



MonashLink

Connecting to Community

ANNUAL REPORT 2014



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MonashLink

MonashLink will be widely known as a vital, caring and sustainable organisation that actively engages the community and provides a range of accessible and supportive services and programs that improve people’s health and wellbeing.

Who we are

MonashLink provides an extensive range of health and support services to the community. We are located within the City of Monash and are funded by State and Commonwealth Governments. Our programs are developed in partnership with the people who use them. We aim to provide accessible and affordable health and support services and to improve the health and wellbeing of the community. We do this through a range of individual health and support services, as well as group programs and activities.

Values

- We **care** for our community and for the people who use our services.
- We **listen** to people who need our services and we advocate for our community.
- We provide **accessible**, innovative, and high quality services and programs.
- We **partner** with other organisations to ensure the development and delivery of better services.



CEO/Chair Report

2014 continued the successes that MonashLink achieved in the previous year. We continued to expand our influence and the range of services we provide to the community. A number of organisational highlights occurred this year including: our important work in the Prevention of Violence Against Women; Aboriginal Health; and Children's Services.

The Commonwealth budget brought down in May delivered a blunt assessment of the unsustainable nature of the growth in health expenditure in Australia. We believe that MonashLink as a primary care provider is part of the solution to this problem is assisting to reduce the number of people requiring hospital care.

Nevertheless we need to maintain our focus on improved business systems, more efficient service delivery and continuing to strive to maintain and improve our service quality.

To strengthen our position we signed a Memorandum of Understanding with our counterparts in the inner eastern area of Melbourne; Inner East, Manningham and Whitehorse Community Health Services.

The next few years promise to be challenging and exciting!!

Gregg Nicholls
CEO

Felicity Smith
Board Chair



We believe that MonashLink ... is part of the solution ... to reduce the number of people requiring hospital care.



Annual Highlights

Quality is Essential

We maintained our strong performance as a provider of high quality services following the outcome of our mid term quality review. This included new National Safety and Quality Health Service (NSQHS) standards applying to our Oral Health service and Community Care Common (CCC) standards applying to our Home and Community Care funded services.

For the NSQHS standards we achieved five 'Met with Merits' for five Actions in Standards One and Two. This was a truly outstanding result.

For both the NSQHS Standards and the CCC Standards, particular mention was made of our advanced consumer engagement including consumer representation on our Quality Improvement Committee.

Capital Refresh

The last major capital redevelopment in the current cycle was signed off by the Board of Directors and Department of Health this year. Following the purchase of land in Johnson Street Oakleigh a new facility will be built on this site with completion due in the middle of 2015.

MonashLink agreed to fund the construction of an additional floor at this new site. This will be the first time that MonashLink has a physical presence in Oakleigh and a number of existing and new programs are planned for this site. Once this project is complete the current remaining old site at Hughesdale will be sold.

Expanding our Services

Additional funding was received from the Commonwealth to construct an eleventh dental clinic at Clayton Community Centre and to purchase a mobile van. Both of these capital items will allow us to expand our services for children, with the mobile van in particular, allowing us to visit schools in our catchment to undertake assessment and preventative work.

Increased HACC and Community Health funding allowed us to expand our allied health and children's services which now have a greater focus on the Ashwood and Chadstone communities. The latter followed a strong demand for those services which was evident from a review we undertook of our service profile at Batesford Reserve Community Centre.

We started offering opportunistic health checks at a range of settings in and around the City of Monash this year. Along with the success of our Diabetes Week expos, this work will continue into the future as an integral element of our preventative work throughout our catchment.

A new gestational diabetes service in partnership with Monash Hospital commenced at Clayton this year. A recent evaluation of this project demonstrated its success. It will be moved to our new Oakleigh site when it opens in 2015.

Additional funding from the Inner East Medicare Local has allowed us to expand our early childhood mental health program.

New Life Joins MonashLink

A small specialist Alcohol and Drug service provider, New Life, voted to amalgamate with MonashLink this year. The unique program will live on with the New Life name.

Service Recommissioning

The State Government commenced major recommissioning of a range of services this year. As a result of this we lost our financial counselling service which will now be provided by other agencies in the catchment. On a positive note we were successful in a new consortium in bidding for adult non-residential alcohol and drug services in the Inner East and Outer East areas of our region.

MonashLink at a Glance

Staff
Turnover
2014

11.4%

Staff
Turnover
Target

<15%

15,728

MonashLink Consumers

75%

of staff completing the 2014 survey describe MonashLink as a “Truly Great Place to Work”.



1 month

was the youngest consumer in Community Health

100 years

was the eldest consumer in Community Health

26

consumers in Community Health were aged over 95

1077

consumers in Community Health have a chronic complex condition

MonashLink saw 20% of the region’s dental consumers



67%

were new Community Health consumers

47%

Community Health consumers were born overseas

50% increase in ATSI consumers accessing all services since 2013

↑

478

Community Health clients born overseas required an interpreter



CONNECTING TO CARE

MonashLink has successfully implemented the Access to Allied Psychological Services (ATAPS) Perinatal Depression (PND) program and Psychological Services for Children (ps4kids) over the past year. The PND program provides counselling and support to women who are pregnant or to new mothers who have a diagnosis or suspected diagnosis of perinatal depression or anxiety.

The ps4kids program provides short-term psychological services to infants and children aged 0-11 years who are at risk of developing a mental health disorder; have an emerging mental health disorder or have a diagnosed mental health condition.

The ps4kids program focuses on developing strategies that will nurture the child's emotional wellbeing and works with the parents and carers to support the child.

Both the PND and ps4 kids programs compliment the extensive suite of counselling and support services at MonashLink.

MonashLink Counselling services connects to consumers across the lifespan from children to young people, adults and families providing individual appointments and group programs.

ATAPS is Federally funded through MonashLink by the Inner East Melbourne Medicare Local (IEMML) and sees consumers at our sites as well as in local Maternal and Child Health Centres.

14% of children and adolescents in Australia have mental health problems. ¹



Tina - Health Check Consumer

Tina received a health check at Clayton Community Centre. She had a high random blood sugar result but stated she was not concerned about it. The dietitian was able to explain the risk and suggested she visit her family doctor.

Later that month, the lady stopped by to share that she had seen her doctor, and was given a diagnosis of diabetes. She was given a referral to see the diabetes educator and now has also been referred to see a podiatrist.

This positive outcome was due to MonashLink's ability to provide a range of coordinated services that reflects the complex needs of our diverse community.

In response to the increasingly complex needs of the community, our Primary Care team work in multi-disciplinary units to provide comprehensive diabetes education and management, healthy eating and dietetics, occupational therapy, physiotherapy, podiatry and speech pathology, to children and adults through a variety of settings.

Over the past year we have developed a number of new approaches to meet community needs. We have expanded after hours services, increased outreach, developed new collaborations and augmented services.

A new dietetic service and children's speech pathology service now operates in outreach settings within the community, while collaboration with Monash Health provides a weekly Gestational Diabetes Clinic and another with the City of Greater Dandenong provides brokerage occupational therapy services.

A health check program was also implemented in libraries, community centres and shopping centres. This was well received by the community, as was the opportunity to have follow up appointments after hours.

Chronic health conditions are increasing and are expected to account for about 80% of the overall disease burden in Australia by 2020. ²



Reflection:

Anne Backhouse Counsellor

The perinatal period is one of the most vulnerable times during a woman's life for risk of mental illness and it is a daily privilege for me to work with women and their babies who are at this stage.

Women who are supported emotionally, socially and in practical ways through pregnancy and in the days, weeks and months following the birth of their baby are better able to care for themselves and their baby, which has enormous positive outcomes for the next generation. It is certainly very 'early intervention'.

I have the privilege of seeing women begin to find ways to move beyond their anxiety and/or depression and see them gain the skills to meet the pressures, frustrations and overwhelming feelings of caring for a new baby as well as find strategies to manage difficult life circumstances.

Recently I conducted a PND group and the women who attended were very brave! It is not an easy thing to confront mental illness, let alone become vulnerable in a group setting, as well as have their baby cared for by others in order to attend.

During the program we looked at ways of challenging existing thinking (psychoeducation), the emotional and developmental needs of babies, and using mindfulness to help manage mood. There were small 'take home' tasks to do between sessions.

"I have the privilege of seeing women begin to find ways to move beyond their anxiety and/or depression"

One in five women report depressive symptoms in early pregnancy and/or the first 12 months after birth. ³

For our final session each woman was asked to bring a symbol to illustrate what the group had meant for her. One particular young woman described her large wooden jewellery box, which was always kept closed and used as a place to throw her pieces of broken jewellery. During the group she felt she had begun to open the jewellery box and see the broken pieces of her own life.

It was very moving for the group to witness the depth of her insight and her vulnerability in admitting her life was "broken". She had been brave enough to "look inside" and want change for herself and her family.



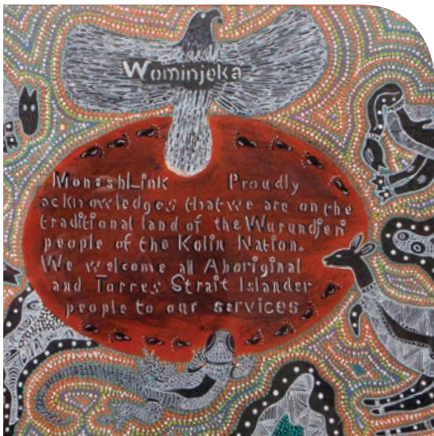
CONNECTING TO EQUALITY & RESPECT

The City of Monash has the largest Aboriginal and Torres Strait Islander population in the inner Eastern Metropolitan Region. The Closing the Health Gap Project aims to improve MonashLink’s accessibility to local Aboriginal and Torres Strait Islander people. This year, staff members participated in training and other events designed to increase their Aboriginal cultural awareness.

Connections were also created with local Aboriginal people and service providers to encourage referrals to MonashLink. More Aboriginal and Torres Strait Islander people are accessing MonashLink than ever before: this year, we had a 50% increase in the numbers who accessed our services compared to 2012-2013.

Melissa & Michael

Melissa and Michael are a young Aboriginal couple with three young children living in the City of Monash. The Closing the Health Gap Project Officer met them to assess their family’s health care needs. Family members were then linked into relevant services and programs at MonashLink, such as occupational therapy, hydrotherapy, and children’s services. The Project Officer also consulted with the clinicians to ensure they were fully aware of the family’s background and able to provide appropriate and holistic care. Family members are regularly attending their appointments and are progressing well.



Aboriginal and Torres Strait Islanders are more likely to experience poor access to healthcare ⁴



Reflection - Allan Smith IT Support

The workshop has given me the tools and information to be a productive and active member of MonashLink’s Prevention of Violence against Women Sub Committee. I see primary prevention as the most important element in decreasing or eliminating violence against women. There is a culture of “peer group pressure” that men are subjected to and this, I see, as a major contributing factor to violence.

I see a great need to involve men in getting the message out to men that violence will not be tolerated. I am now hoping that I can use the information from this workshop in a constructive and positive way to get that message out to the public (in particular men).

The prevention of violence against women is a key strategic and health promotion priority for MonashLink. The Generating Equality and Respect Program, in which MonashLink partners with Monash City Council and VicHealth, aims to improve our capacity to promote and model non-violent and equitable relationships within our community. The program has seen the development of sustainable organisational change within both MonashLink and Monash City Council, in addition to settings based programs in Maternal and Child Health, the youth practitioner sector and the corporate workplace.

The ReClaim Project now in its second phase, worked to improve the responsiveness of our whole health service to family violence. This year more than 70 per cent of staff reported being clear about their role if a colleague or client disclosed they were experiencing family violence, compared to 2010 when less than 50 per cent of staff reported being confident in their ability to respond to disclosure.

Due to the efforts of passionate women at MonashLink, staff, the management team, consumers and the Board, our organisation is making clear its position about violence against women and gender equality. The recently developed organisational statement acknowledges that everyone has a role to play to prevent violence against women.

Men at MonashLink are also speaking out and have joined local initiatives that aim to prevent violence against women, such as the Monash Men’s Action Group and White Ribbon Day activities. Our newly formed Prevention of Violence against Women Sub Committee has representation from both men and women across the organisation.

Intimate partner violence is more damaging to the health of Victorian women aged 15-44 years than any other well-known risk factor such as high blood pressure, obesity and smoking. ⁵



CONNECTING TO DIVERSITY

MonashLink is improving and creating new ways to engage with the local Chinese community. The three year Commonwealth funded Alcohol and Other Drug/Mental Health (AOD/ MH) capacity building project aims to improve the Chinese community's access to counselling services and address highly stigmatised issues such as substance abuse and mental illness.

The work involves providing Information sessions and workshops in both Mandarin and Cantonese about a range of health related topics.

The project team also works closely with MonashLink's Chinese speaking volunteers and local Chinese specific services and networks to better provide information about alcohol, tobacco and other drugs and its impact on families.

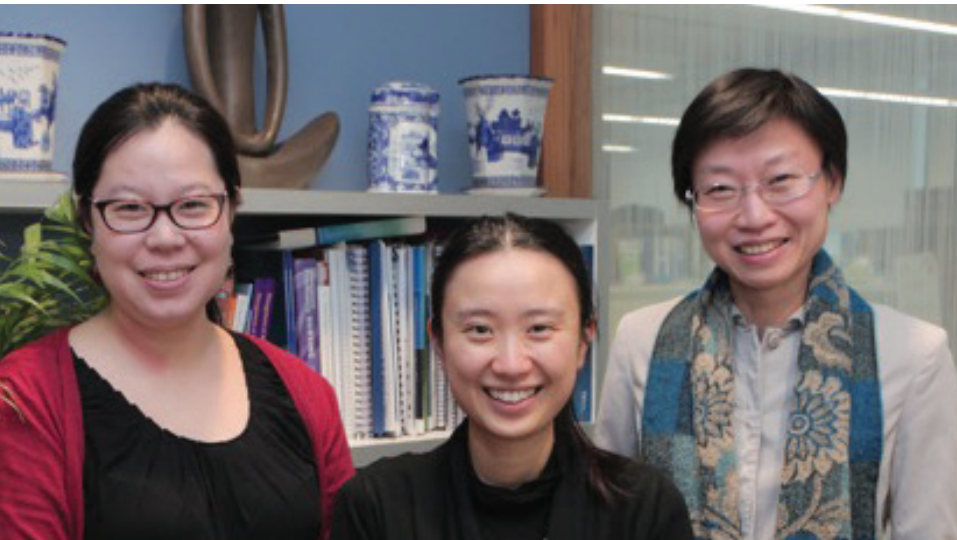
Work in Partnership

The Chinese Community Social Service Centre Inc. (CCSSCI) provides a wide range of services to the Chinese community. Over the last year, CCSSCI and MonashLink have been working closely together to develop a partnership which aims to address the growing needs of the Chinese community in the region and enhance service delivery in a more collaborative way.

Under the new established partnership, a number of Chinese specific programs were successfully held and were well received by the community.

The partnership facilitates a better referral pathway to support people with service access barriers. We have received positive feedback about MonashLink's services from our Chinese clients and they have increased confidence in using mainstream services.

"I really want to see the partnership between us enhance better service access for people from a Chinese speaking background."
- Ada Poon (CCSSCI)



The City of Monash has the highest percentage of people who speak Chinese in the Eastern Metropolitan Region of Melbourne. ⁶



Autumn - Community Visitor

I choose to study Teaching English to Speakers of Other Languages (TESOL) at Deakin University to improve my teaching and experience the culture here.

I still remember the moment I stepped on this amazing land. I was totally attracted by the natural beauty. It is enjoyable to walk on the street. I couldn't help stopping to take photos of beautiful houses and flowers. The natural environment has been protected very well in Australia. This is a fairy land to me.

To be a volunteer is the most valuable experience I have ever had. It is a great way to make new friends and to be involved in community. I learn a lot from other people. It is also worthwhile when people appreciate what you have done for them.

Volunteering makes my life different in Australia. I would love to recommend my friends to join us. I am grateful that MonashLink has helped me a lot. I'll keep volunteering as long as I can.

Over the past year, 194 volunteers ranging in age from 19 - 86 years, from 30 different countries, and speaking 48 languages assisted MonashLink.

Community members volunteer for many reasons: to build self-confidence; to improve mental and physical health; to find employment; to give back to the community; to connect to the community; and to experience Australian culture. This is especially so for international students, new migrants and people who have recently moved into the area. MonashLink's volunteer network provides a diverse range of opportunities for volunteers to experience these things.

The Community Visitors Scheme provides socially isolated residents in Commonwealth funded Aged Care Facilities with suitable volunteers to visit and socialise.

The Home and Community Care program gives volunteers an opportunity to provide support to a range of activity groups as well as the unique MPETS in home pet care service. Volunteers also provide administrative support and drive consumers to and from groups and appointments.

According to the Australian Bureau of Statistics (ABS) voluntary work contributes approximately \$16 billion annually to the Australian economy. ⁷

CONNECTING TO KIDS

MonashLink has a long history of providing excellent children’s services. Following a review in 2012, the service has continually expanded to include a Physiotherapist, a Dietitian and an additional Speech Pathologist.

Community Health growth funds in 2014 enabled further service expansion to the Batesford Hub in Chadstone, and outreach with Maternal Child Health, local kindergartens and playgroups. Children and their families can now access specialist children’s services in familiar surroundings.

The Batesford Hub expansion has meant that we can respond to identified areas of need in the Ashwood and Chadstone community and has improved access to our services.

MonashLink Children’s Services take an interdisciplinary approach to partner and support parents and families to better understand and manage their child’s health and development. They work closely with internal and external services to ensure the child can reach their full potential.

Oliver

Oliver is almost 4, he was referred to MonashLink by his kindergarten teacher. Oliver’s teacher was finding it difficult to understand him and Oliver’s mum was also concerned he had flat feet.

Oliver and his mother initially visited MonashLink’s Speech Pathologist and Podiatrist, however further identification of some additional needs resulted in 36 contacts across all our services. This provided Oliver and his family with support and expertise so that he can successfully transition to school.

The 2012 Australian Early Development Index indicated that Ashwood and Chadstone have higher rates of developmental vulnerability in communication and general knowledge.⁸



Reflection – Nattaya Khamphouk Oral Health Therapist

We have had such a positive response in implementing the Keeping Kids Smiling program into kindergartens. Targeting younger children in their preschool years helps establish good oral hygiene and dietary habits early on in life.

Visiting the dental clinic may seem quite daunting for many, which is why it has been important for us to conduct our dental screening in an environment that children feel most comfortable.

It is a delight to see how enthusiastic the children are when we visit, how confident they are when having their teeth counted and checked, and how much fun they have throughout the day.

Plenty of encouraging feedback has been received from both teachers and parents on how valuable our visit has been, with some parents wishing that this program had been introduced earlier for some of their older children.

50% of children 6 years and under experience tooth decay in their baby teeth.⁹

The key causes of tooth decay include a diet rich in sugar, dental plaque build-ups and limited exposure to Fluoride, whilst the severity of this tooth decay has been linked with the level of socio-economic disadvantage. Approximately 20 percent of the children in this cohort experience 80 percent of the tooth decay.

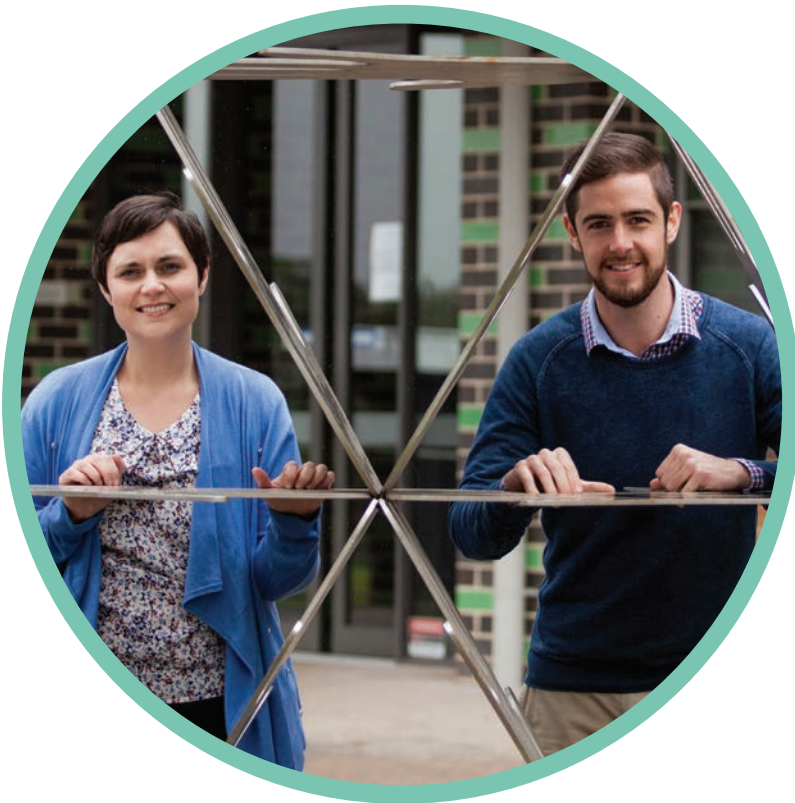
The impact of the program on child perception of a dental visit and learning about oral health was positive with 100 percent of the children enjoying their experience, 87 percent having fun learning about oral health and 93 percent would like to have the program run again.

This year, MonashLink dental staff visited a local kindergarten, screening 20 four year olds. Only 2 had had prior dental visits, while 11 were diagnosed with tooth decay, 3 children required further x-rays, 6 required fillings and 2 required extraction.

“I enjoyed the tooth fairy concept, because kids enjoyed it a lot and the teeth cleaning in the basin - they felt confident and happy after that”
- Local Kinder teacher.

MonashLink’s Keeping Kids Smiling (KKS) health promotion program was developed in response to a 21 percent increase in tooth decay seen amongst 5 year olds between 1996 and 1999.

The major objective of the program is to screen primary school aged children for dental issues. This year MonashLink introduced the program to preschool children, aligning with the Victorian State Government’s Action Plan for Oral Health Promotion 2013-2017 (APOHP 2013-2017). The plan recognises preschool children as the key population group more at risk for developing oral disease.



Directors’ Report

MonashLink Community Health Service Limited
ABN 12 136 877 702

Directors Names

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

- Felicity Smith
- Thomas Comber
- Raffaele Ciccone
- Ann Reilly
- Robert Stensholt
- Richard Murdoch
- Sin Fong Chan

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

The directors present their report together with the financial report of MonashLink Community Health Service Limited for the year ended 30 June 2014 and auditor’s report thereon. This financial report has been prepared in accordance with Australian Accounting Standards.

Principal activities

To carry out the company’s strategies and to achieve its short term and long term objectives, the company engaged in the following principal activities during the year.

The principal activity of MonashLink Community Health Service Ltd during the financial year was to provide comprehensive health and community services that are accessible, integrated and responsive to the communities within its catchment including the City of Monash.

No significant changes in the nature of the entity’s activity occurred during the financial year.

Review of operations

The company continued to engage in its principal activity, the results of which are disclosed in the attached financial statements.

Results

The surplus of the company for the year after providing for income tax amounted to \$318,346.

To achieve its short term and long term objectives, the company has adopted the following strategies

- Implement new models of service delivery utilising increased capacity and targeted programs that are more responsive to members of our community who find it difficult to access our services.
- Develop targeted marketing strategies and utilise social media to provide information to the community to ensure greater community understanding of MonashLink and our services.
- Improve integration and coordination of primary health services in the region through strategic and service partnerships and expand and develop MBS and Private services including GP services.
- Lead the implementation of innovative and effective prevention responses to serious chronic diseases by developing evidence based programs that prevent the onset, or reduce impact of diabetes and obesity.
- Demonstrate leadership in the primary prevention of violence against women.

How principal activities assisted in achieving the objectives

To carry out the company’s strategies and to achieve its short term and long term objectives, the company engaged in the following principal activities during the year:

- Finalised the financing arrangements for the new Oakleigh site with the State Department of Health including the construction of an additional floor.
- Entered into discussions with Inner East, Manningham and Whitehorse Community Health Services to form a formal consortium to advance our objectives jointly.
- Signed a new Memorandum of Understanding for the delivery of Occupational Therapy services in the City of Greater Dandenong.
- Responded to the recommissioning of adult Alcohol and Drug Services in a new partnership with Turning Point Eastern Health and other services in the Inner Eastern and Outer Eastern catchments.
- Maximised revenue available through the Commonwealth Dental Program that operated up until end of March 2014.
- Secured funding from the Commonwealth for the construction of an eleventh dental clinic at Clayton and allied building works, as well as funding for a mobile dental van. Both initiatives will enable us to increase our activity.
- Commenced planning for the introduction of a medical general practice at MonashLink which will assist to maintain our existing services and increase the range of services we offer.
- Secured additional Community Health and HACC funding from the State Government.
- Commenced a new gestational diabetes service at Clayton which will be located at Oakleigh when construction of the new building is complete.

Key performance indicators

To help evaluate whether the activities the company established during the year have achieved its short term and long term objectives, the company uses the following key performance indicators to measure, analyse and monitor its performance:

- MonashLink is assessing its existing service profile, but also in response to government policy.
- Quarterly risk management reports are presented to the Board’s Finance and Audit Committee.
- Quarterly service performance reports are presented to the Board.
- An annual business plan based on the current Strategic Plan is presented to and approved by the Board and reports provided on progress on a six monthly basis.
- Client file audits are undertaken to ensure compliance with the Privacy Act.

Members’ guarantee

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute to a maximum of \$10 each towards meeting any outstandings and obligations of the company. At 30 June 2014 the number of members was 147. The combined total amount that members of the company are liable to contribute if the company is wound up is \$1,470.

SHORT TERM AND LONG TERM OBJECTIVES AND STRATEGIES

The company’s short term objectives are to:

- Complete the Capital Development Plan with the completion of the Johnson Street site in Oakleigh, and begin delivery of services in mid to late 2015.
- Expand the range of high priority services delivered in the Eastern and South Eastern areas of Melbourne.
- Increase MonashLink’s profile in the community and people’s understanding of primary care leading to greater usage of our services.

The company’s long term objectives are to:

- Position MonashLink as an important partner and contributor to the development of a robust primary health system.
- Partner with consumers and our diverse community to design and build consumer focussed services.
- Lead and participate in the improvement of health and wellbeing in the community.

Directors’ Report

INFORMATION ON DIRECTORS

Felicity Smith

Qualifications
Experience

Board Chair, Member of both the Strategic Planning as well as the Finance and Audit Committee.
Elected to the Board in 2000
Diploma Economics, Diploma Computer File Management
Currently Immediate Past President and Secretary of the Rotary Club of Oakleigh, President of the Monash Reconciliation Group, Member of the Oakleigh and District Historical Society, as well as an honorary JP.
Felicity has a wide range of experience in many community organisations over a period of 21 years and held executive positions in many of them. She is passionate about creating a better, healthier community environment.

Thomas Comber

Qualifications
Experience

Member of Finance & Audit Committee and Member of Service Development and Coordination Committees.
Elected to the Board in 2010
ACIS, Certificate of Management (RMIT)
Tom has 28 years’ experience in the construction industry as Director Company Secretary. He is Treasurer of both the Oakleigh Lions Club and Oakleigh Lions Elderly People’s Homes Inc. Tom has always worked or volunteered in the accounting / audit field and is also a member of the Clayton Probus Club.

Raffaele Ciccone

Qualifications
Experience

Member of both the Finance & Audit Committee as well as the Service Development and Coordination Committees.
Elected to the Board in 2010
BA and BCom (Deakin University), BA Hon (University of Melbourne)
Raff has lived in the Monash community for 29 years. He is a member of the Neighbourhood Watch Program and the Oakleigh & District Historical Society. His career includes roles in Federal Government and the financial sector. Raff strives to enhance decision making processes through his combined involvement with business, government and the local community.

Ann Reilly

Qualifications
Experience

Chair of Service Development and Coordination Committee.
Elected to the Board in 2011
BSc Hons and MPsysc (Forensic) (Monash University)
Ann is a lifelong resident of the City of Monash, with a commitment to high quality responsive and accessible public services. She has been a registered psychologist for 20 years, held various positions as a psychologist and in management and general management positions. She is experienced in project and contract management, program development and evaluation and strategic and change management.

Robert Stensholt

Qualifications
Experience

Chair of Finance and Audit Committee, Chair of the Strategic Planning Committee and Member of the Executive.
Elected to the Board in 2011
BA (ANU). BD Hons (Melbourne College of Divinity), M Int.Law (ANU)
Bob is a former State MP (Parliamentary Secretary for Treasury and Finance and Chair Public Accounts and Audit committee). He is a director of a consulting company and chair, director or committee member of a range of not for profit organisations. Bob is involved in a wide range of community support and development programs.

Richard Murdoch

Qualifications
Experience

Member of Service Development and Coordination.
Elected to the Board in 2011
BAppSc (University of Melbourne), Dip.Com SW (Kangan Institute). Currently completing a Grad Dip Couns (Victoria University)
Ricky is passionate about advocating for social justice. He believes primary health care should be available to all. He also believes in consumer participation and engagement. He is a member of the Australia Community Workers Association (ACWA) and is involved in a wide range of community activities.

Sin Fong Chan

Qualifications
Experience

Member of the Finance and Audit Committee and Service Development and Coordination Committee.
Elected to the Board in 2012
BSc (Information Science), Grad Diploma in Bus Admin (Marketing), Adv Dip Estate Agency, Cert IV in Workplace Training and Assessment Cert IV in Training and Education. Resident of City of Monash for over 30 years, volunteer as Community Health Visitor and actively involved in the Chinese Association of Victoria.

MEETINGS OF DIRECTORS

Directors	Directors’ Meetings		Finance and Audit Committee Meetings	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Felicity Smith	10	7	8	5
Thomas Comber	10	9	8	6
Raffaele Ciccone	10	8	8	4
Ann Reilly	10	9	-	-
Robert Stensholt	10	9	8	7
Richard Murdoch	10	7	-	-
Sin Fong Chan	10	10	8	8

Directors’ Report

AUDITOR’S INDEPENDENCE DECLARATION

A copy of the auditor’s independence declaration under section 307C of the Corporations Act 2001 in relation to the audit for the financial year is provided with this report.

Signed in accordance with a resolution of the board of directors.

Director: 

Director: 

Felicity Smith

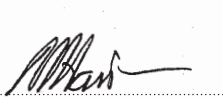
Robert Stensholt

Date: 26th August 2014

AUDITOR’S INDEPENDENCE DECLARATION TO THE DIRECTORS OF MONASHLINK COMMUNITY HEALTH SERVICES LIMITED

In relation to the independent audit for the year ended 30 June 2014, to the best of my knowledge and belief there have been:

- (i) No contraventions of the auditor independence requirements of the Corporations Act 2001; and
- (ii) No contraventions of any applicable code of professional conduct.

Partner: 



MJ HARRISON

PITCHER PARTNERS
Melbourne

Date: 26th August 2014

Financial Report

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2014

	Note	2014 \$	2013 \$
Revenue and other income			
Revenue from Operations	2	11,751,832	9,352,094
Other revenue	2	478,833	297,245
Profit on sale/revaluation of non current assets	2	28,228	73,316
	2	12,258,893	9,722,655
Less: expenses			
Advertising expense		(25,916)	(16,036)
Consultancy Expenses		(98,949)	(84,340)
Consumables		(165,068)	(148,553)
Depreciation and amortisation expense	3	(543,671)	(525,337)
Employee benefits expense	3	(8,524,420)	(7,155,845)
Finance costs		(1,312)	(1,306)
Insurance		(99,059)	(67,665)
Medical supplies		(231,902)	(459,783)
Memberships and subscriptions		(48,824)	(41,874)
Motor vehicle expenses		(37,792)	(37,554)
Occupancy expense		(2,815)	(6,428)
Printing and photocopying		(50,458)	(51,838)
Professional fees		(33,365)	(13,827)
Interpreter services		(85,639)	(66,005)
Repairs and maintenance		(122,738)	(95,166)
Telephone expenses		(135,876)	(124,385)
Repairs and maintenance expense		(143,890)	(133,574)
Oral vouchers		(1,035,402)	(27,980)
Other expenses		(553,451)	(535,157)
		(11,940,547)	(9,592,653)
Surplus for the year		318,346	130,002
Other comprehensive income			
Items that will not be reclassified to profit and loss		-	-
Revaluation of property, plant and equipment, net of tax		-	100,000
Total comprehensive income		318,346	230,002

Financial Report

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2014

	note	2014 \$	2013 \$
Current assets			
Cash and cash equivalents	5	3,259,669	3,697,362
Receivables	6	254,139	365,220
Inventories	7	95,090	57,365
Other assets	10	472,210	111,223
Total current assets		4,081,108	4,231,170
Non current assets			
Intangible assets	9	2,280,039	2,311,436
Property, plant and equipment	8	4,515,944	4,816,297
Total non current assets		6,795,983	7,127,733
Total assets		10,877,091	11,358,903
Current liabilities			
Payables	11	565,111	2,168,790
Provisions	12	1,775,184	1,476,650
Other liabilities	13	454,255	39,901
Total current liabilities		2,794,550	3,685,341
Non current liabilities			
Provisions	12	422,221	331,588
Total non current liabilities		422,221	331,588
Total liabilities		3,216,771	4,016,929
Net assets		7,660,320	7,341,974
Equity			
Reserves	14	2,622,685	2,622,685
Retained earnings		5,037,635	4,719,289
Total equity		7,660,320	7,341,974

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2014

	Contributed equity \$	Reserves \$	Retained earnings \$	Total equity \$
Balance as at 1 July 2012	-	3,643,685	3,468,287	7,111,972
Surplus for the year	-	-	130,002	130,002
Revaluation of property, plant and equipment, net of tax	-	100,000	-	100,000
Total comprehensive income for the year	-	100,000	130,002	230,002
Transfer from asset revaluation reserve realised increment on freehold property sold during the year	-	(1,121,000)	1,121,000	-
Balance as at 1 July 2013	-	2,622,685	4,719,289	7,341,974
Surplus for the year	-	-	318,346	318,346
Total comprehensive income for the year	-	-	318,346	318,346
Balance as at 30 June 2014	-	2,622,685	5,037,63	7,660,320

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2014

	Note	2014 \$	2013 \$
Cash flow from operating activities			
Receipts from clients and government grants		13,893,479	10,371,147
Borrowing costs		(1,312)	(1,306)
Payments to suppliers and employees		(12,808,741)	(9,693,617)
Donations received		594	193
Interest received		79,924	88,404
Other receipts		-	397,864
Net cash provided by operating activities	15(b)	1,163,944	1,162,685
Cash flow from investing activities			
Proceeds from sale of plant and equipment		40,326	2,427,419
Purchase of property, plant and equipment		(166,208)	(624,728)
Payment for occupancy right		(1,475,755)	(867,925)
Net cash provided by / (used in) investing activities		(1,601,637)	934,766
Reconciliation of cash			
Cash at beginning of the financial year		3,697,362	1,599,911
Net increase / (decrease) in cash held		(437,693)	2,097,451
Cash at end of financial year	15(a)	3,259,669	3,697,362

Financial Report

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements, Interpretations and other authoritative pronouncements of the Australian Accounting Standards Board and the Corporations Act 2001.

The financial report was approved by the directors as at the date of the directors’ report.

The financial report is for the entity MonashLink Community Health Service Limited as an individual entity. MonashLink Community Health Service Limited is a company limited by guarantee, incorporated and domiciled in Australia. MonashLink Community Health Service Limited is a not-for-profit entity for the purpose of preparing the financial statements.

The following is a summary of the material accounting policies adopted by the company in the preparation and presentation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Basis of preparation of the financial report

Historical Cost Convention

The financial report has been prepared under the historical cost convention, as modified by revaluations to fair value for certain classes of assets as described in the accounting policies.

(b) Economic dependence

MonashLink Community Health Service Limited is dependent on the grant funding which comes from State, Federal and local sources for the majority of its revenue used to operate the business. At the date of this report the directors have no reason to believe the funding will not continue to support MonashLink Community Health Service Limited.

(c) Revenue

Revenue from the rendering of services is recognised upon the delivery of the service to the customers.

Interest revenue is recognised when it becomes receivable on a proportional basis taking in to account the interest rates applicable to the financial assets.

All revenue is stated net of the amount of goods and services tax (GST).

(d) Contributions - Government Grants and Donations

When the entity receives grants but is obliged to give directly approximately equal value to the contributor, recognition of grant income will be deferred until the delivery of service.

(e) Cash and cash equivalents

Cash and cash equivalents include cash on hand and at banks, short term deposits with an original maturity of three months or less held at call with financial institutions, and bank overdrafts.

(f) Inventories

Inventories held for sale are measured at the lower of cost and net realisable value.

(g) Financial instruments

Donated financial assets

Financial assets donated to the group are recognised at fair value at the date the group obtains the control of the assets.

(h) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and any accumulated impairment losses.

Property

Freehold land and buildings are measured at fair value. At each balance date the carrying amount of each asset is reviewed to ensure that it does not differ materially from the asset’s fair value at reporting date. Where necessary, the asset is revalued to reflect its fair value.

Increases in the carrying amounts arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in equity under the heading of revaluation surplus. To the extent that the increase reverses a decrease of the same class of asset previously recognised in profit or loss, the increase is recognised in profit or loss. Decreases that offset previous increases of the same class of asset are recognised in other comprehensive income under the heading of revaluation surplus; all other decreases are charged to profit and loss.

Plant and equipment

Plant and equipment is measured on the cost basis.

Depreciation

The depreciable amount of all fixed assets is depreciated over their estimated useful lives commencing from the time the asset is held ready for use. Land and the land component of any class of fixed asset is not depreciated.

Class of fixed asset	Depreciation rates	Depreciation basis
Land	Nil	Straight line
Buildings at cost	2.5 - 6.25%	Straight line
Plant and equipment at cost	15 - 35%	Straight line
Motor vehicles at cost	20 - 25%	Straight line
Furniture, fixtures and fittings at cost	15%	Straight line
Computer equipment at cost	33.3%	Straight line
Clinical equipment at cost	25 - 35%	Straight line

(i) Intangibles

Right to Occupy

The Right to Occupy is recognised at cost of acquisition. The Right to Occupy has a finite life and is carried at cost less any accumulated amortisation and any impairment losses. The Right to Occupy is amortised over the useful life 25 years.

(j) Impairment of non financial assets

Assets with an indefinite useful life are not amortised but are tested annually for impairment in accordance with AASB 136. Assets subject to annual depreciation or amortisation are reviewed for impairment whenever events or circumstances arise that indicate that the carrying amount of the asset may be impaired.

An impairment loss is recognised where the carrying amount of the asset exceeds its recoverable amount. The recoverable amount of an asset is defined as the higher of its fair value less costs to sell and value in use.

Where the future economic benefits of an asset are not primarily dependent on the asset’s ability to generate net cash inflows and where the company would, if deprived of the asset, replaces its remaining future economic benefits, the recoverable amount is assessed on the basis of the asset’s depreciated replacement cost which is defined as the current replacement cost less accumulated depreciation calculated on the basis of such cost.

(k) Provisions

Provisions are recognised when the company has a legal or constructive obligation, as a result of past events, for which it is probable that an out flow of economic benefits will result and that outflow can be reliably measured.

Financial Report

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(l) Employee benefits

(i) Short term employee benefit obligations

Liabilities arising in respect of wages and salaries, annual leave and any other employee benefits expected to be settled within twelve months of the reporting date are measured at their nominal amounts based on remuneration rates which are expected to be paid when the liability is settled. The expected cost of short term employee benefits in the form of compensated absences such as annual leave is recognised in the provision for employee benefits. All other short term employee benefit obligations are presented as payables.

(ii) Long term employee benefit obligations

Liabilities arising in respect of long service leave and annual leave which is not expected to be settled within twelve months of the reporting date are measured at the present value of the estimated future cash outflow to be made in respect of services provided by employees up to the reporting date.

Employee benefit obligations are presented as current liabilities in the balance sheet if the entity does not have an unconditional right to defer settlement for at least twelve months after the reporting date, regardless of when the actual settlement is expected to occur.

(m) Goods and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

(n) Comparatives

Where necessary, comparative information has been reclassified and repositioned for consistency with current year disclosures.

NOTE 2: REVENUE AND OTHER INCOME

	2014 \$	2013 \$
Income from operations		
Grants	11,162,242	8,845,782
Client fees	527,434	454,590
Program Charges	62,156	51,722
	11,751,832	9,352,094
Interest income	79,924	88,404
Other revenue		
Donations	594	193
Other revenue	398,315	208,648
Profit on sale/revaluation of non current assets	28,228	73,316
	12,258,893	9,722,655

	2014 \$	2013 \$
NOTE 3: OPERATING SURPLUS		
Surplus / (deficit) has been determined including the effect of:		
Net gain on disposal of non current assets:		
- Profit on sale of property, plant and equipment	28,228	73,316
Finance costs		
- other	-	530
Depreciation		
- buildings	43,159	58,185
- plant and equipment	52,359	47,918
- motor vehicles	125,318	128,013
- furniture and fittings	37,366	43,201
- computer equipment	168,442	181,045
- clinical equipment	27,819	34,731
	454,463	493,093
Amortisation of non current assets		
- Right to Occupy	89,208	32,244
Bad debts		
- other	6,503	80
Employee benefits	8,524,420	7,155,845
NOTE 4: KEY MANAGEMENT PERSONNEL COMPENSATION		
Compensation received by key management personnel of the company		
- short term employee benefits	937,177	894,668
- post employment benefits	60,428	60,428
- other long term benefits	28,626	26,665
	1,026,231	981,761
NOTE 5: CASH AND CASH EQUIVALENTS		
Cash on hand	1,065	1,065
Cash at bank	82,718	148,157
Cash on deposit	3,166,233	3,538,893
Other cash	9,653	9,247
	3,259,669	3,697,362
NOTE 6: RECEIVABLES		
CURRENT		
Trade debtors	254,139	365,220
NOTE 7: INVENTORIES		
CURRENT		
<i>At cost</i>		
Finished goods	95,090	57,365

Financial Report

NOTE 8: PROPERTY, PLANT AND EQUIPMENT

	2014 \$	2013 \$
Land		
At fair value	3,575,000	3,575,000
Buildings		
At cost	445,696	445,696
Accumulated depreciation	(377,884)	(334,725)
	67,812	110,971
Total land and buildings	3,642,812	3,685,971
Plant and equipment		
Plant and equipment at cost	419,034	416,619
Accumulated depreciation	(306,748)	(254,389)
	112,286	162,230
Motor vehicles at cost	639,619	672,248
Accumulated depreciation	(452,243)	(396,127)
	187,376	276,121
Furniture, fixtures and fittings at cost	396,984	396,174
Accumulated depreciation	(196,077)	(158,711)
	200,907	237,463
Computer equipment at cost	1,177,245	1,090,456
Accumulated depreciation	(908,241)	(741,167)
	269,004	349,289
Clinical equipment at cost	430,149	403,994
Accumulated depreciation	(326,590)	(298,771)
	103,559	105,223
Total plant and equipment	873,132	1,130,326
Total property, plant and equipment	4,515,944	4,816,297
(a) Reconciliations		
Land		
Opening carrying amount	3,575,000	4,910,000
Disposals	-	(1,435,000)
Revaluation decrease recognised in equity	-	100,000
Closing carrying amount	3,575,000	3,575,000

	2014 \$	2013 \$
(a) Reconciliations (continued)...		
Buildings		
Opening carrying amount	110,971	162,775
Additions	-	6,381
Depreciation expense	(43,159)	(58,185)
Closing carrying amount	67,812	110,971
Plant and equipment		
Opening carrying amount	162,230	87,793
Additions	2,415	124,766
Disposals	-	(2,411)
Depreciation expense	(52,359)	(47,918)
Closing carrying amount	112,286	162,230
Motor vehicles		
Opening carrying amount	276,121	303,531
Additions	48,671	112,773
Disposals	(12,098)	(12,170)
Depreciation expense	(125,318)	(128,013)
Closing carrying amount	187,376	276,121
Furniture, fixtures and fittings		
Opening carrying amount	237,463	141,309
Additions	810	144,033
Disposals	-	(4,678)
Depreciation expense	(37,366)	(43,201)
Closing carrying amount	200,907	237,463
Computer equipment		
Opening carrying amount	349,289	343,376
Additions	88,157	202,236
Disposals	-	(15,278)
Depreciation expense	(168,442)	(181,045)
Closing carrying amount	269,004	349,289
Clinical equipment		
Opening carrying amount	105,223	105,488
Additions	26,155	34,539
Disposals	-	(73)
Depreciation expense	(27,819)	(34,731)
Closing carrying amount	103,559	105,223

Financial Report

	2014 \$	2013 \$
NOTE 9: INTANGIBLE ASSETS		
Right to occupy	2,401,491	2,343,680
Accumulated amortisation	(121,452)	(32,244)
	2,280,039	2,311,436
The right to occupy relates to the Euneva Avenue Property in Glen Waverley, which is owned by the City of Monash. The Company contributed to the cost of acquisition and development of this site through an agreement with the Department of Health, however ownership will remain with the City of Monash. Currently the company has a peppercorn sub lease for the term of 25 years with the Department of Health who in turn has a lease with the City of Monash. This is part of a two stage development that also involves a project in Johnson Street Oakleigh which is currently in the planning stage.		
Reconciliation		
Opening written down value	2,311,436	
Additions/adjustments	57,811	
Amortisation	(89,208)	
Closing written down value	2,280,039	
NOTE 10: OTHER ASSETS		
CURRENT		
Prepayments	105,248	41,796
Accrued income	292,724	69,427
Other current assets	74,238	-
	472,210	111,223
NOTE 11: PAYABLES		
CURRENT		
Unsecured liabilities		
Other creditors	-	1,475,755
GST credits	240,902	258,813
Accrued expenses	207,492	284,177
Other current liabilities	116,717	150,045
	565,111	2,168,790
NOTE 12: PROVISIONS		
CURRENT		
Employee benefits (a)	1,775,184	1,476,650
NON CURRENT		
Employee benefits (a)	422,221	331,588
(a) Aggregate employee benefits liability (a)	2,197,405	1,808,238
(b) Long-term employee benefit obligations		
an adjustment was made to prior year comparatives to correctly reflect the accounting policy as stated in Note 1 (k).		
NOTE 13: OTHER LIABILITIES		
CURRENT		
Other current liabilities	9,321	8,943
Grants received in advance	444,934	30,958
	454,255	39,901

	2014 \$	2013 \$
NOTE 14: RESERVES		
Asset revaluation reserve	2,622,685	2,622,685
	2,622,685	2,622,685
The asset revaluation reserve is used to record increments and decrements on the revaluation of non current assets.		
NOTE 15: CASH FLOW INFORMATION		
(a) Reconciliation of cash		
Cash at the end of the financial year as shown in the statement of cash flows is reconciled to the related items in the statement of financial position is as follows:		
Cash on hand	1,065	1,065
Cash at bank	82,718	148,157
Short term bank deposits	3,166,233	3,538,893
Other cash and cash equivalents	9,653	9,247
	3,259,669	3,697,362
(b) Reconciliation of cash flow from operations with surplus after income tax		
Surplus from ordinary activities after income tax	318,346	130,002
Adjustments and non cash items		
Amortisation	89,208	32,244
Depreciation	454,463	493,093
Asset write off	-	(4,493)
Net gain on disposal of property, plant and equipment	(28,228)	(73,316)
Payment for right to occupy	(57,811)	-
Changes in assets and liabilities		
Decrease in receivables	111,081	239,366
Increase in other assets	(360,987)	(14,821)
Increase in inventories	(37,725)	(7,170)
Increase in income in advance	413,976	30,958
Increase / (decrease) in payables	(127,924)	263,365
Increase / (decrease) in other liabilities	378	(687)
Increase in provisions	389,167	74,144
Cash flows from operating activities	1,163,944	1,162,685

Financial Report

NOTE 16: RELATED PARTY TRANSACTIONS

(a) No transactions with related parties were entered into during the year ended 30 June 2014.
The names of the directors in office at any time during or since the end of the year are:

Felicity Smith
Thomas Comber
Raffaele Ciccone
Ann Reilly
Robert Stensholt
Richard Murdoch
Sin Fong Chan

NOTE 17: EVENTS SUBSEQUENT TO REPORTING DATE

There has been no matter or circumstance, which has arisen since 30 June 2014 that has significantly affected or may significantly affect:

- (a) the operations, in financial years subsequent to 30 June 2014, of the company, or
- (b) the results of those operations, or
- (c) the state of affairs, in financial years subsequent to 30 June 2014, of the company.

NOTE 18: COMPANY DETAILS

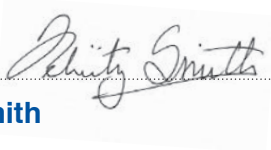
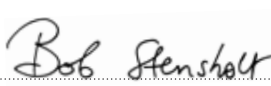
The registered office of the company is:
MonashLink Community Health Service Limited
2 Euneva Avenue
GLEN WAVERLEY VIC 3150



The directors of the company declare that:

1. The financial statements and notes, as set out on pages 21-32, are in accordance with the Corporations Act 2001: and
 - (a) comply with Australian Accounting Standards Reduced Disclosure Requirements and the Corporations Regulations 2001; and
 - (b) give a true and fair view of the financial position as at 30 June 2014 and performance for the year ended on that date of the company.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Director:  Director: 
Felicity Smith **Robert Stensholt**

Date: 26th August 2014

Financial Report

INDEPENDANT AUDITOR’S REPORT TO THE MEMBERS OF MONASHLINK COMMUNITY HEALTH SERVICE LIMITED

We have audited the accompanying financial report of MonashLink Community Health Service Limited, which comprises the statement of financial position as at 30 June 2014, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors’ declaration.

Directors’ Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations Act 2001, and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement in the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company’s preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

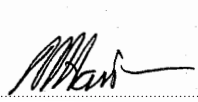
Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

Opinion

In our opinion, the financial report of MonashLink Community Health Service Limited is in accordance with the Corporations Act 2001, including:

- (a) giving a true and fair view of the company’s financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards and the Corporations Regulations 2001.

Partner: 
MJ HARRISON

Date: 26th August 2014


PITCHER PARTNERS
Melbourne

Staff

Simon Adam	Yuxiaoyan (Zoe) Guo	Nicole Mathews	Jing Sui
Raimah Ahmed	Cara Hardwick	Emer McInerney	Kerryn Super
Joanne Akritidis	Frances Harris	Katrina McNamee	Wendy Sutherland
Martin Allen	Megan Harrod	Fabiola Menegat	Jianfan (Ivan) Tan
Linda Anderson	Zohreh Hashemi	Kaylee Mitchell	Nicole Thalmeier
Kelly Ashcroft	Veronica Hayes	Louisa Mitchell	Shannon Thomas
Judy Avisar	Maree Hazledine	Bojana Mladenovic	Lisa Thompson
Anne Backhouse	Patanatha Howard	Aletta Mouton	Sabrina Thompson
Elena Bedrega	Nootu Isamaela	Elise Moyle	Susan Tserkezidis
Maria Bikos	Nawal Jabbour	Vin Mugunthan	Edna Unglik
Cherie Borwick	Frances James	Sally-Ann Nadj	Bronwyn Upston
Leanne Breen	Kathleen James	Alvin Ng	Felicia Valianatos
Melissa Brunσμα	Rongsheng Jing	Gregg Nicholls	Jeyanthi Vasanthakumar
Gulnaz Cemiloglu	Tayla Johnston	Helen Nikolas	Ryan Vaughan
Pui Yee Chan	Ljubica Jovanovic	Annette O'Brien	Nicholas Voulanas
Mengsha Chen	Sarah Kalanie	Sophie O'Keefe	Caitlin Wainrib
Suet Choi	Marieta Kanalas	Ciara O'Loughlin	Geoffrey Wakefield
Paula Christofakakis	Katerina Kandiliotis	Camille Oppy	Helen Wirtz
Christopher Cini	George Kapsalis	Darunee Palamara	Wilheminna Wong
Catherine Collins	Constantina Karametos	Anne Palermo	Michelle Yang
Gabrielle Connell	Rafaela Karas	Jingyi (Amy) Peng	Ruiyuan (Vera) Yang
Margaret Deague-Hall	Lisa Kellam	Sheree Phillips	Maria Yap
Susan Debney	Heather Kennedy	Linda Pocervina	Kai Ye
Michelle Delves	Nattaya Khamphouk	Carolyn Poljski	Sook Yong
Manisha Dhavan	Angeline Killin	Elizabeth Porter	Xuehui (Nicole)You
Penelope Dickinson	Natalie Kowadlo	Hayley Prior	Jeremy Young
Sheila Driscoll	Konsita Kuswara	Leanne Quan	Nina Zadurian
Nicholas Dunn	Tanith Lamaro	Margie Raman	Jennifer Zalewski
Cheyenne Edwards	Thea Lawson	Janet Rayner	Melissa Zammit
Sheila Eva	Carolyn Lee-Smith	Lauren Reinsfield	Jin Zhang
Jennifer Evans	Elizabeth Lenart	Caroline Reljich	
Pamela Ferguson	Anne Leonard	Emma Rice	
Monica Finch	Cameron Linford	Adele Ridler	
Jayne Florence	Jamie Lopes	Emily Rohr	
Janice Florent	Kin Han Loy	Helen Russo	
Christopher Forde	Jonathan Luk	Valerie Sayce	
Carmel Fox	Kaye Mair	Hui See Ser	
Sandra Gagnon	Leah Mammino	Bronwyn Simpson	
Xia Gao	Hong Mao	Kimberley Smith	
Emma George	Manar Maroky	Shelley Sneddon	
Jennifer George	Emma Mason	Balaranjini Sriharan	
Joseph Goddard	Stella Matehos	Ekaterini Stamos	
Amrinder Grewal	Marlyn Mathew	Vanessa Stanton	
Carli Growcott	Lisa Mathews	Leo Stephen	

References

Connecting to Care

1. [http://www.health.gov.au/internet/main/publishing.nsf/Content/7E7B15F442156327CA257BF0001E4714/\\$File/young.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/7E7B15F442156327CA257BF0001E4714/$File/young.pdf)
2. Woolhouse H, Gartland D, Mensah F and Brown SJ. 2014. Maternal depression from early pregnancy to 4 years postpartum in a prospective pregnancy cohort study: implications for primary health care. British Journal of Obstetrics and Gynaecology. Online: DOI: 10.1111/1471-0528.12837
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Connecting to Equality and Respect

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