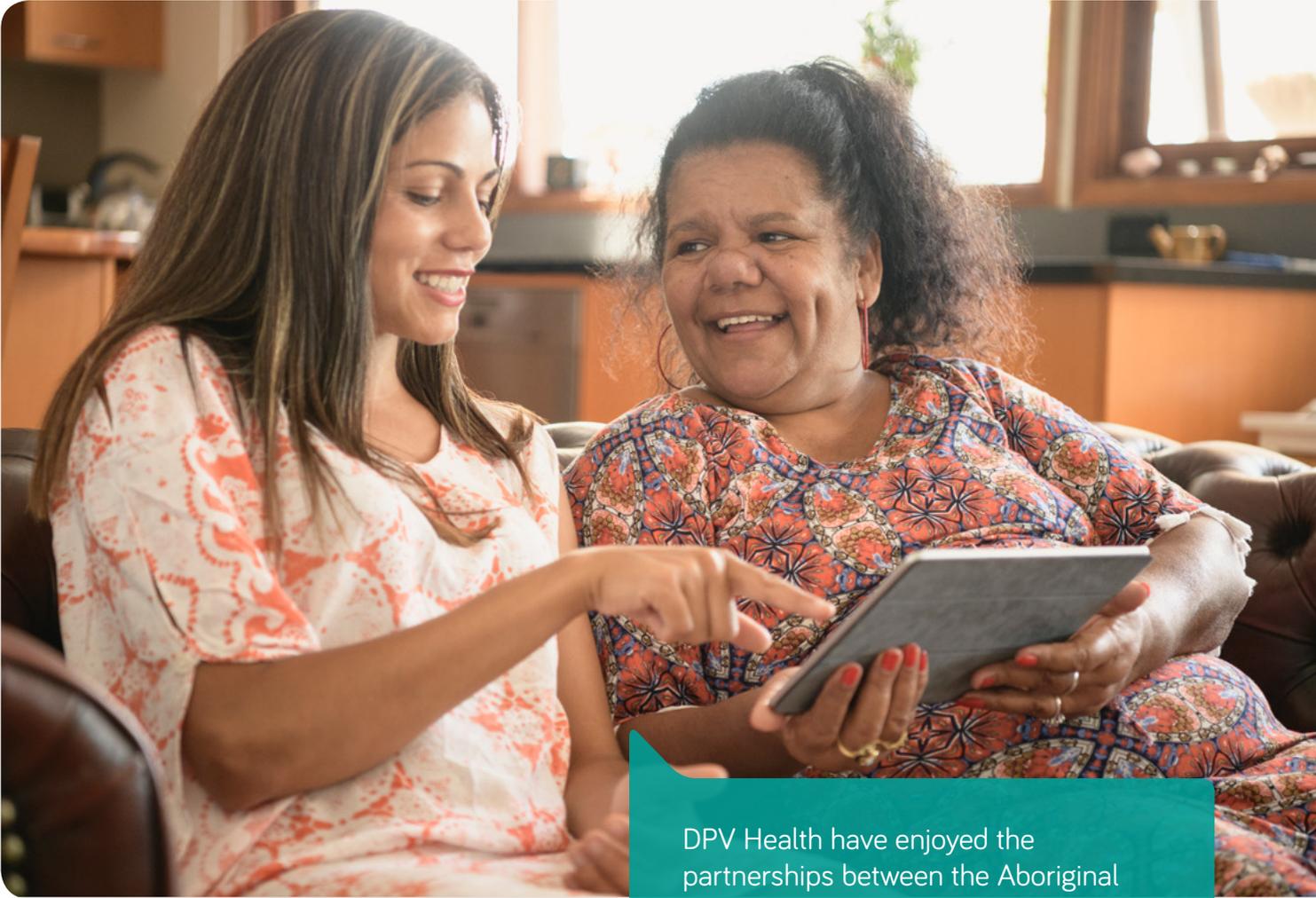
Please see the **Harmony Day Celebration** article in the Consumer, Carer and Community Participation section  of this report (page 20) for another example of cultural affirmation.

In July, staff undertook a **training and education** run at Epping and facilitated by Melissa Brickell, Aboriginal Access Worker (AAW). This was the first of several information and training sessions throughout the year on cultural responsiveness, Aboriginal engagement, cultural awareness, cultural safety, and Aboriginal health standards, policies and frameworks. In November Aboriginal Cultural Training was also provided for the DPV Health Consumer Representatives. In December, the Dental Team also undertook cultural training. Melissa is also a qualified teacher and trainer with decades of cultural training experience. Training sessions are provided for DPV Health Staff and Volunteers to support cultural safety and cultural responsiveness for staff and clients of DPV Health alike.

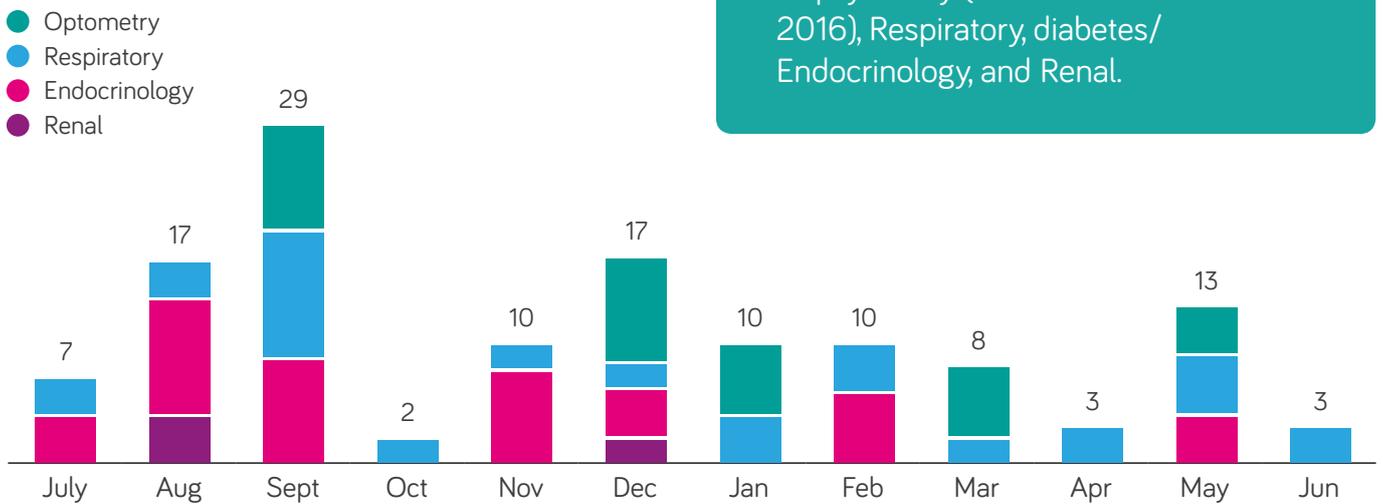
A highlight of the year is the **EMAD podiatry program** now heading into its third year. The Elders attend one-on-one podiatry with Podiatrist Suzanne Lawson, while the group is facilitated by Melissa (AAW). Thank you Suzanne for the great care provided to this group of Elders. Over time Suzanne has built trust and rapport with the Elders who were initially reluctant to have her touch their feet, but now compliment her on her gentle dedication and

1. According to City of Hume Reconciliation Action Plan 2018-2022.

2. 2016 Census in COW Stretch Reconciliation Action Plan 2017-2020.



DPV Health have enjoyed the partnerships between the Aboriginal and/or Torres Strait Islander community, Northern Health, and the Doctors for a number of years now, covering the chronic health areas such as psychiatry (ceased in December 2016), Respiratory, diabetes/ Endocrinology, and Renal.



Aboriginal Health & Chronic Care Clinics 2017-2018 (No. of Clinics run)

## Statewide Plans and Statutory Requirements

practice with them. The group – meets each 8 weeks – start the podiatry program with a morning cup of tea and a yarn with Melissa. Then a specialist health guest from DPV Health or externally speaks with the Elders regarding health issues – which they have determined: nutrition, diabetes, physiotherapy, positive health, independent living skills, health promotion, and gambling, etc.

The staff from the City of Whittlesea Social Support Group provide them with their lunch before they transport them back home. The partnership between DPV Health and the City of Whittlesea is invaluable in addressing the health needs in a culturally safe and trusted environment and which is proving to meet the needs of the Aboriginal Elders in the community. It also encourages the access and participation of local Aboriginal and/or Torres Strait Islander people to attend DPV Health. Discussions have commenced with a view to extend the program to offer the same service to the Wandarra Aboriginal Elders of the City of Hume.

Throughout the year specific **Aboriginal Optometry** is held at DPV Health Broadmeadows and Epping. The optometry clinics are supported by administration staff and the AAW. There is an improvement in the attendance rate. The eye health and testing is provided in partnership with the Victorian College of Optometry about 6 times per year and sees about 100 Aboriginal and/or Torres Strait Islander clients.

Aboriginal people continue to access DPV Health dental services across various sites. At Epping, there is a dedicated fortnightly **Aboriginal dental clinic** with Dr Samantha Lew. Thank you to our dedicated dentists and especially Sam for another year supporting good oral health care for the Aboriginal and/or Torres Strait Islander community. This clinic has been well attended with only a few non attendances occurring over the last 12 months. DPV Health dental clinics in Epping and Whittlesea have treated approximately 155 Aboriginal and/or Torres Strait Islander dental clients.

The **Chronic Care Clinics** (CCC) have been operating mainly fortnightly at the Epping site. Thank you to the medical specialists: Dr Yan Chen, Dr Richard O'Brien, and Dr Matthew Davies for another year of service dedication to the Aboriginal community. The numbers of non attendances are higher than preferred; but some we understand have been unavoidable. For example, of the 61 clients booked, there were 15 non attendances covering 26 specialist clinics.

DPV Health have enjoyed the partnerships between the Aboriginal and/or Torres Strait Islander community, Northern Health, and the Doctors for a number of years now, covering the chronic health areas such as Psychiatry (ceased in December 2016), Respiratory, Diabetes/Endocrinology, and Renal. DPV Health supports the Aboriginal community's right to self-determination and completed the CCC this year with a return of the management of the Clinics to the Victorian Aboriginal Health Service.



*Melissa Brickell AAW & City Of Whittlesea Aboriginal Elders*



## Flying the Rainbow Flag for our LGBTIQ community – LGBTIQ Project

*In general, members of the LGBTIQ communities experience poorer health and wellbeing outcomes than other Victorians.*

This poorer health and wellbeing largely results from stigma and discrimination that people who are LGBTIQ can experience in their everyday lives. Because of this, and the fact that LGBTIQ people often delay accessing services, DPV Health is committed to improving its services to ensure that we are welcoming, culturally safe and appropriate for LGBTIQ communities. DPV Health hopes to be accredited against the Rainbow Tick Standards in 2019.

### So what have we done so far? We have:

- ✔ Surveyed staff about their knowledge of LGBTIQ communities
- ✔ Utilised LGBTIQ staff survey data to identify current knowledge and service gaps in our organisation around LGBTIQ inclusive practice
- ✔ Established an LGBTIQ working group of 9 members to support the project
- ✔ Held 11 LGBTIQ working group meetings in 2018
- ✔ Identified a group of nine LGBTIQ champions across sites who will assist with developing and embedding LGBTIQ inclusive practice and policies across services and programs
- ✔ Developed a broad organisational diversity statement which includes LGBTIQ communities, to be used across a range of key organisational documents
- ✔ Provided Living LGBTIQ training for 87 staff
- ✔ Developed an LGBTIQ internal staff training module
- ✔ Developed an LGBTIQ orientation module for the induction of new staff
- ✔ Provided an information session for ten team leaders about creating an LGBTIQ inclusive workplace for staff
- ✔ Created an LGBTIQ risk register to identify any risks to LGBTIQ clients accessing services and documents strategies to reduce these risks
- ✔ Planned recruiting strategies and questions for an LGBTIQ focus groups to be run in 2018/19
- ✔ Developed LGBTIQ posters and information to support marriage equality - as a human right for good health
- ✔ Audited toilet facilities and signage and recommended changes to ensure that there are gender neutral toilets at all DPV Health owned sites
- ✔ Developed a resource list of LGBTIQ organisations and specialist services for staff and community members to be available on the staff intranet and organisational website
- ✔ Collected a range of information booklets for staff reference and use
- ✔ Commenced reviewing intake, assessment and care planning tools to ensure that they use inclusive language
- ✔ Developed an information brochure on LGBTIQ Inclusion for Volunteers



DPV Health is committed to improving its services to ensure that we are welcoming, culturally safe and appropriate for LGBTIQ communities

## Statewide Plans and Statutory Requirements

- ✓ Provided feedback to the Department of Health and Human Services LGBTIQ Inclusive Practice in Community Health Project resources, promotional material and training videos
- ✓ Liaised with other local providers including Hume City Council, aged care and youth services
- ✓ Developed a draft evaluation framework to monitor compliance with the Rainbow Tick inclusive practice standards

### Following the DPV Health merger, projects for the next year will include:

- > A whole-of-organisation approach and support for the LGBTIQ strategy
- > A review of all of the new policies, procedures and templates to ensure they are overt in their inclusion of LGBTIQ communities
- > Modification and roll out of the orientation and training modules for the e3 learning system
- > Development and implement of an LGBTIQ consumer participation strategy
- > Active promotion of our services to the LGBTIQ community
- > Finalise and implement the evaluation framework



### Family Violence – Support and Safety Hub Opening and Case Management Project for Perpetrators.

*DPV Health are committed to provide services that aim to prevent all forms of family violence.*

As an outcome of the *Royal Commission into the prevention of Family Violence* the services at DPV Health and Orange Door (North East Melbourne Area or NEMA) have expanded to work with a larger horde of perpetrators and survivors of family violence.

The services that DPV Health provides to families affected by family violence use a Systemic approach which is informed by the Royal Commission on Family Violence; the Victorian Government 10 year Investment

DPV Health are committed to provide services that aim to prevent all forms of Family Violence.

Plan and The Victorian Primary Prevention Strategy (2017). Making our first priority the safety of women, children and all affected family members.

In July 2018 NEMA Orange door opened and DPV Health Men's Family Violence specialist staff commenced working alongside other organisations such as, Kid First, Victorian Aboriginal Child Care Agency, Victoria Police, Child Protection, Berry Street and Family Safety Victoria.

DPV Health leadership collaborated with The Orange Door (Support and Safety Hub NEMA) to establish a family violence intake service for survivors and perpetrators.

DPV Health main contribution to this service is the newly established Perpetrator Specialist Family Violence Service which focuses in the following services: intake, care coordination, clinical research with the view of enhancing safety for women and children; and perpetrators are held accountable, engaged and connected with relevant services.

Other enhanced services provided are Men's Family Violence case management brokerage, Men's Behaviour Change programs, and partner contact service to survivors.

The DPV Health leadership contributes to these projects in the planning, implementation, development of family violence assessments tools, case reviews, secondary consultation and evaluation processes.

The DPV Health ensures that our staff work in a safe, accountable, innovative and creative environment by engaging in consultations, meetings, and regular clinical and management supervision with DPV Health Family Violence staff and Orange Door Leadership.



## Family Violence – Orange Door, a new entry point

*Following the Victorian Government Royal Commission into Family Violence and the acceptance of the 227 recommendations, the 2017-18 State Budget allocated \$448.1 million over four years for the establishment of the Support & Safety Hubs, including a physical site in each of the 17 Department of Health and Human Services (DHHS) areas across the state by 2021. This is part of a \$1.9 billion investment in 2017-18 budget and in addition to an investment of \$572 million in the 2016-17 budget across the reforms.*

A new agency, Family Safety Victoria (FSV), was set up on 1 July 2017. It is dedicated to leading the establishment of the Hubs as well as other key reforms. Support and Safety Hubs: Statewide Concept was released on 5 July 2017. It describes the long-term plan, intent, and purpose of the Hubs, sets out Government's approach and outlines the principles for the design.

Five initial launch sites were announced including North East Melbourne Area (NEMA), Barwon, Bayside, Mallee & Inner Gippsland. The Hubs will be a new way for women, children and young people experiencing family violence and families in need of support with the care, wellbeing and development of children and young people, to access coordinated support from justice, health, and social services. It does not replace existing specialist services or responses but enables a new entry point – referred to as the Orange Door.

The Hubs will be accessible, safe, and welcoming to people, providing quick and simple access to the support and safety they need.

The Hubs will also focus on perpetrators of family violence, to keep them in view and play a role in holding them accountable for their actions and changing their behaviour. The Hubs will help tilt the focus of the whole service system towards tackling the source of the violence: the perpetrator.

The Hubs will bring together access points for family violence services, family services and perpetrator/men's services. Over the next four years, the Hubs will replace existing referral points for victims and perpetrators of family violence (including police L17 referral points) and children and families in need of support (Child FIRST).

PVCH (now DPV) as the long-standing provider of Men's Enhanced Intake Services for the NEMA & Hume Moreland catchment was invited by DHHS to participate in an initial discussion about concept in September 2017. Previously this service was significantly in demand with more than 6000 referrals from Police reports (L17s) annually alongside running Men's Behaviour Change programs (MBCP), Men's Family Violence- brokerage case management and an increase to the Partner contact roles.

PVCH (DPV) were advised in mid Jan 18 that funds were being provided (half year) to assist in Hubs transition & service integration – with expectation of double this for annual funding in financial year 18/19 – target review would commence after Hub operational scaling. Monies were also provided to assist in Hub planning work and staffing backfill to attend required training. Staff recruitment commenced in Feb 18 – and most positions have now been appointed and close liaison with peak body No to Violence (NTV) is occurring in preparation for new program guidelines set to become operational from July 18.

Priority principles of the Hubs is safety first, client experience, cultural safety & integrated practice.

The Orange Door (NEMA) has now been operational for over 30 days and DPV Health have worked alongside Family Safety Victoria (FSV) leadership team to enhance service development and ensure that all staff work collaboratively within the framework.

DPV staff at Orange Door and DPV Health leadership team also participated in the recent FSV survey to provide feedback about the process leading up to the current opening of the new Hub.

# Consumer, Carer and Community Participation



## Reaching out to you – Building capacity of Consumer, Carer and Community Participation

DPV Health acknowledges the immense importance of being connected with the community and is committed to ensuring that our consumers have a voice and actively contribute to shaping the services we offer. Some of the ways we have been able to achieve this is listed in the table below.



Pictured from left some of our consumer representatives engaging with our organisation to help improve the experience that consumers have with our service: Cena Trajceska, Dimitri Dimech, Christiane Gemayel, Faye Blacker and Terri Elliott (front).

### Structures in Place

| Committee  | Role  |
|--|---|
| Board level Community Engagement Committee   | To build organisational capacity to support the implementation of an organisational vision of “Health and Well Being for all”.  |
| Consumer Representatives Committee<br>(Volunteers from our community who tell us how we can do better) | To provide a forum for Consumer Representatives to collaborate so that the presence of the consumer voice can be strengthened and contribute to the strategic directions of DPV Health. |

### The types of activities the Consumer Representatives have participated in include:

- > Presenting at a staff education session about consumer participation
- > Presenting to new staff about consumer participation at staff Induction sessions
- > Conveying a consumer perspective about the branding for DPV Health and giving feedback about the DPV Health website
- > Looking at how our feedback processes can improve (forms, visibility of feedback boxes)
- > Telling us how our brochures can be better understood by the public
- > Providing information about the location and types of signs needed at sites for easier client access
- > Commenting on policies such as the Consumer Carer Community Participation Policy and the Health Literacy Policy
- > Assisting in the planning of the Dietetics, Health Psychology and Paediatric Physiotherapy services to meet consumer expectations
- > Participating in the annual Dental Infection Control audit (assisted by a consumer with a clinical background)
- > Helping clients fill out the Victorian Health Experience Survey (VHES) (a government survey about consumer satisfaction with services)
- > Helping at stalls at public events promoting our services
- > Serving on internal and Board committees and the Staff Recognition Awards selection panel.



## Reaching Our Community – DPV Health on Social Media



In order to remotely engage and communicate with our community about our programs, services and health promoting news and events, DPV Health delivers messages using social media.

DPV Health has social media accounts on [Facebook](#), [Twitter](#), [LinkedIn](#) and [Youtube](#). We currently have over 1,600 Facebook followers. Feel free to browse our page, follow us, like and share some of our posts.

 [facebook.com/DPVHealth](https://www.facebook.com/DPVHealth)

Our most popular posts since the merger have been for:

- > Our **World Refugee Day photo gallery**, reaching more than 1,900 Facebook users [www.facebook.com/DPVHealth/posts/1895962334029692](https://www.facebook.com/DPVHealth/posts/1895962334029692) and;
- > Our Population Health Team's **Healthy Eating and Active Living (HEAL) Champions** summary video, reaching 1,725 Facebook users [www.facebook.com/DPVHealth/videos/1891116834514242/](https://www.facebook.com/DPVHealth/videos/1891116834514242/)

Both posts heavily featured community members, further strengthening the engagement platform with our community.



We also offer a **news and events section on our website** [dpvhealth.org.au/news-events/events-calendar/](https://dpvhealth.org.au/news-events/events-calendar/) and [dpvhealth.org.au/news-events/news-posts/](https://dpvhealth.org.au/news-events/news-posts/). This is another a great way to stay connected to health and wellbeing stories or local statistics.



**Connect with us** on our social media accounts to find out more about DPV Health news and events



## Developing This Year's Quality Account Report – listening to community feedback

*DPV Health encourages feedback from readers of our quality reports. Each year this feedback assists us in the development of future reports.*

**We have received feedback about the following key areas based on our 2016-2017 reports and this is what we have done to address these:**

- > Readers told us that they would like to see more photos throughout the report so we have endeavoured to do just that.
- > Readers did not like the use of too many acronyms so we have advised article authors to use the terminology in full and the acronym in brackets at the beginning of the article. We have also included a Glossary of commonly used terms at the end of the report.

## Consumer, Carer and Community Participation

- > Readers asked us to be more mindful of colour and font size so we have taken this into consideration for easier readability.
- > Readers liked the quality account summary report which supplemented the full quality account report so we have kept to this type of reporting again this year.
- > Readers told us that they would like to see a front cover image which represents the theme of the report. This year our theme is Connecting with Community therefore we have chosen a front cover image which represents this.

If you would like to provide us with feedback about this report, you can do so by email: [info@dpvhealth.org.au](mailto:info@dpvhealth.org.au) or through our suggestion boxes in the waiting area of our sites.



### Community Careworks

*The Community Careworks program provides social activities with access to community connections provided by the Northern Community Church in Preston.*

Staff from DPV Health provide support and access via transport, meal assistance, personal care and community inclusion activities at the venue. Northern Community Church provide a caring, welcoming environment and foster an open to all approach.

Our participants partake in morning tea and a live band, which is followed by a 2 course lunch. Modified meal requirements are taken into consideration for each individual. Participants are encouraged to be active in singing and dancing, according to their abilities. The music provided varies depending on the number of volunteers on the day. There may be as many as 10 musicians, playing instruments and singing. Other guests interact and socialise with our participants and this enhances a strong community feel for the day.

**All of our participants who attend this program look forward to the outing and feel welcomed and part of an important social activity.**



*Participants in the Community Careworks Program enjoy an outing including music and social interaction*



### Dietetics – Healthy Eating Cooking Program

*The Whittlesea Dietetics team were very excited to be the successful recipients of an internal Innovation Grant during the second half of 2017.*

The team commenced planning, identifying what cooking equipment would be needed, who would be our target group, and where and when to run the cooking sessions.

It was decided that we would run a four-week program. We decided that having four to six participants in each program would allow everyone the opportunity for a “hands-on” cooking experience, and for plenty of interaction with each other and with the dietitian.

The goals of the cooking program were:

1. To increase participants' skills in food selection and preparation.
2. To teach participants' about healthy eating, label reading, food safety and budgeting.
3. To improve the participants' social connectedness.

Three cooking groups were held between October 2017 and February 2018. Two of these groups were held at our DPV Health Epping site (one specifically for participants with a Mental Health condition), and one group was held at our Whittlesea site.

We surveyed the participants to find out what they learnt from the program, what they liked, and what could be improved.

### **Feedback from the participants showed us some of the things that participants learnt, including:**

- ✓ Increased understanding of food label reading
- ✓ Increased understanding of appropriate portion sizes of foods
- ✓ Increased confidence in preparing new foods and recipes.
- ✓ Increased understanding that fruits and vegetables are cheaper when in season.
- ✓ Use of condiments to give flavour to your cooking
- ✓ How to make a healthy frittata
- ✓ How to cut an onion without crying!

### **Suggestions for improving the cooking program included:**

- > Make the program longer than four weeks
- > More recipes

DPV Health recently had Deakin University Masters of Dietetics students complete a placement with us. They have conducted further evaluation of the cooking program and will provide recommendations for future cooking and nutrition programs in our community.

**Future opportunities for the dietetic team to consider offering cooking sessions as part of our current groups, (Cardiac Rehabilitation, Healthy Lifestyle groups) or offering sessions at different sites, as the team now have portable cooking equipment.**



### **Some of the things participants enjoyed about the Healthy Eating Cooking Program included:**

“Everything, it made cooking fun and the company was amazing. I would have liked it if it lasted longer.”

“Portion sizes, short cuts and alternatives”

“Small group and able to get my questions answered”

“Thanks for taking into account my Gluten free status”

“It was all great. I hope it will be repeated.”

## Consumer, Carer and Community Participation



### Harmony Day –celebrating cultural diversity

*DPV Health opened its doors and welcomed members of the City of Whittlesea's diverse community to attend its Harmony Day event in March.*

Harmony Day is an annual event that celebrates Australia's rich cultural diversity and coincides with the United Nations' International Day for the Elimination of Racial Discrimination. One of the aims of the event was to encourage DPV Health staff and the community we work with to celebrate and respect the immense cultural diversity in our local area as well as to help foster a sense of belonging for everyone.

Forty four staff and community members from diverse backgrounds attended DPV Health Harmony Day celebrations. Those who attended included local Aboriginal and Torres Strait Islander elders, DPV Health's consumer representatives and staff as well as other community members linked into DPV Health's health promotion programs.

The event was a great time to reflect on how DPV Health and the local community are collectively creating a sense of belonging in the broader community, regardless of culture, ethnicity, religion, abilities or lifestyle.

The event opened with a heartfelt Welcome to Country by Wurundjeri Elder Ian Hunter. Ian's Welcome to Country spoke of a need to recognise our unique and collective gifts and the abundance that brings harmony and goodwill not only to the local community but to our society as a whole.

Troy Kuhl followed with a didgeridoo performance and spoke of the importance of this Indigenous instrument as an important tool and symbol for reconciliation. The audience also learned about the remarkable healing qualities the didgeridoo provides in terms of lung health and breathing difficulties including asthma.



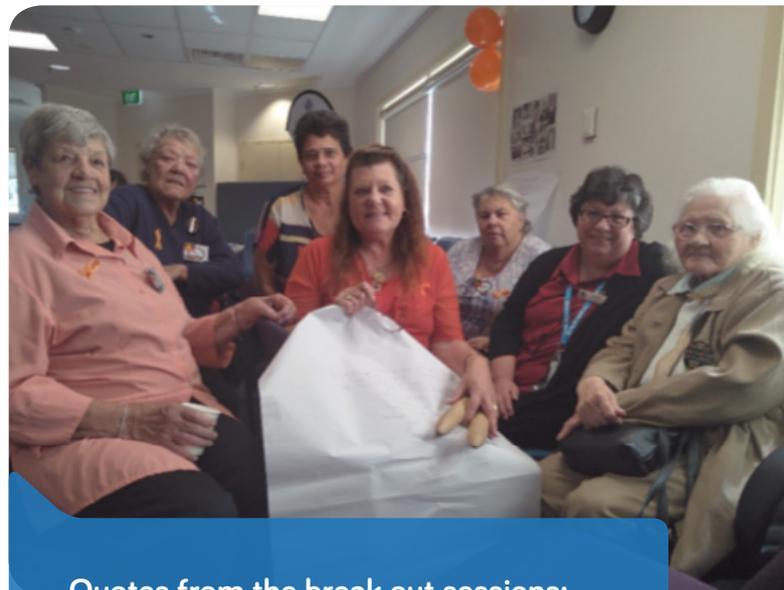
Harmony Day helps to highlight the need for social inclusion which those who attended felt the local community and broader Australian society had achieved.

One of DPV Health's consumer representatives, Christiane Gemayel, provided a deeply personal account of her own story as an immigrant who came to Australia in a cross-cultural relationship whilst raising a family in a new country, learning two new languages – English and Arabic - whilst navigating a new socio-cultural landscape with its day to day challenges. Christiane's story spoke to the themes of Harmony Day in a moving way. The themes of dislocation, a sense of strangeness and of feeling betwixt and between cultures, but ultimately a story of resilience and finding a sense of community. As a multicultural nation built on immigration, Christiane's personal narrative is all too common.

Harmony Day helps to highlight the need for social inclusion which those who attended felt the local community and broader Australian society had achieved.

### **Participant's expressed the following highlights and learnings as a result of attending DPV Health's Harmony Day event:**

- > Different cultures getting together respecting each other
- > Everybody getting together and sharing
- > To respect each other's culture and each other
- > Sharing each other's stories
- > Communities enjoying together and learning more about various cultures
- > So many different experiences, how much progress we've made
- > Tolerance
- > We are a multicultural place
- > Good to hear stories and celebrate multiculturalism
- > Acceptance. Respect
- > Everyone has a diverse background equally deserving respect
- > That we are all the same and can live peacefully and harmoniously
- > It's possible to live in harmony even with all challenges
- > That everyone has cultural diversity and that hearing people's stories is a great part of creating a harmonious society



### **Quotes from the break out sessions:**

“Everyone has cultural diversity and that hearing people's stories is a great part of creating a harmonious society.”

“People all have the same struggle when trying to make a life in Australia. We are more the same than we are different.”

“So many different experiences, how much progress we've made.”

“That we are all the same and can live peacefully and harmoniously.”

[I'm from] “Anglo-Celtic background, from Cairns. Grew up with ATSI children and ate Thai food.”

“I am from Chinese heritage. In Australia since the Gold Rush, Eurasian/multicultural families arrived. Racism exists. We need to try hard fit in.”

## Consumer, Carer and Community Participation

- > That everyone has a story. We are all different
- > People all have the same struggle when trying to make a life in Australia. We are more the same than we are different
- > Be accepting and understanding
- > Huge differences in cultures. Very eye opening
- > PVCH (DPV Health) is very multicultural and there is respect for diversity
- > That we all belong!
- > Lucky to have so many cultures
- > Knowledge and peace
- > Valuing diversity to make our communities live in harmony
- > I have learnt so much more about our countries cultural diversity

Of those who attended, 59% completed the evaluation questionnaire. The session evaluation indicated 94% of participants who completed the evaluation questionnaire were either extremely satisfied or very satisfied regarding the day's proceedings.

The true meaning of multiculturalism and its benefits and challenges were further captured in the break out session where participants formed small groups to discuss what they valued most from living in a culturally rich society. These discussions also provided an opportunity for participants to share their cultural heritage with each other.

A group consisting of participant's from Aboriginal, Welsh, English, and Macedonian cultural backgrounds shared their cultures by speaking about Aboriginal heritage, Aboriginal football teams, loss of language, and children joining AFL Indigenous football camps.

DPV Health's Harmony Day event finished with an interactive Indian classical dance performance and a multicultural feast catered by the Asylum Seeker Resource Centre.



The success of DPV Health's Harmony Day event highlights the importance of embracing social diversity and making it part of our collective identity. The event brought to the fore how DPV Health not only celebrates diversity but has policies and practices that aim to include everyone in their service provision.

**Harmony Day is a celebration of DPV Health's values and recognition of the benefit that diversity and inclusive health practice brings to everyone.**



Three stakeholder forums were held on 30, 31 October and 1 November 2017 which provided opportunities for interested parties to connect and collaborate



## Stakeholder Forums

*Population Health (Daniella) has a strong history of working in partnership and collaboration with different sectors to address the health and wellbeing needs of Hume. Taking a place-based approach, the team organised workshops engaging service providers, stakeholders, community organisations and special interest groups to develop effective health promotion strategies based on community needs identified across the catchment. The Forum also intended to provide opportunities for interested parties within their respective regions to connect with one another for potential partnerships and collaboration.*

Three stakeholder forums were held on 30, 31 October and 1 November 2017.

Workshops included the presentation of background information, Population Health priorities, an overview of local health and demographic data, and service profiles of the suburbs in Southern, Central and Northern Hume.

The participants gained understanding of the health and wellbeing issues prevailing in the area. Diversity and social isolation was identified as the priority issue in all three areas. Family violence and gender equity related issues, followed by chronic diseases, healthy eating and physical activity related issues were two other noteworthy priorities. A need for service integration and collaboration was identified as critical in providing services to improve the health and wellbeing of the community. These priorities identified at the Workshops were in alignment with Population Health's mandate.

## Consumer, Carer and Community Participation



### Respectful Relationships Education – A Whole of School Approach

*Violence against women is a serious and prevalent issue. In Australia one in three women has experienced physical violence and one in five women sexual violence, while one in four has endured violence by an intimate partner. Cities of Hume and Whittlesea have the highest number of reported incidences of family violence in Victoria.*

In 2015, The Royal Commission into Family Violence identified the critical role that schools have to play in creating a culture of equality and respect to prevent family violence from occurring in future generations. In 2016, the Victorian government mandated that all government schools deliver Respectful Relationships Education (RRE) through a whole of school approach.

DPV Health's Health Promotion Team in partnership with Department of Education and Training (DET) supported **48 schools** in Hume and Whittlesea to implement Respectful Relationships Education taking a whole of school approach. A whole of school approach is about embedding systemic and sustainable change across the entire school through policy, practices, staffing, leadership, school culture, environment and curriculum to shift the attitudes and behaviours of children and young people, parents and staff to create an equitable and respectful school.

#### What did this support look like?

- > Supporting **two communities of practice comprising of 27 schools**
- > Partnering with the Department of Education to deliver Respectful Relationships Forum for **20 schools** across the City of Whittlesea and City of Hume.
- > Providing **two professional development** session to staff of Findon Primary

- > Providing **eight schools with resource packs** to support a whole school approach
- > Providing **three schools** in Hume and Whittlesea (Findon Primary, Mill Park Primary and Roxburgh Park Primary) with intensive tailored support to implement a whole school approach to Respectful Relationships. This included:
  - Assisting schools to conduct a gender audit and baseline data collection to understand how drivers of gender based violence operate in their school
  - Supporting schools to develop a Respectful Relationships action plan
  - Providing advice to schools on policies and practices that support gender equality and respectful relationships
  - Providing professional development/capacity building opportunities to school staff

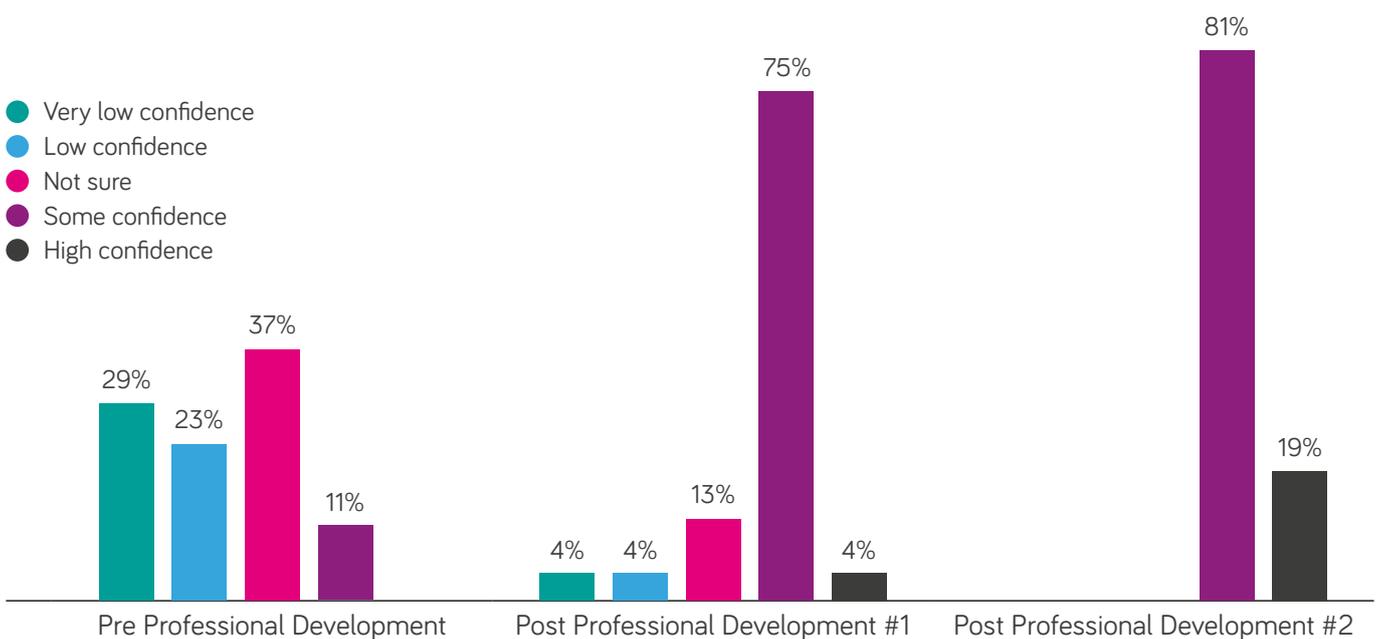
Evaluation reveals that staff Knowledge, attitudes on gender equality and preventing violence against women and confidence to implement a whole of school approach to Respectful Relationships is improving over time. This is depicted in the graph above which demonstrates a shift in staff confidence at Findon Primary School which is one of the schools DPV Health is providing intensive support to.

**If you would like to learn more about the Respectful Relationships Education Program, please contact Health Promotion Officers:**

- > **Nisha Waduge:** call (03) 8401 1357 or email [Nishamanie.waduge@dpvhealth.org.au](mailto:Nishamanie.waduge@dpvhealth.org.au)
- > **Shelley Judge:** call (03) 8301 6904 or email [shelley.judge@dpvhealth.org.au](mailto:shelley.judge@dpvhealth.org.au)



As part of the DPV Health Respectful Relationships Program schools were provided schools with resource packs designed to assist staff and students to support the Whole Of School Approach



Staff confidence in their understanding of the whole of school approach to respectful relationships (%)

## Consumer, Carer and Community Participation



### School Focused Youth Service (SFYS)

*SFYS, based at DPV Health, works in partnership with schools and community service providers to support students from Grade 5 to Year 12 who are attending school but are vulnerable to or showing signs of disengaging from school.*

This year alone, DPV Health's SFYS program has funded 11 capacity building and target group programs to run across 19 schools in the local community.

These programs have involved the collaborative services of 12 local partner organisations and services, and by the end of 2018 will have directly engaged 154 students and 104 families in the local community.

**The following program overview demonstrates some of the work being done through the SFYS program.**

#### The Chin Up Project

*The Chin Up project was funded by SFYS to run their 'Boys program', with students from Mount Ridley College and Craigieburn Secondary College.*

Students selected for this program were labelled 'complex' and 'hard to reach', and were at risk of disengaging from their education due to a lack of positive role models/relationships, a lack of positive connection to their education, drug and alcohol abuse, high-risk behaviour, contact with the justice system, aggressive and violent behaviours and other anti-social behaviours.

This mentoring program engaged students using real life scenarios and stories, 'REAL Talk', goals and values setting, mindfulness therapy and martial arts therapy. The program has had a positive impact on the students it has engaged so far. Staff have reported extreme changes in behaviour and decision making by the participants and students have begun help seeking when they need it.

**Please see a link (at right) to a video Mt Ridley made as a part of the Communication session.**

"I just want you to know that this has really meant a lot to me and I am going to really miss having you here. I am trying as hard as I can to change some things but have more hope now and know that if I stuff up it's not the end of the road."

*– Mount Ridley student shared with facilitator Matt Williams at the group's graduation ceremony*



*The boys group at Craigieburn Secondary in their first session with Matt Williams.*



*Boys from Mount Ridley College engaging in mindfulness, led by Matt Williams*

[▶ View video: The Chin Up Project](#)



*Students from Campbellfield Heights Primary School working through Mindfulness exercises, learning to quiet their brains and how to keep calm for longer, with assistance from therapy dog Noah.*

### **Animal Assisted Therapy (AAT)**

*Canine Comprehension delivered the dog-assisted therapy program across 8 weeks in Term 2 of 2018, to 10 students, at Goonawarra Primary School and Campbellfield Heights Primary School.*

The sessions focused on unpacking anxiety and emotions, looking at strategies to assist with anxiety, mindfulness techniques, developing inter personal and social skills including listening, team building and verbal communication skills, using the dogs as social lubricants; tools to calm students to allow them to open up about issues/anxieties, and a metaphor for self. The facilitators and their dogs, Charlie and Noah, ran the program with great success.

**The schools loved having the facilitators and dogs come each week and staff observed students making real progress throughout the program.**

“The program was fantastic and the students that participated all benefited from their involvement. We definitely saw a noticeable change in many of the students. This was especially evident in the way that students changed their reaction to difficult situations where they otherwise would have had an outburst of emotion. In most cases, they were able to regulate and control their reactions. Students seemed to really understand and learn the value of respect for all and be able to apply this to their everyday practice at school.”

– Sarah Sekfy, Head of Senior School Engagement, Mount Ridley College



*Students at Goonawarra P.S with Charlie the therapy dog*

# Quality and Safety



## Media with a Difference – Youth advocating to promote gender equality to prevent violence against women

*In partnership with Whittlesea Community Connections, DPV Health’s Integrated Health Promotion Team delivered two 7 week violence prevention programs between November 2017 and June 2018.*

In total 16 young people were trained as ambassadors to advocate for gender equality and prevent violence against women within their spheres of influence.

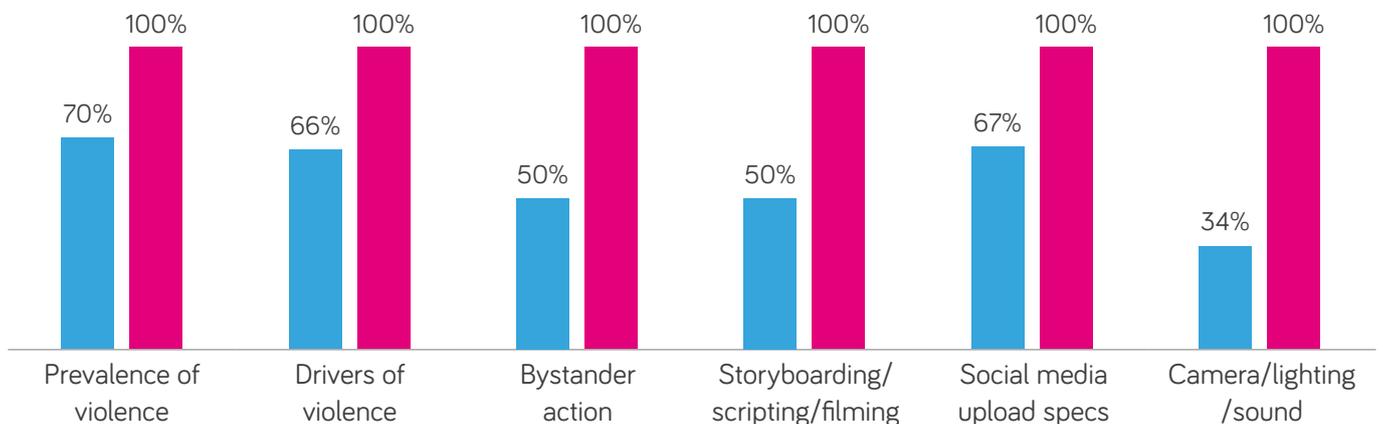
Informed by key learning of the initial Respectful Relationships pilot program, “Media with a Difference” was designed to encourage youth to advocate for the prevention of violence against women using film media as a tool. Media with a Difference took a primary prevention approach, developing young people’s awareness of the nature and prevalence of gender-based violence, gender inequality, actions that can be taken to prevent violence against women and an understanding of bystander action. A videographer also worked with participants, developing their film and media skills.



“Participating in this program provided me with the knowledge and skills to challenge expressions of inequality when I encounter them in my daily life. As a result of participating in this program I am confident in my ability to be an active bystander and provide support to others who may be experiencing abuse.”

[View video: Media with a Difference](#)

● Baseline  
● Post program



**Proportion of participants reporting ‘Very good/Good’ knowledge of preventing violence against women issues and advocacy filming (%)**



The program was successful in strengthening participant's attitudes in relation to violence against women and supporting participants to develop the confidence and skills to influence change around gender equality and gender-based violence. As one participant explained, "Participating in this program provided me with the knowledge and skills to challenge expressions of inequality when I encounter them in my daily life. As a result of participating in this program I am confident in my ability to be an active bystander and provide support to others who may be experiencing abuse."

Participants used the knowledge and skills they had gained throughout the program to produce a video which was shared via DPV Health's and Whittlesea Community Connections social media accounts and websites, with sector specific organisations, local schools and with participants networks, via their social media accounts, reaching over 3000 community members.

Youth who participated in the program will continue to act as ambassadors, taking the lead in their communities and networks by speaking out about gender based violence and challenging the attitudes and practices that allow gender based violence to continue in our society. As one participant remarked, "we will continue to stand together to challenge the harmful social norms, structures and practices that facilitate gender based violence."



## Flu Vaccination Program

*Free flu vaccinations for all DPV Health staff were made available at multiple sites across the Hume and Whittlesea regions commencing in April and running through to July 2018. More than 50% of staff participated in the program and received their free flu vaccination.*

The scheduled clinics were conducted with a nurse and an administration staff member. Both attended the various locations/departments which assisted in streamlining the entire process and encouraged more staff take up the Flu Vaccine program. Regular weekly emails were sent as reminders to staff to take up the free flu vaccine offer.

Staff who participated completed a Registration & Flu Vaccine Consent form. Staff were also provided with flu factual information to increase their knowledge about the importance of annual flu vaccinations.

The free flu vaccination was also extended to our vulnerable clients such as children, people with a chronic disease, people with a disability, refugee and asylum seekers and pregnant women. This opportunity was promoted and supported by DPV Health GPs, specialist, nurses, clinicians and program managers.



**If you would like to learn more about why the flu virus is so much worse than the common cold virus, please see this link: [theconversation.com/ive-always-wondered-why-is-the-flu-virus-so-much-worse-than-the-common-cold-virus-83495](https://theconversation.com/ive-always-wondered-why-is-the-flu-virus-so-much-worse-than-the-common-cold-virus-83495)**

## Quality and Safety



### Improving access to our Child Health Team Services at Mill Park

*The Child Health Team based at the DPV Health GP Super Clinic in Mill Park held a planning day in November 2017 to talk about key focus areas over the next 12 months. Providing an accessible and timely service for our community was high up on the list of priorities.*

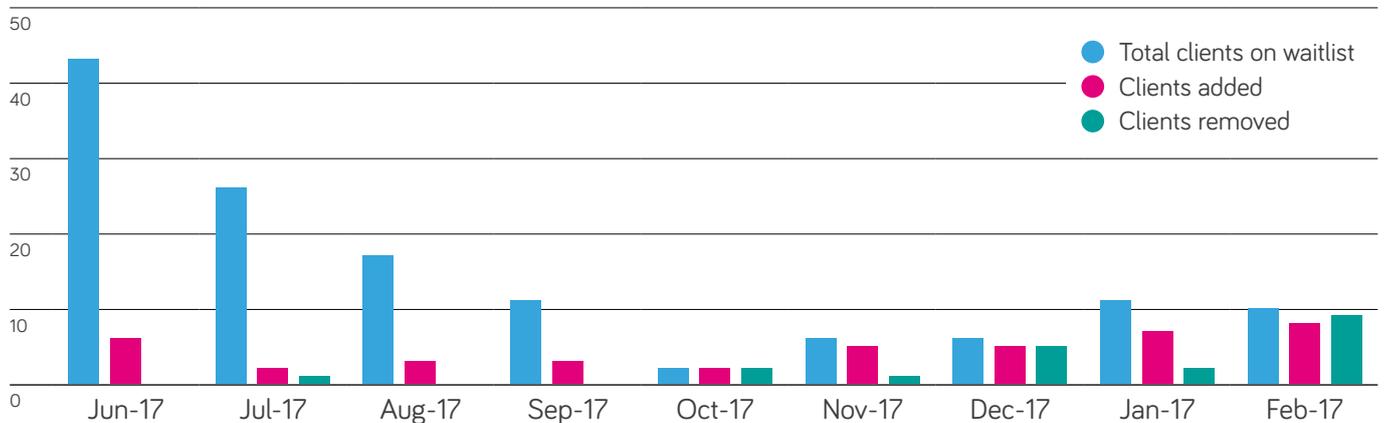
The team has worked hard to look at ways they can make sure clients receive the right service at the right time. From the period of June 2017 to Feb 2018, we were able to significantly reduce the number of clients

waiting for Paediatric Speech Pathology services, as demonstrated in Figure 1 below.

Whilst there was a small increase in the waitlist in January 2018, this has also been accompanied by an increase in the number of referrals and the number of clients seen.

One reason for the increase in referrals is due to expanding the age eligibility criteria. Previously children aged between zero and 3.8 years were not able to access our Mill Park Child Health team Speech Pathology services. On 1 January 2018, we expanded the age eligibility and now all children between the ages of zero and school age may be eligible for the service. We are very pleased to now be able to offer this much needed Speech Pathology service to our community members in this age bracket.

**Figure 1: Speech Pathology Waitlist Data June 2017 - Feb 2018 (Mill Park, number of clients)**



Note: Data obtained from our electronic health record system, TrakCare

**Figure 2: Reduction in total number of Paediatric Speech Pathology clients on the waiting list and days waiting from June 2017 to February 2018**

| Clinical Priority | June 2017                     |                      | Feb 2018                      |                      |
|-------------------|-------------------------------|----------------------|-------------------------------|----------------------|
|                   | Number of clients on waitlist | Average Days waiting | Number of clients on waitlist | Average days waiting |
| Urgent            | 8                             | 64                   | 0                             | 0                    |
| Semi-urgent       | 20                            | 238                  | 6                             | 22                   |
| Non-urgent        | 15                            | 179                  | 4                             | 52                   |
| <b>TOTAL</b>      | <b>43</b>                     |                      | <b>10</b>                     |                      |



Hannah (speech pathologist) working with Ethan and his mother in speech pathology

Similarly, the number of days clients have been waiting for Paediatric Speech Pathology at our Mill Park service has significantly reduced. For example, the average wait for a semi-urgent client in June 2017 was 238 days, whilst in February 2018 it was reduced to 22 days (refer to Figure 2 on page 28).

Some of these changes were achieved through additional funding of a Paediatric Speech Pathologist, two days per week for approximately nine months.

Improvements in the Paediatric Occupational Therapy (OT) waitlist have also been seen. In October 2017, there were 14 Urgent clients on the waitlist with an average wait of 62 days. In January and February 2018 clients contacting Intake were able to be offered the next available Paediatric OT appointment which is a huge improvement in access for this service.

The team worked closely with our Intake service to review processes. This was a great partnership and Intake were able to help us in ensuring that clients whose needs are best met by other services (such as Early Childhood Early Intervention – ECEI) are referred to these services rather than be placed on our waitlist.

Similarly, we established a process for ensuring that

clients requesting speech pathology are first seen by an Audiologist. Again, this helps to ensure that clients are not waiting for speech pathology services when their speech concerns may in-fact be due to hearing issues.

Some additional quality activities that the team has completed include:

- > Development and introduction of a service therapy agreement, providing information on rights and responsibilities, including child safe practices, to be provided to all clients/guardians
- > Updating resource and information sheets for clients/families on the waitlist
- > Enhancing our communication and collaboration with our key referrers and stakeholders, including Pre-school Field Officers, Maternal and Child Health Nurses (M&CHNs) and kindergartens.

**If you would like to learn more about our Paediatric Allied Health team at Mill Park, please contact the Child Health Team Co-ordinator [kathryn.cirone@dpvhealth.org.au](mailto:kathryn.cirone@dpvhealth.org.au) For a referral, please contact our intake service on (03) 9409 8724.**

## Quality and Safety



### LIFE! Program – Preventing diabetes, heart disease and stroke

*DPV Health has been involved in delivering the Life! Program for a number of years now. Life! Is a lifestyle modification program that aims to reduce the risk of type 2 diabetes and cardiovascular disease. The program is facilitated by qualified health professionals and is delivered in a group environment. The program is free to participants as it is fully funded by the Victorian Government.*

Diabetes Victoria who manage the program conduct ongoing research in this area and provide regular updates to their facilitators. This has allowed us to modify the way we conduct the program. It also ensures that the information we provide to participants is evidence based.

The Life! Program aims to motivate clients and provide support required for them to start making positive and healthy lifestyle changes. There is adequate evidence that this approach is more effective than other passive approaches such as taking medications.

Since the Life! Program commenced in 2008 over 55,000 Victorians have participated in the program. DPV Health is one of many organisations who have contributed to the success of the program. Referrals for the program are generated internally as well as external providers. This may include referrals from GPs or Diabetes Victoria. We are currently facilitating two groups annually.

Participants who enter this program commence with an individualised introductory session followed by five sessions in a group. Their progress is monitored throughout the program with a summary of their results provided to the participants and their GPs at the conclusion of the program.

All participants to-date who have completed the entire Life! Program at DPV Health have made some improvements/gains in at least one or more of their measured health outcomes. We also receive positive

feedback from many participants of the program who would recommend the Life! Program to others. The Life! Program provides a forum for group discussions as well as problem solving for participants who face similar lifestyle challenges and are at risk of chronic disease.

The Life! Program has eligibility criteria that must be met prior referral into the program. They are listed below:

- > 18 years and over and have an AUSDRISK score  $\geq 12$  and a Body Mass Index score  $\geq 25$
- > Have previously been diagnosed with one or more of the following:
  - Heart attack or stroke
  - Diabetes during pregnancy
  - Kidney disease
  - High cholesterol
  - High blood pressure
  - High blood glucose levels
  - Polycystic ovary syndrome
- > 45 years or more (or  $\geq 35$  years and of Aboriginal and/or Torres Strait Islander descent) and have an Absolute Risk score of  $\geq 10\%$  when referred by a GP clinic
- > Clients are also required to provide a blood test results (conducted in the last 12 months) including a blood lipid and glucose profile to exclude the diagnosis of Type 2 Diabetes.

Diabetes and cardiovascular disease are on the increase nationally. Providing this program is one of the ways our organisation can assist in the prevention of these conditions within our local communities.

**To learn more about this program, please contact our intake service on (03) 9409 8724.**



Find out more: [www.lifeprogram.org.au/about-the-life-program/about-the-program](http://www.lifeprogram.org.au/about-the-life-program/about-the-program)





## Extending Dental Screenings to Early Learning Centres

A research program was conducted in collaboration with the University of Melbourne into revisiting the value of school dental check-ups. The study concluded that the targeted school dental screening program was beneficial for increasing child dental access and referral for follow-up dental treatment.

In 2017-18 DPV Health made contact with 26 participating preschools and kindergartens in our local Government area with the assistance of DPV Health Smiles for Miles Program. Following the screening, all children were provided with an oral hygiene kit to care for their teeth at home.

During this period we screened over 600 children and 243 of them attended one of our clinics for treatment. Common reasons for treatment included: x-ray, dental caries, oral hygiene, extractions etc.

The school dental screening program will continue to 2019. We are also planning to extend to the preschools and kindergartens outside of our local Government area for even more accessible childhood oral health care.

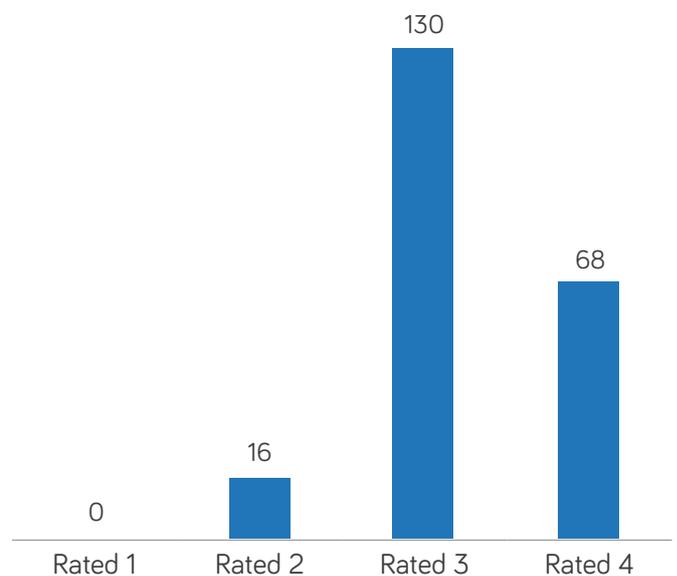
**If you would like to make a dental appointment for your child, please call (03) 9409 8766 (Epping), (03) 9716 9444 (Whittlesea) or 1300 234 263 (Broadmeadows & Craigieburn).**



## Incident Reporting

All organisations are required to report any incidents that occur when our clients are attending our services. Reporting of these incidents can help us make changes to our services and improve safety across our organisation.

From July 2017 to June 2018 there was a total of 214 incidents for DPV Health. Incidents are rated on a scale of 1-4, with 1 being the most severe and 4 being no injury or harm. The majority of incidents at DPV health had a rating of 3, which means only minor harm had occurred as a result of the incident/accident.



**1 July 2017 to 30 June 2018, incidents/accidents that occurred at DPV Health by the severity of incident/accident**

## Quality and Safety



### Promoting healthy eating for refugee students – a partnership with the Collingwood English Language School

*Dietitians from DPV Health had the pleasure of partnering with Collingwood English Language School to address issues regarding eating habits amongst newly arrived refugee students.*

The school teachers reported that many of their students had a habit of skipping lunch and consuming unhealthy foods at lunch time. As a result, students were found to have poor concentration and engagement in the classroom.

The partnership saw 2 groups (1 group was for primary school students and the other for secondary) which consisted of 10 weekly cooking sessions. Each group was facilitated by a dietitian, an allied health assistant and a school teacher. The dietitians were responsible for developing all the recipes and activities to increase student's knowledge and confidence to prepare simple and healthy lunches themselves. These sessions were delivered at Hume City Council's Youth Central kitchen facility.

#### Students and teachers were surveyed about their experiences after the program and below is what we found:

##### Primary school student survey results:

- > Students significantly decreased consuming 'less healthy' options on a weekly basis and increased the consumption of 'more healthy' food and drink options.
- > There was also a significant increase (21%) of students who brought water to school every day.

##### Secondary school student results:

- > The amount of students who brought their lunches everyday increased by 33%.

"It was very engaging and well organised- the students loved the cooking and eating"

– Primary Teacher

"Ling (Dietician) and Anisha (Allied Health Assistant) did an excellent job of adjusting the recipes, the delivery, and the follow up educational activities to the English level of the students (and their tastes in food!). Students were very highly engaged during the program"

– Secondary Teacher

#### Teacher survey results:

- > In general the teaching staff observed:
  - A decrease in the amount of unhealthy foods brought to school
  - A decrease in the amount of unhealthy drinks brought to school and increase in home-made lunches
  - An increase in students understanding of healthy food choices
  - An increased concentration/engagement levels in class

#### In summary, the program delivered its four main objectives:

- > Increasing the amount of student lunches bought to school
- > Increasing the amount of healthy lunches students bought to school
- > Increasing student knowledge of healthy food and drink choices
- > In turn, increasing student concentration and engagement in the classroom.



“You helped me to learn about healthy food. I learnt about sugar and fat and protein. I also learnt to use the knife and fry noodles”

- Student, Year 7

“I learnt about sugar and fat. They are not good. I also learnt about protein”

- Student, Year 11

“I learnt about sugar, fat, protein and carbohydrates. I also learnt about sugar. My favourite food was the fruit kebabs. It was so nice. I loved all the healthy food, but not the noodles”

- Student, Year 9



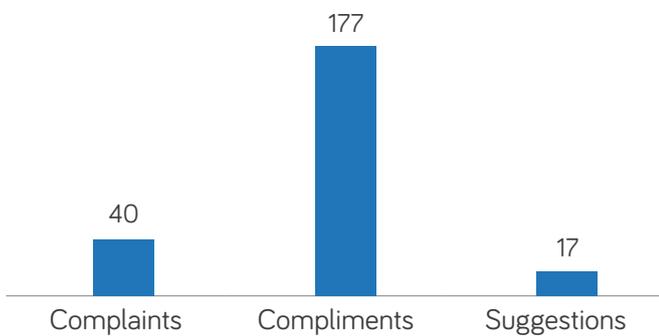
## Quality and Safety



### Our Consumer Feedback 2017/18

DPV Health strives to deliver high quality services and we encourage those using our services to tell us what they think.

During 2017/18, we received:



#### Feedback 2017-18

Here are a few examples of the feedback we have received and how we have responded.

#### Compliments - 177 received! Well done DPV Health.

When we receive compliments, we know that we have done well and it is great to receive such feedback. It shows we are on track to achieve our strategic objective to “ensure our culture supports DPV Health being a provider of choice.” Here are just a few examples:

*“The (dental) service was brilliant, courteous and kind. The reception staff were some of the friendliest I have come across and super efficient”*

*“Very happy with everything and everyone”*

*“Brilliant service – friendly, extremely competent and knowledgeable. Noticeable relief of pain.” (about podiatry)*

*“Very happy” (with new dentures)*

*“A wonderful service that truly supported our vulnerable families by bringing a specialist to the community.” (about kinder podiatry check)*

*“Thank you for everything you have done for the girls and me. Your angelic magic is still making a huge difference.” (Housing)*

*“Physio, Podiatry, Dietetics, Housing, Dental, Reception, Hydrotherapy: High level of service, care, professionalism for people in need of these. Wonderful staff. Huge thanks.”*

*“Excellent care, very professional, excellent communication. Very, very pleased with Reception and my podiatrist, caring and professional.” (Podiatry)*

#### Complaints

Each complaint we receive is treated seriously. Our managers have direct contact with those who encounter a problem and try to resolve the issue within 30 days. Sometimes, there are system issues that need to be fixed – and we work with all the people we need to so things can improve.

This year, our Consumer Representatives had a look at how easy it is for clients to give us feedback. They looked at where our feedback boxes are placed and how prominent the signs are and made recommendations on how things can be improved – including enabling people to give us feedback electronically.

#### Suggestions

A suggestion was received about improving our signage:

*“Inadequate and inappropriate signage making it difficult to find building, leading to more clients waiting longer and business inefficiencies. I would like better signage for the community thus reducing frustration for both clients and staff.”*

This issue has also been raised by our Consumer Representatives who provided suggestions as to where signage is needed. DPV Health is pleased to say that new signage has been installed – we look forward to continued feedback from our clients on whether this is making it easier to find our service.

### Involvement by consumers in planning our services

We consulted with our consumers on the following initiatives to inform ourselves of what our clients need:

- > Branding Strategy workshop - the needs and perception of clients were considered in relation to messaging that is given with branding;
- > Health Psychology group – consideration was given on topics important for such a group and things that might be barriers for people attending;
- > Consumer expectations on paediatric physiotherapy service – client expectations of the service were provided;
- > Barriers to accessing dietetics services – consumer assumptions due to name and lack of awareness of what the service provides are just two points made;
- > DPV website – positive feedback was given on the font, the availability of the information in community languages and the content. Improvements were suggested in relation to the search engine and the pictures reflecting community diversity and some of the subject areas.



### Accreditation Status

*DPV Health regularly undertakes quality and safety reviews of our programs and services through an independent review body called Quality Innovation Performance.*

Historically both Dianella Health and Plenty Valley Community Health were accredited against the following Standards:

- > Quality Improvement Council (QIC)
- > National Safety and Quality Health Service (NSQHS)

- > Human Services (HS)
- > Home Care (HC)
- > Royal Australian College of General Practice (RACGP)
- > Diagnostic Imaging

As DPV Health is a new business entity now with a new governance structure and guiding documents, we will undergo a full review of the following Standards to align accreditations to a single expiry date:

#### DPV Health Standards Review 2017-18

| Standards                                  | Program Scope   | Next Review Due |
|--|---|-----------------|
| Quality Improvement Council                | Whole of organisation   | Dec 2018        |
| National Safety and Quality Health Service | Public dental services  | Dec 2018        |
| Human Services                             | Disability / NDIS<br>Housing services<br>Family violence services | Dec 2018        |
| Early Childhood Intervention Services      | BIG Steps – early childhood intervention services                 | Dec 2018        |

We use feedback from reviews to inform action plans to improve our performance against all Standards so we can continuously learn and improve our services that support community wellbeing.

DPV Health continuously complies with the Child Safe Standards and is actively working towards a high level of inclusive practice for our diverse community, especially people who identify as Gay, Lesbian, Bisexual, Transgender and Intersex (LGBTI).

**DPV Health will be reviewed against the HC, RACGP and Diagnostic Imaging Standards from 2019 onwards.**

# Comprehensive Care



## Perinatal Screening Services – Breaking down barriers, a digital approach

*The Healthy Mothers, Healthy Babies (HMHB) Program provides women with outreach support during their pregnancy for up to six weeks after birth.*

The program targets vulnerable pregnant women who are unable to access antenatal care services or who need extra support because they have greater health risks as a result of factors including Aboriginal and Torres Strait Islander descent, culturally and linguistically diverse (CALD) background, socioeconomic status, mental health and health behaviours and a history of engagement with child protection services.

In response to the current recognised barriers to perinatal (pregnancy to a year following birth) screening across services, DPV Health took up the iCOPE project in partnerships with the Hume City Council as a leader in the Northern region. iCOPE is an interactive, digital platform that facilitates efficient and effective screening of common mental health symptoms and risks during the perinatal period. It was developed by experts in the areas of perinatal best practice implementation, digital screening in public health and perinatal screening research. iCOPE is currently available in multiple languages, making it highly accessible by our growing CALD community.

DPV Health launched iCOPE on 30 November 2017 and HMHB practitioners from both Hume and Whittlesea have received training by Dr Nicole Hightet, the Founder and Executive Director of Centre of Perinatal Excellence. Since then, iCOPE administration and result discussion become an integral part of HMHB's work with clients, facilitating cross-referrals to other appropriate services such as Northern Health and Cradle to Kinder. The successful implementation of this project speaks to our organisation's leadership in providing cutting-edge



The program targets vulnerable pregnant women who are unable to access antenatal care services or who need extra support because they have greater health risks

preventative care and forming strong partnerships with other health organisations to engage and promote the wellbeing of our local community.

**For referral, please contact Intake at Intake:**

- > [Hume@dpvhealth.org.au](mailto:Hume@dpvhealth.org.au) for Hume HMHB or Intake
- > [Whittlesea@dpvhealth.org.au](mailto:Whittlesea@dpvhealth.org.au) for Whittlesea HMHB



## Starting your Healthcare Journey with an Integrated Reception Team

*DPV Health prides itself on a strong customer focus as we strive to make everyone accessing our services feel welcome from their first contact with us which is usually through the reception team.*

Our reception team have been working on integrating practices so we can offer the same positive experience regardless of the site you attend from before the merger of Dianella Health and Plenty Valley Community Health came into effect.

Here are some of the great things the reception team have achieved so far:

- > Joint recruitment of Reception/Administration Staff through consistent advertisements, position descriptions, interview questions and panel.
- > Some reception staff have observed the processes at sites they're not used to working from, such as; the GP Super Clinic in Broadmeadows and Epping sites to learn new processes.
- > Combined service brochure information.
- > Joint attendance at training such as cultural competency.
- > The two Reception/Administration Team Leaders continue to meet and discuss integration matters on a regular basis in a collegial and collaborative way.
- > The two Reception/Administration Team Leaders visit sites that they have not previously worked from to gain even more insight into how to best integrate systems and processes.
- > Soon all Reception/Administration Staff will wear standardised DPV Health branded uniforms.
- > In 2019 we will be introducing an integrated email address for intake.

You can find feedback boxes located at all of our sites.

**We would love to hear how you think we're doing and how we can best meet your needs.**



Our reception team have been working on integrating practices so we can offer the same positive experience regardless of the site you attend



## Refugee Health – Settlement Health Project

*The Settlement Health Coordinator Role (SHC) commenced at the end of 2016. It is a four year Pilot Program that employs three Refugee Health Nurses within Community Health Centres (DPV Health and IPC Health) but who are co-located within the Settlement Agency AMES.*

The SHCs work closely with the Case Managers at AMES as well as other organisations to help improve health outcomes for newly arrived clients from Refugee and Asylum Seeker Backgrounds.

One of the projects that the SHCs has established is the Refugee Disability Network. Those who arrive in Australia who have a disability can find it difficult to access

## Comprehensive Care



**The Settlement Health Coordinator Role (SHC)** commenced at the end of 2016. It is a four year Pilot Program that employs three Refugee Health Nurses within Community Health Centres (DPV Health and IPC Health) but who are co-located within the Settlement Agency AMES.

services in a timely manner. Waitlists can be long and a diagnosis along with a well-documented medical history is often needed to link clients into much needed services. Many clients arriving from a Refugee background do not have these documents. Additionally, Asylum Seekers are not eligible for many services.

This Refugee Disability Network consist of Allied Health Clinicians (Occupational Therapists, Physiotherapists and Speech Pathologists) who see clients in a pro-bono capacity, supported by the SHCs. This Network was established towards the end of 2017 and although only small numbers have been seen within this network (we are always looking for more interested clinicians willing to be part of this network!) we have seen positive results for clients who have been linked into this Network.

If you would like to contact an SHC for details about anything discussed in this article, please refer to the contact details below.

**Natalie Henry – DPV Health in Partnership with AMES Australia, Hume**

- > M: 0429 375 794
- > E: [natalie.henry@dpvhealth.org.au](mailto:natalie.henry@dpvhealth.org.au)

**Aisleen Glasby – DPV Health in Partnership with AMES Australia, Whittlesea**

- > M: 0437 977 214
- > E: [glasbya@ames.net.au](mailto:glasbya@ames.net.au)

**Jacinta Bongiorno – IPC Health in Partnership with AMES Australia, Footscray**

- > M: 0437 128 197
- > E: [jacintabongiorno@ipchealth.org.au](mailto:jacintabongiorno@ipchealth.org.au)



## Cardiac Rehabilitation – Heart health + cartoons = the Heartoon Project

*The Heartoon Project was realised thanks to the help of an internal grant opportunity awarded to innovative ideas to meet the needs of our community more efficiently and effectively.*

The aim of the Heartoon Project was to use face to face and digital media to assist people recovering from heart conditions and reduce associated problems in future through education and exercise.

Participants attend the group for 8-10 weeks following cardiac surgery or a cardiac episode and participate in supervised exercises facilitated by a Cardiac Rehabilitation Specialised Nurse and Exercise Physiologist. This socially interactive program also includes structured education to increase cardiac condition self-management.

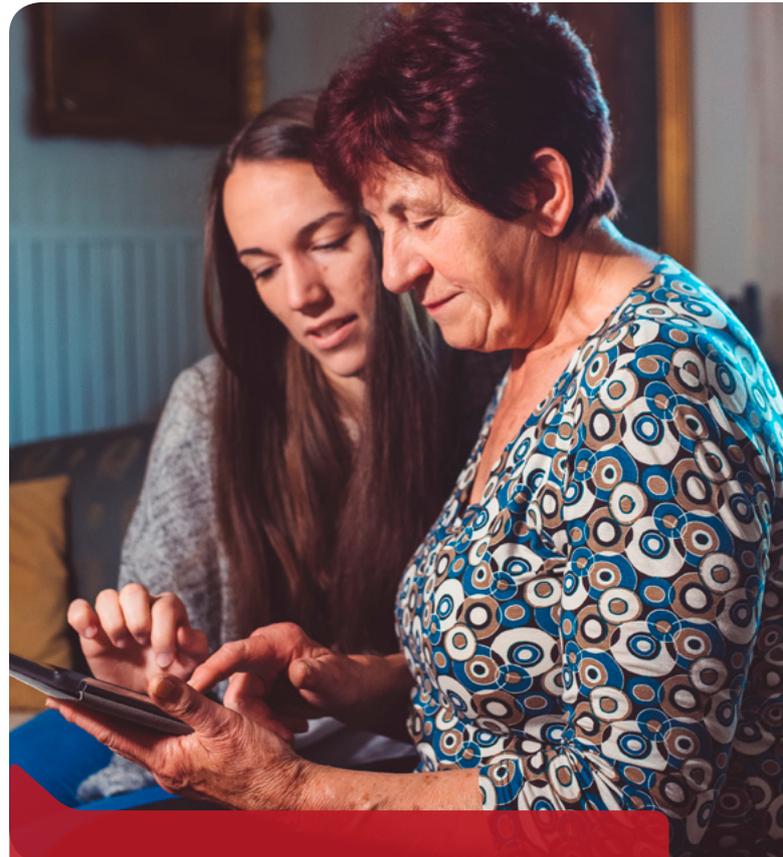
Many of the group participants may have multiple medical appointments to monitor their overall health so may often miss important education sessions during the program from week to week.

To fill this gap, the Heartoon Project developed digital education sessions in a “Cartoon” format with a “voiceover” so that participants can receive the important information they may have missed from not attending the groups. The education sessions are saved on a USB so they can be viewed at home.

A total of 7 videos were completed with an average duration of 5-9 minutes. Topics include: 1) Your Heart, 2) Risk factors, 3) Exercise, 4) Healthy Eating, 5) Label reading, 6) Medications and 7) Footwear and Foot Care.

La Trobe University students assisted clinicians in this project as part of their course project work. Carolyn Conway (Cardiac Rehabilitation Nurse) who coordinated this project assisted in the voice over for the videos.

We have had overwhelmingly positive feedback from clients regarding the videos so far. Clients can now



The aim of the Heartoon Project was to use face to face and digital media to assist people recovering from heart conditions and reduce associated problems in future through education and exercise.

be assured they will not miss out on any important information regarding their hearts. The videos can also be watched at home by their families and carers. Making lifestyle changes which are fundamental to improvements in health are more effective when there is support from family and friends. The Heartoon project allows this information to be shared with important support networks to our clients.

**In the future, we may look at providing voiceover in other languages. Some of the most common languages spoken in our community are Arabic, Greek, Macedonian and Italian which will further allow connected services to our local community.**

## Comprehensive Care



The GPs here at DPV Health, who have been using the electronic referral system have been very positive about how easy and effective it is to use.



### GPs getting 'smart' about referrals

*Healthlink Smart Forms are electronic documents that can be sent from DPV Health GPs to another service provider. This is a much quicker and streamlined way to join up services as opposed to the old process of faxing or posting a referral for more responsive and holistic care.*

Electronic referrals are completed and sent from Medical Director (MD), which is an electronic patient health record system, to specialists working at Hospitals who also participate in Healthlink (for example, The Northern Hospital & Austin Hospital). It can not only save time, but also cut consumable costs by sending outpatient referrals electronically for free using our clinical software, MD.

DPV Health GPs are able to select the referral form, have it pre-populated automatically with data from the electronic patient health record, have it validated and then sent securely to the intended recipient, and receive an acknowledgement of receipt without the need to print and fax. A copy of the referral form is automatically stored securely in the patient's MD record.

The GPs here at DPV Health, who have been using the electronic referral system have been very positive about how easy and effective it is to use.

**If you would like to know more about the form or process please contact The Practice Manager on (03) 8301 8888.**

# Additional information

## Glossary

**CALD** – Culturally and Linguistically Diverse

**DHHS** – Department of Health and Human Services

**ECIS** – Early Childhood Intervention Services

**HMHB** – Healthy Mothers Healthy Babies

**HS** – Human Services

**LGBTIQ** – Lesbian, Gay, Bisexual, Transgender, Intersex and Queer/Questioning

**MD** – Medical Director

**NAIDOC** – National Aboriginal Islander Day Observance Committee

**NDIS** – National Disability Insurance Scheme

**NSQHS** – National Safety and Quality Health Service

**QIC** – Quality Improvement Council

**RACGP** – Royal Australian College of General Practice

**SFYC** – School Focused Youth Services

**WAAP** – Written Asthma Action Plan

## Distribution Strategy

**The Quality Account Report and/or Quality Account Summary Report will be made available in the following ways:**

- > In DPV Health site waiting areas
- > In new DPV Health employee kits on commencement
- > In local newspaper features
- > Online via the DPV Health website: [www.dpvhealth.org.au](http://www.dpvhealth.org.au)

# Locations

## Broadmeadows

Audiology - Broadmeadows Hospital  
Broadmeadows BIG Steps  
Broadmeadows Dental Clinic  
Hume GP Super Clinic  
T: 1300 234 263

## Craigieburn

Craigieburn Dental Clinic  
DPV Health Craigieburn  
DPV Health Hume Services Intake  
Newbold House  
Northern Health Craigieburn Health Service  
T: 1300 234 263

## Dallas

Hume Hub  
T: 1300 234 263

## Epping

Epping Community Services Hub  
T: 1300 015 107  
  
DPV Health Epping (Northern Hospital site)  
T: (03) 9409 8787  
Dental: (03) 9409 8766  
Central Intake: (03) 9409 8724  
  
DPV Health Graystone Site  
T: (03) 8401 2720

## Meadow Heights

DPV Health Meadow Heights  
T: 1300 234 263

## Mill Park

Disability Services  
T: (03) 9407 9699  
  
Mill Park GP Super Clinic  
T: (03) 8401 7373

## Roxburgh Park

Roxburgh Park BIG Steps  
T: 1300 234 263

## South Morang

Farm Vigano Community Cultural Centre  
T: (03) 9407 6118

## Whittlesea

DPV Health Whittlesea Township  
Whittlesea Township Dental Clinic  
T: (03) 9716 9444

## Feedback

Your opinion is important to us. You can give us your feedback in several ways:

- > Give feedback online via our website
- > Email us at [feedback@dpvhealth.org.au](mailto:feedback@dpvhealth.org.au)



[dpvhealth.org.au](https://www.dpvhealth.org.au)

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