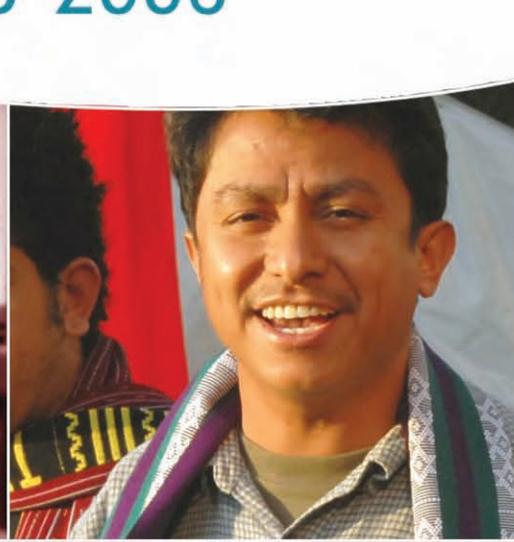




north
richmond
community
health
centre

annual report 2005-2006





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North Richmond Community Health Centre (NRCHC) would like to thank Justine Donohue for producing a wonderful cover design and all staff for their contributions to the report.

The Centre would also like to acknowledge Annabel Reid, Angela Bailey and Catherine Acin for allowing us to reproduce their images throughout this report. Thanks go to Annabel for capturing the many different and wonderful aspects of NRCHC; and to Angela and Catherine for allowing us to reproduce their images from the 2006 Moon Lantern Festival on the front cover of the report - made possible through the Arts and Culture Program of NRCHC.

Cover photography: Annabel Reid, Angela Bailey and Catherine Acin



STATEMENT OF PURPOSES

- 1. The name of the incorporated association is North Richmond Community Health Centre Incorporated.**
- 2. The area served by the Centre is the area declared by the Chief General Manager under Section 45 of the Health Services Act 1988.**
- 3. The purposes for which the incorporated association is established is:**
 - a. To provide culturally appropriate, high quality health and social services to residents, workers and visitors to the City of Yarra by offering:
 - A range of primary health and social services based on identified priorities of the community's health needs;
 - Services based on individually assessed health and social needs with positive discrimination for disadvantaged individuals and groups;
 - Health and community education which will enable people to make useful decisions about their own lives;
 - Preventative treatment, rehabilitation and maintenance of an optimal level of individual and community well being;
 - Health and community services, and community developments to groups with special needs eg. the Timorese community.
 - b. To develop a team concept of health and community services by:
 - Regular staff meetings designed to promote better inter-disciplinary effectiveness of health care roles for the dissemination of information;
 - Providing for the continuing education of board members, staff and community;
 - Involvement of board members, staff and the community in an on-going assessment of the Centre's effectiveness;
 - Employing strategies, which enhance the flow of ideas and strengthen the relationships between members of the staff, Board of Management and the community.
 - c. To promote the health and general physical, mental and social well-being of the community by providing a service that is curative where necessary but works towards the prevention of ill-health, the active promotion of wellness and education in life-coping skills.
 - d. To enable research to be undertaken into social, occupational and environmental factors which affect the health of the community.
 - e. To actively invite and encourage community participation at all levels of decision making in the management of the Centre and in the delivery of health and social services.
 - f. Provide field experience and supervision of students in training and to be a resource agency for others.



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BOARD PRESIDENT'S REPORT

I am pleased to present the North Richmond Community Health Centre's (NRCHC) 2005-2006 Annual Report to members and the community.

NRCHC has had a number of successes in this past year, which are the culmination of hard work and support by committed staff, Board Members, volunteers and members of the community. The Victorian Government announced a grant of \$19m to construct a new building for the Centre. This is the largest capital grant to community health in Victoria in the past 20 years and on behalf of our community, the Board of Management would like to thank the Minister for Health, the Honourable Bronwyn Pike MP and to acknowledge the hard work and support of our local Members of Parliament, Mr Richard Wynne MP, MLA, Cabinet Secretary and the Honourable Gavin Jennings MLC, Minister for Aged Care.

The Board of Management is committed to constructing a world-class community health facility and planning has already commenced. This new building will enable NRCHC to continue to provide quality services to the community and to expand the range of services to address new and emerging community needs. The new Centre is expected to open in late 2009. The Board and staff are committed to informing our community and stakeholders about key aspects of the development of the NRCHC as the project progresses.

In December 2005 NRCHC received the Victorian Multicultural Commission's award for 'Excellence in Multicultural Affairs' in recognition of the work done by the Centre staff in supporting the East Timorese Community. Staff, community groups, individuals, church leaders and local government successfully rallied to support those in the East Timorese community who had yet to gain permanent residence in Australia.

A key role of the Board of Management is to provide guidance and leadership to the organisation and set the overall strategic direction. As part of the development of the Strategic Plan for 2007-2009 extensive consultations were carried out with our clients and community representatives. This consultation process provided valuable information that has helped identify key priority areas and will ensure that appropriate resources are allocated to address these areas.

The Strategic Plan will provide a framework for the development of the Centre's services and programs and strengthen our capacity to address major health issues in the community.

NRCHC continues to play a leading role in providing culturally appropriate primary and social services to disadvantaged individuals and groups, especially refugees and newly arrived communities. The Centre is responsive to the changing needs of the community, working closely with its stakeholders to provide diverse programs to support health and well being. Details of each program area are to be found throughout this Annual Report.

The demographic characteristics of our community and clients continue to change and grow with diverse groups of new arrivals. Many of these new arrivals are from African backgrounds, which will present new challenges for the Centre. The Centre's extensive expertise in providing culturally appropriate services will enable the development of innovative services to address the health care needs of these new groups.

On behalf of the Board of Management I congratulate the staff and volunteers for another successful year and sincerely thank the community, which continues to support the important and diverse work of this multifaceted and truly amazing organization.

Sophia Panagiotidis
President



CHIEF EXECUTIVE OFFICER'S REPORT

This past year has provided both significant challenges and opportunities for North Richmond Community Health Centre (NRCHC) both in terms of service provision to the community and addressing changes in the internal and external environments. As has been the trend in the past 5 years, NRCHC continues to grow and expand placing significant pressure on our staff, resources and physical infrastructure. In response to these changing demands, NRCHC management and staff have implemented a number of projects and activities to help strengthen the existing capacity of the Centre; and to position the Centre to be able to continue to adapt to the changing circumstances and address community priorities and health issues.

There have been many highlights in 2005-2006. Set out below are details of some of the key developments that have taken place.

Major Capital Funding

In 2005 NRCHC completed the NRCHC Service Plan, funded by the Department of Human Services (DHS). The Service Plan formed the basis of NRCHC's bid for major capital funding to enable the Centre to build a new purpose built facility to accommodate all NRCHC services and programs.

The Service Plan indicated that NRCHC can expect to continue to grow and expand and that there will also be a need to expand beyond the current range of services to address new and emerging needs. A major opportunity to expand the range of Allied Health services was identified as a key priority. New services including Physiotherapy, Podiatry and Occupational Therapy will be required in the future.

The Service Plan was completed in December 2005 and in May 2006 the Victorian Government announced that \$19 million had been granted to construct a new purpose built facility. The Government announcement of major capital funding is the culmination of a six year campaign by the Board of Management and the community. It is the most significant investment in public health in Victoria in the past 20 years. We express gratitude and appreciation to the Minister for Health the Hon. Bronwyn Pike MP and our local parliamentary representatives The Hon Gavin Jennings MLC and Mr Richard Wynne MP, for all their assistance and support in securing this much needed funding. Work on the project commenced in June 2006.

Service Development

This year existing NRCHC services consolidated their levels of service provision and proposals for new services were developed and submitted to government and other funders. The introduction of Physiotherapy services has been identified as a major priority through an application to the Home and Community Care (HACC) Program. Although only limited funding is available, it will provide some service capacity for this much needed discipline.

Due to recruitment and workforce issues the current medical program is experiencing increasing demand and is seeking to employ a GP Registrar to provide support to our existing GPs and reduce waiting times for medical services.

This year NRCHC has expanded its specialist medical program with the employment of a Psychiatrist Dr Tung Nguyen. The service is available by referral from GPs and we welcome Dr Tung Nguyen to NRCHC. We also welcome Dr Geehan Roberts who has been employed to provide paediatric services to the community. Both specialist medical services are bulk billing. This makes these very scarce and valuable services available to clients that normally would have difficulty in paying for the services privately.



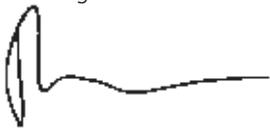
This year NRCHC established a second site at 81-85 Barry Street Carlton to accommodate our Statewide Programs. These include the Centre for Culture Ethnicity and Health, Multicultural Health and Support Service and the Integrated Statewide Gambler's Help Service for Culturally and Linguistically Diverse (CALD) Communities. The establishment of the Barry Street site will enable NRCHC continue to grow and expand services, improve staff accommodation, address Occupational Health and Safety issues and provide a conveniently located and accessible training facility for all NRCHC programs.

NRCHC Strategic Plan



In 2006 NRCHC began developing its new 3 year Strategic Plan. To date, the development of the plan has involved extensive consultation with all NRCHC stakeholders, particularly clients and the communities served by the Centre. Once completed the Strategic Plan will establish the major strategic directions for all NRCHC services and programs and will provide the framework for the development of more focussed program plans. It is a major initiative of the NRCHC Board of Management and will be implemented from January 2007.

Finally I wish to thank all members of the Board of Management for all their contribution the work of NRCHC during this very challenging and exciting year. The Board provides strong and effective governance and support for all our services and is the major advocate for the interests and needs of our community. My special thanks also go to all the very active NRCHC volunteers that contribute freely of their very valuable time and skills to assist our clients and the community. I look forward to continuing to work together in the coming year.



Demos Krouskos
Chief Executive Officer



MEDICAL PROGRAM

The medical program continues to provide a full range of general practice care to the community served by North Richmond Community Health Centre (NRCHC). Currently, five GPs work within the medical service. Access to GP services continues to be available 6 days a week, until 8pm on weekdays (except Fridays, when the service is open until 5pm), and on Saturday mornings. Dr Dent is currently on extended maternity leave. Consultant psychiatrist, Dr Tung Nguyen, and a pediatrician, Dr Gehan Roberts, provide specialist services to the community on a sessional basis.

This year we participated in a project that involved the collection of anonymous clinical information from 100 consecutive patients, from all of the GPs in community health centre's across the state. This enabled us to compare the clinical work we undertake in the Centre, with a similar group of GP across the state. The results of this project are presented with comments in Table 1 (See opposite page). Selected results are presented as an average of the results for GPs practicing at NRCHC. The reasons underlying the differences seen between our practice and the state average remain speculative. For example lower prescribing rates may reflect a practice less oriented to pharmaceuticals, or may represent under-treatment of disease. We need to review our practice to consider the possibilities.

We also collected data on lifestyle risk factors (Table 2 – see opposite page). These results give indication of how we are helping patients attending our practice to achieve national goals for healthy lifestyle and behaviors.

Overall patients attending NRCHC have good lifestyle indicators. Overweight in female patients may be an issue that we could target in the future.

Dr John Furler
General Practitioner

Stephen Schmidtke
Executive Manager for Primary Health

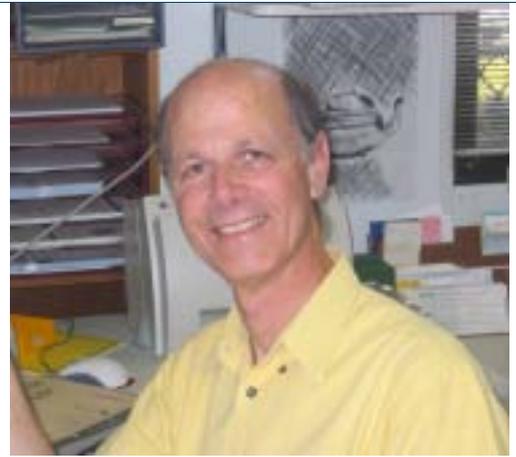


Table 1: Consulting data (rate per 100 encounters)

Indicator	GPs at NRCHC	Average Results for CHC GPs in Victoria	Comments
Long consultations	14.6	22	We have a lower rate of long consults than average.
Indirect consultations	6.1	4.1	We have more indirect consults such as telephone consults. This may be because appointments are difficult to get.
Medications prescribed	71.6	89.6	We prescribe medicines at lower than the average rate.
Other treatments	100	60.6	We arrange and undertake treatments (such as advice, counselling and other therapies) at a higher than average rate.
Pathology tests	39.6	45.8	We arrange less pathology tests than average.

Table 2: Lifestyle risk factors (rates per 100 patients)

Risk factor	Group	NRCHC patients	Patients of other Victorian CHCs	National goals	Comment
Overweight or obese	Men	49.3	50	<40	We may need to target efforts towards assisting in our community to achieve a healthy weight
	women	70	54.2	<25	
Never or ex smoker	Men & women	79.3	66.8	>80	Patients at NRCHC have low rates of smoking
Alcohol-hazardous use	Men	16.6	38.3	<35	Patients at NRCHC have low rates of hazardous alcohol use
	Women	14.6	26.5	<24	



ORAL HEALTH PROGRAM

In 2005/2006 the Oral Health Program increased its services and client visits by over 7% compared to last year, with 3,152 individuals attending for 8,040 appointments. This is an excellent result which can only be attributed to the hard work and commitment of the dental team. Waiting times for routine care have been maintained at 12 months and for dentures have increased to 18 months. Both are still well below the State averages.

The demographics of our clients remained the same during 2005/2006 however, we are starting to see some Aboriginal clients through our outreach program and are finally seeing an increase in clients attending through the Early Childhood Oral Health Program. Continued positive cooperation with refugee and asylum networks has again increased the number of asylum seekers and recent arrivals attending for dental care. Noticeably this year was those from West Papua who attended in block appointments.

An exciting development this year was the establishment of a partnership between North Richmond Community Health Centre (NRCHC) and the Murray Valley Aboriginal Cooperative, to provide an outreach dental service to the Robinvale community. Dental staff travelled to Robinvale during the latter half of the year and their care was greatly appreciated in this very under serviced area.

Welcome to new staff – Ms Vang Huynh and Louise Chau (trainee dental assistants). Both are enrolled in the RMIT Certificate III course and doing well. Drs John Aung, and Tom Lo have started helping as part time dentists and Dr Maia Valmorbidia has returned to us from an extended overseas period. Dr Margot Anderson came to us from the post graduate program in endodontics and Dominic Di Luca our new contract dental prosthetist is assisting in reducing the denture waiting list.

Congratulations to Jennine Perry and Chris on the birth of Charlie. Jennine is now on 12 months maternity leave. Congratulations also to Mihaela Todorovic who has transferred to the community health program of NRCHC.

The Oral Health Program has again effectively utilised dental auxiliaries in line with national oral health strategic planning. Wendy Clay continues to provide care for young people through the Youth Dental Program, with Scott Randall and Dominic Di Luca providing denture care.

We have seen another great team effort from the dental assistants lead by Sally Vong (Clinic Coordinator). Without their support and professionalism the Program's impressive performance would have not been possible.

Last but not least, thanks go to Sandra and those in the administration area who manage to hold the program together and completed the year very close to budget.

In conclusion, all dental and support staff deserve another big congratulations for a great effort in increasing performance indicators, while maintaining the high quality of care that the community has come to expect.



Performance Indicators

1. Waiting Lists

The program has maintained conservative waiting times and the denture waiting list has increased.

2. Attendances

Once again this year the program as a whole managed to further increase both courses of care and number of visits.

3. Location

The program has continued to attract clients from 170 postcode areas, with over 65% of clients travelling from outside the immediate Richmond area. Outreach services cared for 3.4% of total clients.

4. Language

This year 52% of our clients were from non-English speaking groups. The main groups were Chinese/Hakka (14.5%), Vietnamese (12.1%) and Greek (10.2%). We would like to again thank the language program for all their valuable support.

5. Service Mix

The number of treatments per service group indicates a fairly consistent mix of services provided compared to previous years. Data indicates more diagnostic and restorative services, less teeth being extracted and denture services.

Dr Martin Hall

Oral Health Program Manager



Table 1: Waiting Lists

As of 30th June 2006		Numbers Waiting	Waiting Time
Dentures	Routine Care	262	18 months
	Priority Care	43	3 months
Restorations	Routine Care	1226	12 months

Table 2: Attendances

	Courses of Care		Number of Visits	
	2004-05	2006-06	2004-05	2005-06
Total	3,669	4,040	7,506	8040

Table 3: Location

Location of Residence	Clients – 2004 – 2005		Clients – 2005 – 2006	
Richmond	1011	(36.1%)	1034	(32.6%)
Kew/Balwyn	292	(10.4%)	282	(8.9%)
Hawthorn/Camberwell	268	(9.6%)	278	(8.8%)
Collingwood/Abbotsford	105	(3.8%)	189	(6.0%)
Robinvale/Mildura			107	(3.4%)
Other	895	(35.4%)	1285	(40.5%)

Table 4: Service Mix

SERVICE TYPE	2004 – 2005	2005 – 2006
Diagnostic	6,945	7,600
Preventive	2,008	2,338
Periodontal Therapy	252	227
Oral Surgery	1,529	1,264
Endodontic	997	1,112
Restorative	5,031	5,313
Prosthetic New Units	571	473
Prosthetic Repairs	418	351
Other	248	496
Interpreter Services	752	836
Total Treatments	18,634	20,010



NURSING & ALLIED HEALTH PROGRAM

The Nursing and Allied Health Team have had another busy and successful year. The team is made up of the following staff members:-

- **Kuan Chen works as our Clinic Nurse.**
- **Louise Philpot works as our Speech Pathologist.**
- **Lucinda Riches works as our Dietician.**
- **Roger Lindenmayer continues in his role as the Diabetes Educator.**
- **Fiona Beale continues on as the Coordinator for Nursing / Allied Health and the Community Midwife / Women's Health Nurse.**
- **Kathy Lucas continues to run the much valued and popular Water Exercise Program.**

Community Midwife/Women's Health Nurse

During 2005-2006 this program has provided many different services.

Work has continued with 'The Royal Women's Hospital' and 'The Mercy Hospital' to provide shared care as an antenatal option. Alongside this, we have continued to provide social and emotional support for women and their families on the Richmond Housing Estate.

We have continued to support the Multicultural Health and Support Service (MHSS), providing education and support for the workers and working collaboratively with the Horn of Africa, Thai and Vietnamese communities. MHSS provides information and education on Hepatitis C, HIV and other blood borne viruses.

Alongside this, we have also provided clinical services and support for clients wishing to have blood borne virus and Sexually Transmitted Infection testing in a culturally sensitive environment; and provided support in accessing mainstream services, enabling clients to confidently navigate their way through the public hospital system.

We have been involved with the Arts and Culture's 'Hep C Transmission Project' providing Hep C information and education to the young people involved in the project.

In addition to this, we have maintained the sexual and reproductive health education program with the school nurse at Lynell Hall providing talks to Year 10 students. This has established a link for the school and the students to the health centre.

Our collaborative working relationship with the Drug Safety Program (DSP) has continued, providing outreach education, women's health and blood borne virus screening to clients.

The Health Promotion and Health Education talks to the Mothers Groups have continued at 'Belgium Avenue Neighbourhood House'. These have covered subjects such as women's health and other topics of interest to the women. Work is underway to expand this program to include dental and speech pathology, asthma education and dietetics later in the year.

Plans are also underway to talk to the older women in the 'Friendship Groups' about adolescent health, weight issues and support services available for issues such as loneliness, depression and isolation.

Finally, the Mammogram Screening for Vietnamese and other culturally and linguistically diverse (CALD) groups at St Vincent's has continued. NRCHC has provided assistance in accessing these services through making appointments, providing support and transportation to transport to St Vincent's.

Nurses Clinic

Kuan Chen co-ordinates and works in the Nurses Clinic. Over the last year Kuan has gained her accreditation for Immunisation through La Trobe University. Kuan has also become very involved in the 'General Practice Nurse Network'.

Kuan has continued to upgrade our policies and procedures. As a result of this we have purchased more resuscitation equipment that is housed in the Needle and Syringe Program (NSP).

The Program has continued to provide support and services to both students and staff at the local primary schools. We have provided lice checks and education to both staff and parents in different community languages. We have also provided staff at the local primary school with 'Fluvax' vaccinations.



We have continued to provide talks to the mothers at the 'Belgium Avenue Neighbourhood House' on coughs and colds in children. There are plans in place to expand these talks this year to include information and advice on vomiting and diarrhoea in children and safety in the home.

We have also hosted Deakin and LaTrobe, 3rd Year Nursing Students for placement. This has enabled them to gain an understanding of nursing in a community health centre.

Diabetes Education

The progressive increase in demand for the Diabetes Education service has continued throughout 2005-2006. There were over eighty new referrals received for individual clients, mostly from GPs at NRCHC, the nearby North Yarra Community Health Service or GPs in private practice in the City of Yarra. In addition to this, a large number of previous or continuing clients attend occasionally for specific issues.

Client demographics are diverse, but recently have included a number of hearing-impaired people requiring Auslan interpreters. Previously these clients have found their disability to be a major barrier to accessing specialty health services such as diabetes self-management education. However, they have found our quality service with interpreter support valuable.

Group education activities continue in partnership with North Yarra Community Health Service. Six "Living with Diabetes Education Days" for Mandarin, Cantonese, Hakka, Vietnamese and English speaking participants were carried out during the past year and were very well-attended. A monthly Diabetes Support Group for Vietnamese speakers continues at NRCHC with up to thirty people attending regularly.

Home and Community Care (HACC) and Community Dietician

The HACC funding targets home-based adults who are nutritionally at risk. This includes frail older people, younger adults with intellectual, psychiatric or physical disability, and adults who are financially disadvantaged and living in alternative accommodation.

Lucinda has continued to primarily see community members for individual counselling. The most common reasons for people presenting to the Dietician are weight management, dietary management of cardiac risk factors, such as high cholesterol or high blood pressure, and for diabetes management.

Food insecurity is a major issue for many City of Yarra residents. NRCHC has continued to refer clients to the City of Yarra subsidised Café Meals Program, which still has a large waiting list. Lucinda has assisted clients with advice on optimising food choices on a limited budget and ideas on improving food access.

In 2005, student dieticians from Monash University undertook an 8-week project at NRCHC, which resulted in recommendations for the future direction of the nutrition service. Mental health emerged as a priority area. This year another pair of Monash student dieticians have been working with Bromham Place to look at how NRCHC can support and promote health and wellbeing for the many clients with mental illness living in North Richmond, and help us to improve links with the Clubhouse.

Lucinda has recently made links with Richmond West Primary School, to provide parent education on healthy food choices for children, and runs monthly nutrition talks with a Chinese group on the estate. She also participates in the Yarra Healthy Weight steering group, co-ordinated by North Yarra Community Health Service, and is currently working with Roger to help develop culturally sensitive visual educational resources for Arabic speakers with diabetes.



Speech Pathology

The Speech Pathology service offers assessment, diagnosis and intervention for children at a pre-prep level to a maximum of 6 years of age, with a range of communication difficulties. These may include:

- Delayed receptive and expressive language development;
- Difficulties with social language skills;
- Difficulties with speech sound production;
- Stuttering and voice disorders.

Clients are generally referred by paediatricians, GPs, kindergarten teachers, maternal and child health nurses or parents. Anyone can make a referral with the parent's consent, by filling out a referral form or contacting the Speech Pathologist. Clients identified with more complex, or a variety of difficulties, may be referred on elsewhere, such as early intervention services, should it become apparent this is the more appropriate service provider at the time of referral or following assessment.

Once a referral has been made, clients are placed on the waiting list. There is currently approximately a 4 – 6 month wait for an assessment. Following assessment, a client may be offered:

- Intervention if the need is apparent;
- Advice and home program ideas for support;
- Periodical reviews;
- Referral elsewhere; or
- Discharged if within normal limits.

Intervention can be provided on an individual or small group basis. A block of 6 – 10 weekly intervention sessions are usually conducted, with a break then provided prior to reviewing a child's progress.

The Speech Pathology program is run in liaison with the North Yarra Community Health Service. The service provision is for clients based primarily in the City of Yarra. The majority of the sessions are conducted at the relevant Community Health Centre however, preschool visits may also be conducted. Occasionally home visits are also made. Information sessions are held for groups such as 'early motherhood groups', maternal and child health nurses and other allied health and educational staff.

Water Exercise Group

This group remains very popular with older clients within the City of Yarra. Kathy Lucas continues on as the Activity Coordinator. The group has continued to meet on Monday and Wednesday mornings at the Epworth Hydrotherapy Pool. The group is largely made up of older clients with chronic illness and the aim is to promote wellness and mobility, to reduce morbidity and to maintain social connectedness. The Wednesday group is joined by Milparinka Clients.

Fiona Beale

Co-ordinator Nursing & Allied Health

Stephen Schmidtke

Executive Manager Primary Health



IMPAC – INNER MELBOURNE POST ACUTE CARE PROGRAM

This year IMPAC has again risen to the challenge of providing a responsive and flexible service to its clients. There have been a number of key events in 2005/06. These have included:-

- Planning for the relocation of the IMPAC office from rented premises at Yarra Health Service to North Richmond Community Health Centre (NRCHC) main site at Lennox Street. The move took place on 14 July 2006.
- Participation in a DHS review of the post acute care program. The final report is due out in late 2006.
- Continued participation in the state wide Post Acute Care Program forums and the Primary Care Partnerships.
- Continued close working with St Vincent’s Hospital Admission Risk Programs (HARP).

Throughout 2005-2006 IMPAC supported 1577 clients from 4 local government areas with diverse cultural backgrounds. Set out below is a breakdown of the demographics of these clients:-

IMPAC provides service to clients living in 4 inner city local government areas. The breakdown of referrals by local government area for 2005-2006 was:-

Yarra	31.8%
Melbourne	12%
Darebin (southern Suburbs only)	23.3%
Boroondara	28.5%
Other areas (fee-for-service clients)	4.4%

IMPAC provided services to clients who originate from 68 countries. Clients born in Australia constituted 58 % with the other largest groups being:-

Italy	10.3%
Greece	7.2%
United Kingdom	4.1%
Former Yugoslav states	2.5%
China & Taiwan	1.5%
Vietnam	1.5%
Horn of Africa	1.7%

1% of referrals were for clients identifying as Aboriginal and IMPAC provided service to 120 clients identified as homeless.

The majority of clients referred to IMPAC were aged 50 years or older.

Age Group	No of referrals	%
0-20 yrs	21	1.3%
21-40 yrs	224	13%
41-60 yrs	320	20%
61-80 yrs	601	37%
80yrs +	452	28.7%

IMPAC has funded an extensive range of health and welfare services as well as providing care coordination. These are outlined in Table 1 below.

The total number of referrals to IMPAC is down slightly from last year but it is still well above the target set by the Department of Human Services (DHS).

Of the total number of clients, about 30% recuperated (i.e. did not need further services), 41% went on to receive services from other agencies (mostly Health and Community Care (HACC) funded services such as community nursing and council) and 11% were readmitted to hospital. The remainder returned to their previous level of community services, entered rehabilitation or bed-based respite or continued to be supported by family.

This year IMPAC has brokered in excess of \$390,000 worth of services to its clients, (about \$69,000 of this was reimbursed through fee-for-service arrangements) with home care, physiotherapy, personal care and nursing constituting the largest cost service types. IMPAC continued with its cost containment strategy, successfully keeping costs within budget whilst continuing to provide flexible and responsive services to our clients. The breakdown of service costs by funding stream is outlined in Table 2 below.

Table 1: Overall Program Activity 2005/06

Funding Stream <i>* Fee for service income/reimbursements</i>	% of referrals	New client accepted	Number referrals completed	Client episodes (days)	Average episode (days)	Longest episode (days)	Shortest episode
Post Acute Care	54.3%	864	856	837	24	154	1
Sub Acute Care	16.2%	252	250	250	21	97	1
Emergency Departments	16.3%	257	252	256	17	131	1
HARP (Holding it together - HIT)*	1.2%	20	20	20	13	54	1
HARP (T.R.A.A.C.)*	5.7%	86	86	86	25	340	1
HARP (Restoring Health)*	0.1%	2	2	1	5	5	5
Hospital in the home*	4.4%	68	68	70	10	87	1
Department Veteran Affairs*	1.8%	28	28	30	20	52	2
Total		1577	1562	1550			

**Table 2:
Program Client Services Costs 2005/06**

Post Acute (incl DVA)	\$244,851
Sub Acute	\$64,814
Emergency	\$46,754
HARP	\$31,009
HITH	\$5,385
TOTAL	\$392,813



Staff Changes

John Belfrage stepped down as manager of IMPAC in July this year. John established the program over 8 years ago and we thank him for his dedication, his commitment to providing a quality client focused service and his pragmatic approach. John's extensive knowledge of the service system will be missed. Sue Senewiratne is currently acting Manger.

Nicole Jamieson and Louise Uchaz returned from maternity leave in part time positions however, Louise has since left to take up a management position with Southern Post Acute Care.

In addition to this, there have been a number of new additions to the team this year:-

- Lisa Accadia is filling a 3 month locum position as care coordinator.
- Yung Nguyen has joined the team in a care coordination role following the completion of the Peer Led Management of Chronic Disease Project.
- Alina Schor-Enea has joined the team from St George's Hospital Social Work Unit to provide care coordination.
- Rosy Strong, physiotherapist has joined the team to provide in home physiotherapy service to our clients 3 days per week.

My thanks go to NRCHC for their continued administrative support. The IMPAC team is looking forward to the forthcoming year with enthusiasm and the new opportunities to work closely with our community and acute colleagues.

Sue Senewiratne

Acting Program Manager

Stephen Schmidtke

Executive Manager Primary Health





COUNSELLING CASEWORK PROGRAM

Counselling and Clinical Supervision

The generalist social work position provides direct counselling services to clients, and supervision to clinical and non-clinical staff at North Richmond Community Health Centre (NRCHC). This position is based at the centre for 2.5 days a week, consisting of 1.5 days counselling and 1 day of supervision.

Counselling

The counselling service is offered every Wednesday and fortnightly on Friday afternoons, providing the following services:

- Telephone intake for non-counselling clients, including needs assessment, information and referral.
- Counselling assessments and referrals, short term supportive counselling and a small number of longer term psychotherapy spaces.

Clinical supervision

Clinical supervision involves providing a regular, safe and uninterrupted space for staff to think about their work with clients and develop their knowledge and skills as clinicians. For non-clinical staff, it is a reflective space in which to think dynamically about their work with clients and other workers.

In addition to staff supervision I also supervise students on placement. We have found that by offering student placements, we can provide additional counselling appointments for NRCHC clients and work experience for the next generation of graduates. I am very pleased that NRCHC supports clinical supervision, through which an ongoing commitment to client accountability can be maintained.

As well as providing individual supervision to staff, this year I have also coordinated the counselling and casework team meetings. These meetings have provided the team with an ongoing opportunity to come together on a monthly basis, with the Learning Things Program joining the Counselling and Casework team early in 2006.

In my clinical work I welcome the range of counselling needs that clients bring, and the particular cultural challenges involved in working with interpreters. In my ongoing work with staff and students, I am continually reminded of their diverse talents and the energy that they bring to their jobs. I am also aware of how well they utilise this space for their professional development and look forward to further strengthening this capacity in the clinical supervision relationships.

Mary McGowan

Social Worker

Generalist Social Work

In this past year I have provided short to long-term casework and counselling services to a large number of clients, predominantly from Culturally and Linguistically Diverse (CALD) communities. Over the past year there has been a noticeable increase in newly arrived refugees from Africa, including people from Sudan, Ethiopia, and Eritrea. Newly arrived refugees are presenting with settlement needs such as housing, language training, material aid, immigration and legal. Priority has been given to clients with complex needs in the local community.

I have continued to develop good links with colleagues and other service providers in the local community and take this opportunity to thank them for their ongoing support of my work. It has also been a pleasure to work at NRCHC, an organization that has a long-standing reputation in providing culturally sensitive social work practice.

Cigdem Yilan

Social Worker (Bilingual, Turkish-English)



Youth Services

NRCHC provides services and programs to young people from 12 – 25 years of age who reside, study or have significant links within the City of Yarra, with a focus on young people from CALD backgrounds.

In 2005 - 2006 NRCHC strengthened its partnership with the City of Yarra Youth Services. A Youth Worker from Yarra Youth Services is now allocated to work in collaboration with our NRCHC Youth Worker. The City of Yarra also increased its funding of the NRCHC Youth Worker position to full time. The aim of this partnership is to continue to provide current programs and develop new programs in consultation with young people who predominantly reside in public housing.

During the year young people were engaged through outreach and a pizza session for their input into current programs and issues relevant to them. I would like to thank my colleague Beck Prowse (Yarra Youth Services) for her support and dedication over the last 12 months, working in collaboration to provide a range of programs to young people.

One of the main programs provided by Youth Services is the Sports/Recreational Program for Young People from CALD backgrounds. This program is funded by the Commonwealth Government – Department of Health and Ageing, under the National Illicit Drug Strategy Community Partnerships Initiative. Through consultation with young people a range of sports and recreational activities are provided including an indoor soccer program, indoor beach volleyball, volleyball for young women, camp and other recreational activities. One of the outcomes of the sports program has been linking young people into community soccer clubs to further enhance their soccer skills and participation. The sports program provides opportunities to a diverse group of young people including those who reside in public housing and have limited opportunities to participate in sports programs.

Young people who present to NRCHC Youth Service are provided with individual casework and support. An essential element of youth work is to advocate on behalf of young people who experience difficulties in accessing appropriate services or need support when presented with a range of issues. Some of the issues young people present with include legal, housing, Centrelink, education related issues and transport fines.

I would like to take this opportunity to thank Bernardo Duarte for his support and assistance with the sports program, particularly in transporting the young people to and from the program, as well as coaching the junior soccer team. I would also like to thank the young people for their participation and support for the sports and recreational program.

Finally, thanks go to the City of Yarra Youth Services for their support and for working in collaboration to improve service delivery to young people who predominantly reside in Richmond. Through our work there have been many challenges as well as positive outcomes for young people in the area.

Carol Fatouros
Youth Worker





Hospital Admission Risk Program (HARP) – ALERT/HIT

Community Case Management – Bridging the gap between hospital and community

HARP (Hospital Admission Risk Program) is a project of the Department of Human Services. It aims to reduce avoidable hospital admissions by developing preventative models of care, involving the hospital and the community. In particular it focuses on chronic or complex diseases or conditions and gives priority to high volume and/or frequent users of the acute public hospital system.

ALERT (Assessment, Liaison and Early Referral Team) is a HARP initiative of St Vincent's Health Melbourne in partnership with the community. Community case management aims to bridge the gap between hospital and community.

The interface between community based services and hospitals is critical in achieving better outcomes for clients and reducing avoidable hospital use. The ALERT program, a response under HARP by St Vincent's Health, is one example of hospitals and community based services working well together.

The hospital component of ALERT is a multi-disciplinary team based in the emergency department at St. Vincent's. The team works alongside medical staff to assist patients with social and health issues and aims to refer patients to local community services. The community component of ALERT provides case management and aims to develop closer connectedness with community services to prevent avoidable hospital admission. The NRCHC community component has been operating for four years.

Patients may frequently present to the emergency department because their medical needs are not being addressed in the community or are influenced by underlying isolation, loneliness, loss of hope or trauma. In many cases these presentations can be avoided through community case management, which results in better overall health and social outcomes for the patient.

I would like to take this opportunity to congratulate and thank St Vincent's Health and the ALERT team for their ongoing commitment, success and support for this program.

Michael Woolard

Case Manager





East Timorese & Chinese Speaking Services

Direct services

This service encompasses the prevailing issues amongst our East Timorese and Chinese communities, as well as the changes and pressures that they face.

During the past year, this service has provided a range of casework and counselling services to individuals and families on a variety of issues, both short term and long-term. The main areas of service provision have included: domestic violence, immigration and settlement matters, education, training and work related issues, relationship problems, parenting issues and general issues relating to access to mainstream services. Important components of this service have included advocacy, information and advice, referral, and crisis intervention.

Tai Chi Program

This program has continued to run at NRCHC on Thursdays from 1.30pm to 2.30pm. The class is led by Mr Chuo Lin Tang, a Cantonese and Mandarin speaking volunteer. Mr Tang is a valuable volunteer who has been volunteering his time for the program since 2004. We take this opportunity to thank Mr Tang for all his time and effort.

Timorese English Class

This class has continued to meet on Monday mornings from 10am until 12noon at the Centre. The tutor for this class is Mrs Beverley Santospirito. Mrs Santospirito has been volunteering her time for this class for more than 12 years. On behalf of the class, we would like to acknowledge Mrs Santospirito for her enthusiasm and dedication and for being a valuable volunteer over these years.

Women's Support Group/Knitting Group

This group meets every Thursday afternoon following the Tai Chi class for a chat, needle work and/or a cup of tea and information sharing.

Isabel Tan

Social Welfare Worker

(Multilingual; Hakka, Mandarin, English)



Vietnamese & Chinese Community Settlement Support Service

The Vietnamese and Chinese Community Settlement Support Service provides a broad range of community settlement services for newly arrived individuals and their families.

The service has had a successful and busy year providing comprehensive settlement services including, one to one support, needs identification and referral, group work and education sessions to mainstream providers. It has also continued to provide secondary consultation services within the sector.

In June 2006 we were informed by the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) that we were not successful in our application for funding for the 2006 – 2007 year grants. I would like to take this opportunity to thank the DIMIA for their 20 years of support of this program. NRCHC will continue to provide multilingual Vietnamese, Mandarin and Cantonese social work services to the local community, and endeavour to secure alternative funding for these services in the future.

Services provided by the program during 2005-2006 have included:

Settlement information, needs identification and referral service.

A total of 896 client contacts were provided. Most frequent presentations were:

- Requests for immigration information and assistance with family sponsorship, applications for permanent residence, immigration appeals, sponsorship for visitor's visas, citizenship and passport applications;
- Income security;
- Housing;
- Legal matters;
- Aged care.

Provision of settlement services to newly arrived migrants (within 5 years of settlement).

A total of 91 newly arrived migrants received assistance. They came from all over Melbourne (particularly from areas where there are no Vietnamese or Chinese speaking community workers). The most common presentations were from young woman with children and the elderly.

Provision of group Information sessions.

A total of 11 sessions were held throughout the year covering the following topics:

- Osteoporosis. The speaker was a bilingual worker from Working Women's Health;
- Police talk on safety and the law in Australia. The speaker was from the Victorian Police;
- Healthy eating in Australia. The speaker was the NRCHC Dietician;
- Diabetes. The speaker was the diabetes educator from NRCHC
- Vietnamese Family Drug Support Program;
- A series of parenting workshops for the Young Mother Group. The workshops covered issues such as child development, child behaviour, Australian/Vietnamese schooling, Australian/Vietnamese families, communication and discipline, family nutrition: food guide and lunch boxes;
- Police Services: Public Safety & Safety at home, held on the 04/03/05 (27 participants).

Lan Vuong

Settlement Worker/Social Worker

(Multilingual; Vietnamese, Mandarin, Cantonese, English)



East Timorese Asylum Seekers Support & Settlement Program

This program is jointly funded by the City of Yarra and Department of Human Services Community Health Program. The 2005-2006 year again presented with number of challenges for both individual clients and the wider Australian / East Timorese community.

Direct client work has increased this year to 1384 hours of direct client contact. This does not include additional work provided to the wider community and groups. The high demand for casework and counselling services is indicative of the high number of clients presenting in crisis and requiring intensive intervention and support. It also reflects the needs of an emerging group within the community who are experiencing trauma as a result of coming from a war-torn country.

In addition to casework, this service carried out a number of group information sessions. At the beginning of the year, we carried out a number of information sessions for a group of 50 clients who were facing deportation back to East Timor. It was a very stressful and intensive time for the clients as well as for the Centre. The campaign to fight for their permanent residency involved producing a number of briefing papers to members of Federal Parliament and other lobbyists, having regular meetings with key people, as well as taking a number of trips to Canberra. This campaign was successful because of the support given by many organisations and individuals; without their support, it would not have been possible to achieve the ultimate goal.

I would like to acknowledge the work and support of the following organisations during the campaign: Victoria Legal Aid, Refugees and Immigration Legal Centre, Victorian State Government, City of Yarra, the government of Timor Leste, Ecumenical Migrant Centre, Churches, and the office of Mr Lindsay Tanner. There were also many other individuals who dedicated many hours to assist us, including a number of Federal MPs from different political parties. I would also like to acknowledge the hard work and support from the Board of Management, senior management and staff of NRCHC that was provided during this time. The success of the campaign was acknowledged by the State Government and the Commission for Multi-Cultural Affairs, when they awarded the Centre with an award for Excellent Service to Multi-cultural Communities, in acknowledgement of the Centre's support to the East Timorese asylum seekers.

This program was also involved in organising the visit to NRCHC by His Excellency Xanana Gusmão, President of the Democratic Republic of Timor Leste, as well as the visit of a group of MPs from Timor Leste. These two visits were important for many of our clients, who left East Timor under very negative circumstances. These visits provided an opportunity for clients to reconcile their relationship with their country of birth, and a number of clients commented that these visits brought positive closure to their past.

Towards the end of this year, in response to the political crisis in East Timor, and in conjunction with the Refugees Immigration and Legal Centre and Victoria Legal Aid, we conducted three legal information sessions. Over 300 people attended the first session. The purpose of these meetings was for solicitors to assist clients with their applications to bring family over to Australia temporarily in order to escape the violence in East Timor. As well as the legal information sessions, this program also provided a lot of emotional support to individual clients via the phone as well as through direct contact.

This has indeed been a busy year for the program and a very difficult year for me personally. However, it has been a great joy and privilege to be part of this Centre and to serve this community, who have also given me so much support and understanding during my personal loss this year.

Etervina Groenen
*East Timorese Asylum Seekers Support
and Settlement Worker*
(Multilingual; Hakka, Tetum, Cantonese, Mandarin, English)

Stephen Schmidtke
Acting Co-ordinator Counselling & Casework
Executive Manager Primary Health



PSYCHIATRIC DISABILITY AND REHABILITATION SERVICES

The Psychiatric Disability Rehabilitation Service (PDRS) at North Richmond Community Health Centre (NRCHC) is a small but effective program that caters for people who live in the City of Yarra, have mental health issues and are between the ages of 16yrs to 65yrs. The program has benefited a large number of clients and families over the last 12 years. It is also important to note that we have a number of clients involved in the program that have been referred from services other than the Area Mental Health Service.

This year PDRS has formed stronger links with the Centre's nurses clinic and from this has seen a greater awareness from the community of mental health issues and the help available at the Centre from various workers.

There are two components to the program so as to offer a choice to our client group:

The Learning Things Program

The Learning Things Program provides a home based outreach service that is designed for individuals with mental health issues. It is a specialised service that aims to give people the opportunity to re-learn or develop new skills in daily living including; cooking, shopping, cleaning, catching public transport and community integration.

One of the major objectives of the program is to help people gain confidence in performing tasks that many of us take for granted. When a person is able to perform certain tasks, it helps to develop their self-esteem and independence. This in turn helps family and friends as they develop more confidence in the person's ability to cope, which can alleviate some of the stresses involved in caring for or having mental health issues.

Because the program caters for family and friends as well as the client, we are able to work individually and as a group to help a person succeed in learning tasks. Many of the people involved are grateful for the program as it offers support and the opportunity for everyone to work together towards a common goal, and to share in the successes no matter how big or small.

The No Limits Program

The No Limits Program is a joint program between St Mary's House of Welcome and NRCHC. It is a psychosocial day program that aims to provide a safe environment where individuals can socialise and participate in group activities.

The program utilises a range of individual, group and community activities to provide opportunities for individuals to develop and enhance their living, social and recreational skills. The program has a particular focus on providing quality and accessibility to those people suffering from mental health issues who are isolated, and those from culturally and linguistically diverse (CALD) backgrounds.

The program is reviewed on a regular basis so that it fully utilises its resources, and the changing needs of the participants. There are a variety of activities run from the Factory (located in Belgium Ave), and staff also run numerous outings.

I would like to take this opportunity to thank all the participants in the program – as it is not always easy as it seems but if you keep trying you never know what you will achieve.

Lesla Waltrowicz, Gaylene Ford
Psychiatric Disability Support Team

and

The staff and sessional workers from
St Mary's House of Welcome.

Stephen Schmidtke
Executive Manager, Primary Health



DRUG SAFETY PROGRAM

The Drug Safety Program consists of a staff team of twelve and provides the following five services:

Drug Safety Program Outreach Service (A)

The first component of the Outreach Service is the Mobile Overdose Response Service (MORS). MORS started in November 2000 as part of the State Governments Saving Lives Strategy. It provides an overdose response along with an education, support, case management and referral service.

Workers attend the place of a drug overdose, offering support to those affected. Where the client does not require ambulance transport, support is provided to the person by staying with them during the period of the overdose event due to the risk of overdose reoccurrence, and further assisting them through what can be a disorientating experience. Over this period their condition is monitored and referred for further medical attention if required.

In addition to the more critical response to an overdose event, we provide follow-up with clients by exploring the circumstances that led to their overdose and how overdose occurs, providing strategies on reducing the likelihood of it happening again, as well as exploring other harms associated with drug taking. This support is also offered to others affected by an overdose event such as family members. All Drug Safety Program staff are First Aid and CPR trained to assist in overdose situations.

In addition to this, CPR workshops are conducted by the Outreach Workers on a fortnightly basis. They are held at Moreland Hall, DePaul House and The Bridge Project.

During this financial year 12 overdoses were attended, 23 health promotion sessions were initiated, 36 episodes of care were provided and 55 individuals successfully completed CPR training sessions.

Drug Safety Program Outreach Service (B)

The second component of the Outreach Service is the Mobile Drug Safety Service (MDSS). In addition to responding to crisis situations, this service provides more generalist drug education and support activities. This is achieved through active outreach and street based contact, particularly supporting people who by choice or circumstance, do not have access to services. During this financial year we have had 723 client contacts in the City of Yarra.

To further enhance the service, the Drug Safety Program also conducts joint street outreach with the Drug Outreach Lawyer (William Crawford) from Fitzroy Legal Service (FLS). In addition to this, we conduct weekly outreach sessions with NRCHC staff including the Women's Health Nurse (Fiona Beale); Vietnamese Drug Support Worker (Minh Vo); Hepatitis and STI Education Worker (Huong Ngo) and Drug and Alcohol Counsellor (Monika Schwarz). This collaborative effort provides access to both youth specific and adult drug treatment options, referral information, drug and alcohol and generic services, intensive ongoing case management, legal advice and support, women's health services, hepatitis and STI education and screening, Vietnamese and other specific alcohol and drug support services relevant to culturally and linguistically diverse (CALD) communities.

We take this opportunity to thank these services and individuals for their ongoing support of this extremely valuable joint outreach program.

This financial year 23 education campaigns were provided and 598 individuals received support.

The outreach team has seen some changes in staff over the past year. These changes resulted in lower than normal client contacts for a period. Special thanks to Bronnie Jones who maintained a high level of client service until Craig Harvey was appointed in May this year.

Bronwyn Jones, Jayson Myles and Craig Harvey
MDSS/MORS Team



Alcohol and Other Drug Counselling Services

The Counselling Service of the Drug Safety Program provides individual counselling to adults, young people, families and family members, partners of, or other significant non-using individuals involved with the drug user. This service also has the potential to offer group therapy and secondary consultation on a needs basis.

Counselling performs a pivotal role in the full spectrum of both treatment, and the measures taken to increase the safety and survival of the client, by facilitating the understanding of what purpose drug use has, or has had in their lives, and what other options are open to them in terms of addressing the underlying issues that give rise to the perceived need to use drugs.

Clients of this service can be either mandated and referred by the Justice System where to a degree, treatment is considered compulsory, or, non-mandated having attended the service of their own volition. The mandated clients come to this service through a variety of forensic programs but most are referred to us by the Community Offenders Advice and Treatment Service.

This financial year this service has counselled 182 clients over multiple sessions.

Russell Smith, Monika Schwarz, Elisabeth Weisser
Alcohol & Drug Counselling Team

Needle & Syringe Program (NSP)

The NSP continues to operate from the Centre providing clean injecting equipment, disposal units and health information to people who inject drugs. This public health initiative continues to help reduce the spread of blood borne viruses such as HIV and Hepatitis B&C in both the injecting drug and wider population. The goal of the NSP and Drug Safety Program more broadly is to help improve and maintain the overall health and well being of people who use drugs.

Our Richmond Estate Syringe Retrieval Hotline (Ph. 9420 1346) is part of our commitment to community safety and support. Our retrieval program has recovered 11,108 syringes during this financial year with the NSP making 17,693 contacts, averaging in excess of 8 client contacts per hour.

**Faye Edebohls, Georgina Papagiannis, Rohan Alexander,
Liz Young & Fionn Batchelor**
NSP Team



Cambodian, Lao and Vietnamese (CLV) Program

For three past years the CLV service has responded to the high proportion of drug and alcohol issues in the catchment areas of Richmond (with the Drug Safety Team of NRCHC) and Melbourne CBD (in partnership with the Living Room Primary Health Centre). The service was established to provide case management, assertive outreach, education, publicity, and health promotion of drug and alcohol issues for people from Cambodian, Laotian and Vietnamese cultural backgrounds. The program works in partnership with two services, Mary of the Cross Centre, focusing on community education and family support, and the Living Room, focusing on clinical drug and alcohol support to individuals.

Services provided to individuals and families include: assessment and referral; drug harm reduction information; case management; liaison and referral to substitute pharmacotherapy prescribers and drug withdrawal services and needle syringe programs. As well as clinical services, the program also provides a staff member to a Vietnamese Support Group (in conjunction with the Mary of the Cross Centre and the Department of Juvenile Justice and Health Works), and has participated in a number of community education campaigns.

This family support work dovetails into a Harm Reduction and Hepatitis C Prevention Program, which we have developed for Vietnamese prisoners at Fulham Correctional Centre (FCC). Pilot work with prisoners commenced on October 18th 2005 with sessions operating regularly in FCC with a 10 member prisoner Focus Group.

The developing pre-release program coupled with the family network support is aimed at reducing a return to drug use, recidivism and potential of overdosing on being released from prison.

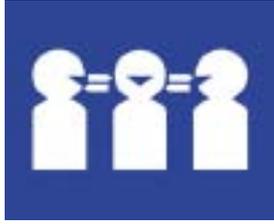
NRCHC is committed to supporting the CLV project services and all agencies working with the Vietnamese-Australian community within Richmond and the CBD. This involves not merely consultation, but also active collaboration with many local and CBD services and agencies. NRCHC also continues to work on other issues confronting these clients including medical, housing, material aid, legal, social, family and employment. Collaborative case management practices remain a key feature of the CLV program.

During this financial year there were 1,650 contacts where 464 clients were provided with services; 38 families received support and 15 agencies received information and education sessions.

Thuy Bui & Minh Vo
CLV Team

Stephen Schmidtke
Executive Manager Primary Health

Colin Coxhead
Drug Safety Program Co-ordinator



LANGUAGE SERVICES PROGRAM

The aim of the Language Services Program is to support and assist CALD (Culturally and Linguistically Diverse) communities with their language needs by providing high quality, impartial, unbiased and professional language services in order for all to access culturally appropriate health care.

Another successful year has gone by for the Language Services Program. This year makes it the 9th year of service provision in a row. The program is continuing to grow stronger and is maintaining it's well deserved reputation within NRCHC as well as with external organisations.

Throughout the year, I have had numerous enquiries from external organisations requesting ideas and assistance from me in relation to translations as well as interpreter bookings. This is indicative of NRCHCs reputation as a leader in the provision of language services amongst community health centres.

We have experienced many challenges throughout the year. We faced these challenges and have overcome them successfully. This has enabled me to become more resourceful in finding new and different ways to deal with unforeseen situations.

One of the key challenges we faced was the influx of the new West Papuan asylum seekers. Continuous consultations with our GP's and ethnic workers at NRCHC were needed to plan and prepare for the language needs of this group. Another major challenge was to allocate interpreters for the Horn of Africa languages and dialects for our new and emerging communities within the City of Yarra and beyond.

Interpreter Booking Statistics

The 5 most requested languages from the external interpreter agencies for the year 2005 were Timorese Hakka with 259 bookings, 16 sessions more than last year; Vietnamese with 142 bookings, 4 sessions more than last year; Turkish with 141 bookings, 1 session more than last year; Mandarin 48 bookings, 16 sessions less than last year and Arabic 32 bookings, 19 sessions more than last year. As can be seen from the above statistics, the biggest increase in bookings was for Arabic. Overall, I have made bookings for 25 languages and dialects and there has been an increase of 70 bookings compared to this time in 2004.

Translation

The in-house interpreters also do translation of documents for the Centre's programs such as the Arts and Culture Program, the Oral Health Program and the Health Promotion Program. We are currently in the process of completing the new updated version of NRCHC brochure which will be released to the public very soon.



Orientation and Staff Education/Information & Reporting

The Language Services Program provides orientation for new and existing staff as well as annual staff education sessions and reporting, which is conducted at monthly site meetings. The interpreting team has also assisted Centre for Culture Ethnicity and Health (CEH) with advice on cultural issues as well as providing information relating to the projects conducted by CEH in relation to language services.

I would like to give my sincere thanks to all the interpreters that have supported and assisted our clients and staff with their language skills. They have been an integral part of the language services program. I would also like to express my deep appreciation to all the language service providers and agencies that I have been working in conjunction with throughout the years.

I would like to give my heartfelt thanks for all the support and assistance given to me by the reception and administration team, interpreting team, the management team.

Finally, thanks go to the Department of Human Services (DHS) for the funding they have provided the centre in order for this program to continue.

I am looking forward to another successful year and will endeavour to make the NRCHC programs as accessible to CALD clients and staff as possible.

Rena Bahdus

*Language Services Program Coordinator
Interpreter / Translator (NAATI level III)*



HEALTH PROMOTION PROGRAM

The last 12 months has seen the development of a new three-year Health Promotion plan for the organisation. This plan identifies health promotion priorities such as physical activity, healthy eating and the Richmond public housing estate (a settings based priority).

The development of this plan has built upon learning's and experiences from previous years and positions North Richmond Community Health Centre (NRCHC) to work towards improving the health and wellbeing of our community.

2005-2006 has seen many successful projects and initiatives. Some examples of the key achievements relating to each of the health priority areas are as follows:

Physical activity

The promotion of physical activity to our community has been achieved through the continuation of the Dancing, Tai Chi and Elderly Gentle exercise groups. The Dancing Group, in particular has grown to 28 regular participants and this year will perform at the Moon Lantern festival.

A VicHealth funded project 'Active Participation for Who' was successfully developed and implemented. This involved working with our Vietnamese and Timorese communities to encourage culturally appropriate physical activity.

Developmental work has also been carried out on a partnership project with the City of Yarra Leisure and Recreation Services – the 'Living Longer Living Stronger' program. This project aims to support culturally and linguistically diverse (CALD) community members to access the City of Yarra Richmond Recreation Centre.



Healthy eating

Over the past 12 months the promotion of healthy eating by our Dietician has taken place through information sessions to parents at the Boroondara preschool. There has also been partnership work with the Richmond Estate cooking classes on healthy food choices. The successful Café Meals program has also been maintained. This program provides an alternative to the provision of Council meals to those at risk of food insecurity. It enables people to access subsidised meals at participating local cafes.

Richmond Housing Estate

The focus of work in this area has been on supporting the development of community enterprise initiatives. We have also continued the very popular promotion of Social Connectedness through English Conversation group, with 25 regular participants.

The Homework Support group continues to provide support to secondary school students from culturally diverse backgrounds.

Over the next year the health promotion program will continue to implement the three year plan and will expand the initiatives and projects addressing the above priority areas. There will be some work required on responding to emerging communities such as Sudanese, West Papuan and Arabic speaking. There will also be some continued partnership work with City of Yarra and North Metropolitan Region Primary Care Partnership.

I would like to thank Renee Lee for her continued hard work and dedication. I also acknowledge the important contribution of our casual workers, Laura Yates who coordinates the Homework group and Hien Ly, our Dancing Group instructor. Finally I wish to acknowledge the vital input of our volunteers. Without their contribution we would not be able to run our Social Connectedness through English Conversation, Homework and Elderly Gentle Exercise groups.

Jane Price

Executive Manager Planning and Health Promotion



VOLUNTEER COORDINATION PROGRAM

Volunteers who participate in the Volunteer Coordination Program (VCP) at North Richmond Community Health Centre (NRCHC) continue to be an integral part of the work of the organisation. Volunteers at NRCHC enable many programs and groups to operate. These groups create health and social pathways for residents and community groups and play a major role in building the social fibre of our community.

This year has seen some administrative and staffing changes to the program as well as changes in data collection and reporting requirements. It is pleasing to report that during these changes the VCP has experienced growth and the continued success.

Volunteers have been placed in challenging and interesting roles in the activities outlined below. These groups encourage volunteers to introduce their skills to the program and offer the potential to develop new skills through internal and external training.

Homework support group

The Homework Support group, established at the beginning of 2005, has a pool of active volunteers who are dedicated and provide support and encouragement to young people on the estate. No problem is too big to solve and between the volunteers they can usually help students work through the most perplexing of problems.

Water exercise group

The Water Exercise group for senior people who experience chronic pain has been running for many years. The volunteers make this a fun and enjoyable group for the members whilst benefiting by participating in the exercise program.

English conversation group

The English Conversation group enjoys a large turn out of community members each week, bringing together a mixture of cultures such as Chinese, East Timorese and Hungarian to mention a few. The room is always full of laughter, music and history thanks to the wonderful effort of our volunteers.

Elderly chair-based exercise group

The Elderly Chair-Based Exercise group targets the Hakka speaking community and from its formation has been run by a volunteer who is sadly leaving the group at the end of the year. Without the dedication of this person many members of the community would have missed out on an opportunity to link up with others from the Richmond estate. We would like to thank Andrea for her huge commitment and contribution to this activity. Participants gain, not only physical exercise but benefit from social links while enjoying a healthy afternoon tea.

2006-2007 will see the re-commencement of a walking group planned for Friday mornings. Volunteers will bus participants to various parks and gardens in and around the City of Yarra. One-on-one English tutoring is enjoying a revival with volunteers conducting lessons at the library and shopping centre to help people develop their English conversational skills.

The volunteer program is vibrant and growing, offering all who participate an opportunity to grow, have fun and to help others. Volunteering is important work as it empowers individuals, adds value to not-for-profit organisations and strengthens communities.

We would like to thank all of our volunteers for their contribution, patience and loyalty.

Fay Edebohls

Volunteer Coordinator



ARTS AND CULTURE PROGRAM

During 2005-2006 the Arts and Culture Program continued to work closely with the communities associated with North Richmond Community Health Centre (NRCHC) to produce innovative and high quality collaborative art, which speaks not only to the communities involved but also to broader audiences.

The Program continued to build on its strengths in providing mentoring, skills development opportunities, support and advice to a range of artists and communities, especially those from culturally and linguistically diverse (CALD) backgrounds, and from public housing.

The Program's expertise and knowledge also contributed to the community cultural development field through provision of advice and information, documentation and publications. Key program workers also provided public presentations and training both within the community cultural development field and the health and community sectors.

Highlights of the Program in 2005-2006

September 2005 – Moon Lantern Festival

The 2005 Moon Lantern Festival attracted significant community participation and attendance despite terrible weather conditions on the day! The 2005 festival featured a series of sound and sculptural installations along the parade route, evoking traditional images of the 'Village'. The after-dusk, multi-media outdoor Finale presented a moving reflection of the housing estate as a contemporary 'village', with tenants of diverse cultural backgrounds and ages featured in video and performance.

October 2005 - Transmission (Stage One) and the Public Art Public Housing website

October 2005 saw the launch of two significant projects, Transmission (Stage One) and the Public Art Public Housing Website. Over 100 guests attended a special screening at the Immigration Museum, Melbourne, Introduced by VicHealth CEO Rob Moodie and the President of the Vietnamese Community in Australia (Victorian Chapter) Phong Nguyen. The screening included:-

- Two short videos "Tattoo" and "La La Land" created with young Vietnamese people through the Transmission project (Stage One). The videos were created through a community cultural development approach to health promotion. The highly innovative and culturally appropriate films send messages to young Vietnamese Australians to reduce their risk of contracting Hepatitis C. The videos can be viewed at www.HepCTransmission.com.
- The Public Art Public Housing website. The website includes material from the highly successful book Public Art Public Housing written by Graham Pitts and published by NRCHC with partners Cultural Development Network (Vic) and Neighbourhood Renewal (DHS) in 2004. See www.publicartpublichousing.com.



January 06 – TET Celebration on Richmond housing estate.

This festival featured a high level of tenant and community participation in the planning, presentation and attendance of the New Year's celebration. The theme of 'Year of the Dog' was reflected in activities ranging from stencilled temporary tattoos to a highly entertaining dog show!

May-June 06 – First stage of two-part international tour and professional development by Artistic Co-ordinator Liss Gabb.

Liss undertook the first stage of an international professional development tour, visiting leading companies working with marginalised communities; and presenting the work of the NRCHC Arts and Culture Program to practitioners, companies and funders in the UK. The response to the Program's work was extremely positive and opportunities for collaborative international projects are now being explored. Liss will undertake the second part of her tour in Vietnam during September-October 2006 where she will explore the now fading tradition of moon lantern celebrations

Projects continuing through the past year

Creative Consultation.

This 3-year project has continued to work creatively and collaboratively with young people. The project includes peer consultation, performance and organisational skills development, as well as planning and management of events by and for young people.

Medicine Trade.

Detailed research and planning has taken place for this project with indigenous and Chinese artists and the community. Medicine Trade will present a series of community workshops over the next year exploring cultural and medicinal associations with plants. The project will incorporate this community knowledge into a public art presentation in 2007.

Transmission.

Transmission was established as a partnership between the Arts and Culture Program and the Vietnamese Community in Australia. Working closely with other NRCHC programs including the Drug Safety Program and Multicultural Health and Support Service, as well as with other Vietnamese and health organisations, Transmission has developed an innovative model of creating highly culturally appropriate health promotion materials. Having launched the videos produced with young at-risk Vietnamese-Australians, this 3 year project is currently in its second stage, working with Vietnamese prisoners at Fulham Correctional Centre. Further funding has been secured from the Blood Borne Virus/Sexually Transmitted Infections Unit of Department of Human Services (DHS) to take this project model to injecting drug users in the southern region, as well as to evaluate, promote and further distribute the health promotion materials produced through the entire project.



Maintaining existing relationships and developing new relationships with key community members and artists is an integral part of the program's year-round activity. This includes ongoing mentoring and support to emerging artists and arts workers from CALD communities; and integration of these artists into many of the program's projects.

"The Factory" for METAC

NRCHC also provides activity space and office accommodation at "The Factory" for METAC (Melbourne East Timorese Activities Centre) to conduct ongoing community and cultural programs including monthly Welcome Dinners for the Timorese community and supporters. Highlights of work with this community over the past year included:-

- National premiere of telemovie *Answered by Fire* on ABC featuring actors from METAC.
- Scholarships from the Victorian College of the Arts for three Timorese artists to undertake tertiary studies in Community Cultural Development.

Strategic Developments and Funding Environment

In 2006 – 2007 the program's knowledge, expertise and networks will be further developed through international tours for both key program staff. In addition to Artistic Co-ordinator Liss Gabb's tour to Vietnam in September/October, Executive Manager Rosalie Hastwell has been awarded an Asialink Arts Residency for three months in India in late 2006. The added experience, knowledge and international links that are established through these tours, will further build the capacity of the program to take on a potentially broader role within the community cultural development sector.

However, the program faces challenges common to small arts organisations. With low levels of core funding the program relies on ongoing high levels of staff time in seeking, securing and maintaining often relatively small amounts of funding from disparate sources. As the Program has undergone significant growth and development over recent years, it also now requires suitable studio-style accommodation to undertake its creative and collaborative activity in 2007. The considerable potential of this unique program within Australia to further develop not only its local, but national contribution depends largely on the support of the Centre; appropriate accommodation; further development of strategic internal and external partnerships; and on increased core funding.

Rosalie Hastwell

Executive Manager for Community and Cultural Development



COMMUNITY DEVELOPMENT

North Richmond Community Health Centre's (NRCHC) community development activities have been expanded during 2006, in recognition of the importance of community capacity building and resilience development with the communities associated with the Centre.

Establishment Activities in 2006

Activities in 2006 have focused on a consultative and partnership-building approach including:-

- The establishment of two estate-wide working groups – the Community Development Working Group and the **Enterprise Working Group**.

The Community Development Working Group is currently working to address the need for greater co-ordination amongst agencies delivering community development services on the estate.

The Enterprise Working Group will implement significant community enterprise initiatives on the estate and is currently reviewing plans for Car Wash, Café and Market enterprises.

Both groups have been endorsed as Working Groups of the Richmond Estate Action Group (REAG).

- Planning for **Richmond Community Connections**, a 12 month estate-based project funded as part of the VicHealth Building Bridges Program. The project will focus on craft and cooking exchanges between cultural groups, including emerging communities on the estate, and will be delivered in partnership with North Richmond Tenants Association (NRTA) and Jesuit Social Services (JSS).
- Support provided to the NRTA for the Solid Ground after-school program. The Centre's involvement in this important tenant-driven program also includes a three-way partnership between NRCHC, NRTA and the Richmond Tigers in the Community.
- Provision of facilities for community –organised activity at The Factory (Belgium Avenue) and the Café (Church Street).

Developing Strategic Directions for 2007 - 2009

Community consultations have taken place with residents, Centre clients, and local families as part of the development of the Centre's new Strategic Plan (2007 – 2009). The consultations were well attended and drew a high level of participation from diverse groups. The results of the consultations will directly influence the focus of community development activities over the next three years, including an emphasis on family strengthening through community activities; increasing leadership capacity; and greater opportunities for intercultural activities.

Rosalie Hastwell

Executive Manager Community & Cultural Development



STATEWIDE PROGRAMS

This past year has been one of change and growth for North Richmond Community Health Centre's (NRCHC's) Statewide Programs. They have successfully responded to the challenges of sustainable change and expansion across a number of service sectors, enhancing their reputation as being at the centre of innovation and training for culturally responsive change.

Key achievements have included:

- Securing tri-annual funding for the Multicultural Health and Support Services (MHSS) program;
- Expansion of the capacity of the Centre for Culture Ethnicity and Health (CEH), to include engaging with the problem gambling sector to identify and effectively meet the needs of their clients and communities from culturally and linguistically diverse (CALD) backgrounds; and
- Relocating the Statewide Programs to new premises at Barry Street, Carlton to ensure the delivery of quality services and the capacity to expand and respond to increasing demand, particularly in training.

The following sub-reports are included as part of this Program

- Multicultural Health and Support Service
- Centre for Culture Ethnicity and Health
- Statewide Integrated Gambler's Help Service for Culturally and Linguistically Diverse (CALD) Communities

Annabel Barbara

Executive Manager – Statewide programs



Multicultural Health and Support Services

The Multicultural Health and Support Service (MHSS) is funded by the Victorian Department of Human Services (DHS) to work with and empower culturally and linguistically diverse (CALD) communities, individuals and groups to achieve better health outcomes in relation to the diversity of highly complex and culturally sensitive issues regarding HIV, hepatitis C and sexually transmittible infections (STI).



MHSS works to achieve better health outcomes by focusing on reducing the risk of transmission of blood borne virus (BBV) and STI amongst CALD communities and working with mainstream, multicultural and ethno-specific organisations and communities regarding culturally sensitive service delivery. MHSS is able to do this through its unique understanding and experience of cultural diversity.

MHSS works specifically with the Vietnamese, Arabic speaking and Horn of Africa communities, and has ensured its capability to do so by employing staff from these communities. The role of MHSS workers is challenging in that it deals with complex sexual behaviours and drug use in CALD communities. These behaviours challenge cultural values and understanding in communities that also have limited access to existing mainstream services; and where HIV, hepatitis C and STI are highly sensitive issues. It is in this context that workers build understanding and pathways between ethno-specific and mainstream organisations and communities.

All MHSS services are delivered through a partnership and empowerment approach. MHSS delivers three key service activities:

1. Client support, to individuals and families to assist them to access relevant information, testing and treatment in relation to HIV, hepatitis C and STI;
2. Community education, to the targeted communities on HIV, hepatitis C and STI; and
3. Community action, working in collaboration and partnership with relevant mainstream and ethno-specific agencies and groups to raise awareness, and to provide more effective responses to meet the needs of CALD communities in relation to BBV and STI.

The Arabic speaking community in Australia is diverse and consists of 22 countries of origin, including Lebanon, Egypt, Jordan, Syria, Iraq, the Gulf States, Palestine, Sudan, Algeria and Morocco.

The Horn of Africa community in Australia mainly contains four countries within the Horn of Africa area, that is, Eritrea, Ethiopia, Somalia and Djibouti.



2005-2006 has been an important and successful year for MHSS in terms of service development and stability. MHSS was granted three years funding, which clearly demonstrates the commitment and hard work of all those involved in the development of the service. Although the current level of funding is inadequate to address the complexity and needs that exist in CALD communities in relation to BBV and STI, it provides a sense of stability and allows opportunities for the service to grow.

In the last year MHSS supported 46 clients, almost half of this number representing injecting drug users (IDUs) of Vietnamese background who have HIV and/or hepatitis C. This figure indicates the high level of need that exists for this community and is an indication of MHSS' success in accessing marginalised and high risk groups. MHSS has conducted 234 one-off individual contacts, providing information and referrals, the majority of these contacts coming from the Horn of Africa communities.

Community education continues to be an effective means of promoting prevention and harm minimisation around BBV and STI for CALD communities. MHSS provides targeted and culturally appropriate information sessions that are also gender and age specific. In the previous year, the priority risk groups for MHSS were young people and adult men. As a result, the majority of the community education sessions were targeted at these groups via a number of channels, namely workshops and ethnic radio programs. In 2005-2006 over 30 community education sessions were conducted, which were attended by 175 people.

Community action mobilises support to raise awareness and advocate for change. Throughout the year, staff at MHSS have been involved in numerous community consultations and strategies to address the impact of health issues on CALD communities, including working with a number of partners such as Centre for Multicultural Youth Issues (CMYI), the Hepatitis C Council of Victoria and the AIDS Hepatitis and Sexual Health Line. Other initiatives have included the establishment of a Horn of Africa women's support group and the development of formal partnerships with relevant CALD community organisations, such as the Victorian Arabic Social Service (VASS).

During the course of the year, MHSS has identified a number of major areas of state-wide community need that the Service was unable to adequately address with its current budget. These are:

- Young Vietnamese IDU with HIV;
- Women from countries with high HIV prevalence;
- Communities from sub-Saharan Africa;
- New and emerging CALD communities in rural areas, such as the City of Greater Shepparton and the City of Greater Geelong.

MHSS is committed to responding to the diversity of needs in CALD communities in relation to HIV, hepatitis C and STI. Therefore, in the following year MHSS will focus on growing the Service to meet the increasing demand and complexity of these issues.

Naomi Ngo
Program Co-ordinator
MHSS





Centre for Culture Ethnicity and Health

The Centre for Culture Ethnicity & Health (CEH) is a statewide organisation funded by the Department of Human Services (DHS) to build the capacity of Victorian health service providers to effectively meet the needs of clients and communities from culturally and linguistically diverse (CALD) backgrounds. CEH is one of a number of Statewide Programs auspiced by North Richmond Community Health Centre (NRCHC).

In 2005-2006 CEH presented a training calendar that included the delivery of thirteen sessions with an attendance of over 200 participants. CEH has continued its co-facilitation model with the ethnic and multicultural sector and would like to acknowledge the role of organisations such as VITS, Northern Migrant Resource Centre, Australian Greek Welfare Society, Centre for Philippine Concerns, Partners in Culturally Appropriate Aged Care Victoria, Victorian Foundation for the Survivors of Torture and the Migrant Information Centre in making our training calendar a success.

CEH also provided training to over 30 organisations including the City of Casey, City of Brimbank, Monashlink Community Health Centre, Goulburn Valley Community Health, Robinvale Community Health, Colac Community Health Centre and DHS Eastern Palliative Care.

The information service, including the dedicated ethnicity and health library, was accessed by over 180 people and organisations from a variety of sectors.

Language service continues to be an important area of work for CEH. In April the report, Language Services in Victoria's Health System: Perspectives of Culturally and Linguistically Diverse Consumers, was released. This research, funded by Victorian Office of Multicultural Affairs and the Scanlon Foundation, involved interviewing over 80 people from the Italian, Iraqi, Vietnamese and South Sudanese communities to identify gaps in existing knowledge on consumer perspectives of using interpreters in a health setting. Previously the majority of research in the field of language service provision in health settings has been conducted from a service provider perspective. This report has positioned CEH as key player in advising government, service providers and the language services sector on language services provision for CALD communities. The recommendations from this report will inform our work in language services over the coming year.

One outcome of this work has been the formation of a partnership with the Springvale Monash Legal Service (SMLS), who conducted research into a 'rights' based analysis of CALD consumer access to language services provision in health services. The research, which includes a comparative analysis of interpreting services in other sectors; and examines whether current practices using interpreting services in the health sector compromise international human rights covenants, will be released as a discussion paper in late 2006.

Over the course of last year DHS funded CEH to implement the Language Services Strategy in Community Health Centres Project, which entailed working with eight centres, including four in rural Victoria. The key objective was to improve the language services practice of each organisation. At each community health centre, CEH worked with the service to identify their specific needs and existing knowledge; and then assisted in the development of relevant policies and procedures and the provision of staff training. CEH will conduct an evaluation next year to determine the outcomes for each service.



Through our activity in health promotion CEH launched a discussion paper exploring issues relating to access to physical activity by CALD communities. For this project CEH formed a working relationship with the Moonee Valley Melbourne Primary Care Partnership, the Centre for Multicultural Youth Issues (CMYI) and Kinect Australia. The discussion paper identified a lack of industry knowledge on this issue. This partnership included CEH's participation in a forum to discuss issues impacting the access of CALD communities to leisure and fitness centres. Again, both these projects will guide the program's direction over the next year.

CEH continued its role in refugee and asylum seeker health through its management of the Refugee and Asylum Seekers Health Network (RASHN); a network of service providers and advocates who advocate on behalf of, and work with, refugees and asylum seekers. CEH managed the transition of RASHN from a network with a focus on asylum seekers to one which expanded to support refugees. The position was funded by DHS and a continuation of its work will be considered as part of the revision of CEH's Strategic Plan for the coming three years.

Annabel Barbara

Executive Manager – Statewide Programs





Statewide Integrated gambler's Help Service for Culturally & Linguistically Diverse (CALD) Communities

In November 2005, CEH was successful in securing funding from the Victorian Government to establish the Statewide Integrated Gambler's Help Service for CALD Communities.

The service will provide support and capacity building for Gambler's Help Services (GHS) and their partner organisations across Victoria, to assist them to better meet the needs of current and potential CALD clients and communities. The project will respond to gaps in current service provision by providing strategic and on request services to GHS where required. It will build on existing good practice and aim to increase capacity for an accessible and equitable GHS system across Victoria.

In the first six months the service conducted a mapping and planning exercise to identify its ongoing work priorities. This process identified an inadequate response in addressing the needs of CALD communities experiencing problem gambling. While some bilingual counselling and community education was identified, it represented a small proportion of work being undertaken. Access to services by CALD communities was low due to both the stigma attached to problem gambling and issues relating to the concept of counselling for some CALD communities.

The current limited access to problem gambling help for CALD community members highlights the attention required to provide planned, coordinated and appropriate responses. Through this service it is intended that CEH will work in partnership with GHS, ethno-specific and multicultural sectors to help raise awareness of problem gambling and existing services; enhance community development initiatives and approaches; boost in-language service capacity and increase organisational cultural competence.

The project is now at the implementation phase and is being coordinated by a newly appointed Manager responsible for the delivery of outcomes outlined in the service's Strategic Plan 2006-2009. The Statewide Integrated Gambler's Help Service for CALD Communities team is currently being recruited to support the delivery activities of the service across the state.

Annabel Barbara

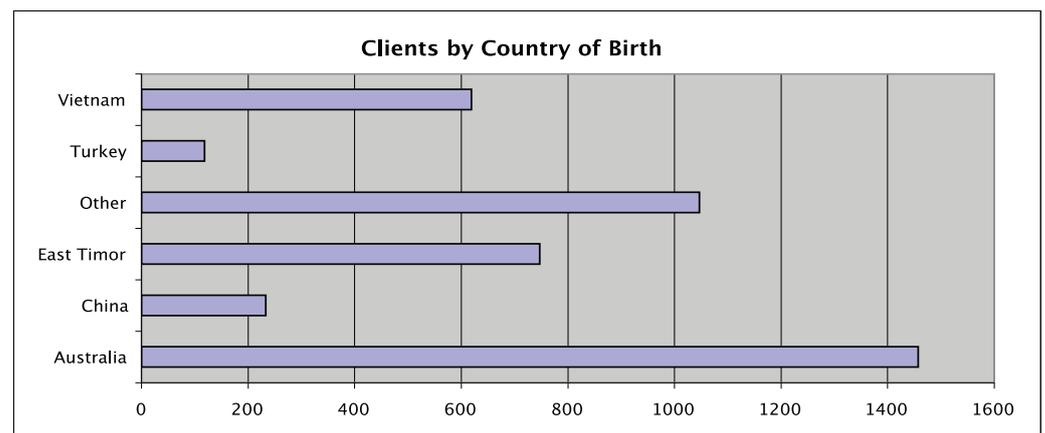
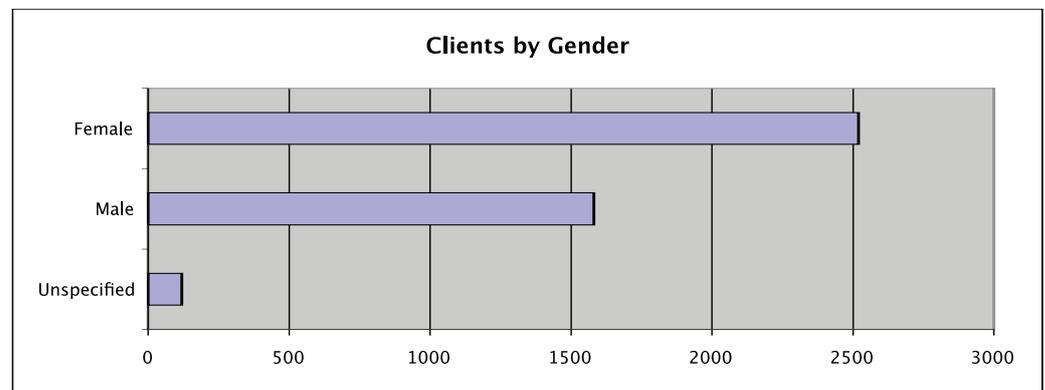
Executive Manager – Statewide Programs

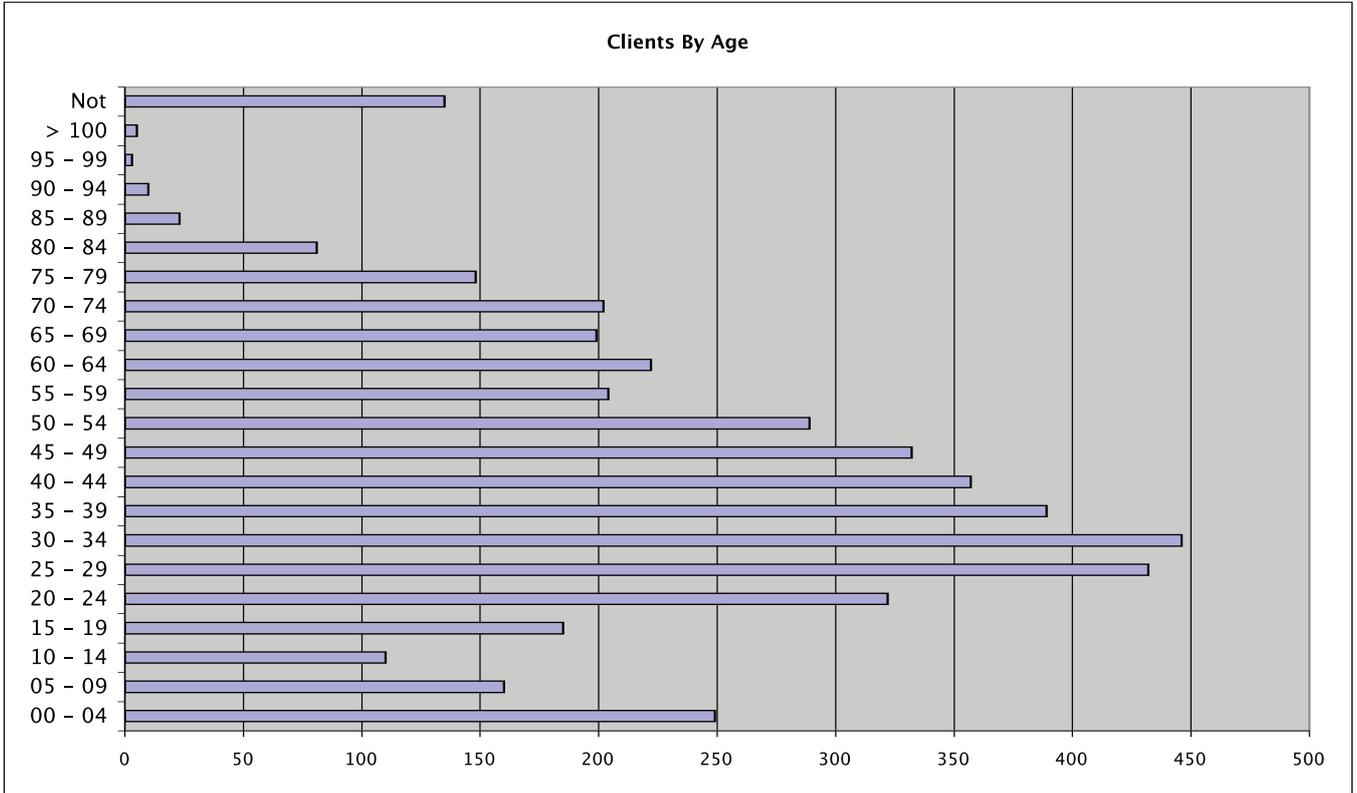




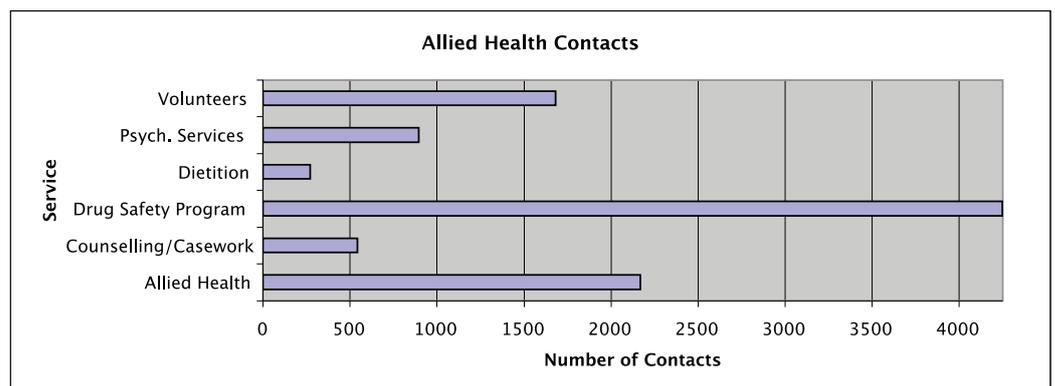
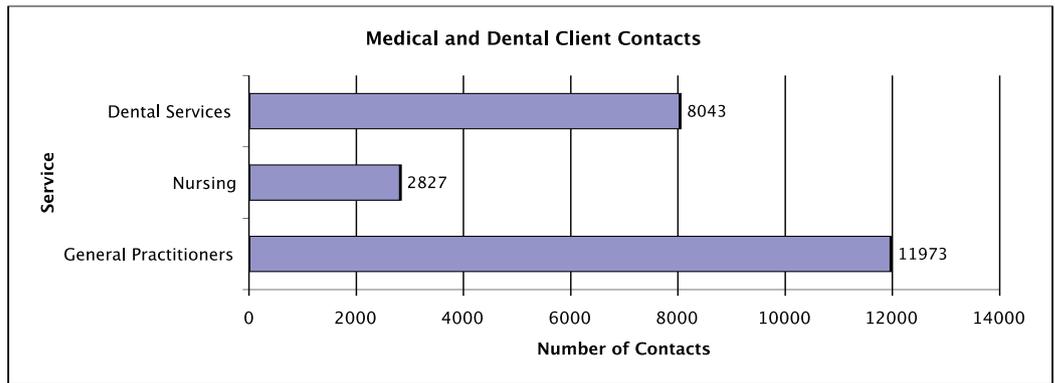
STATISTICS

Client Demographics

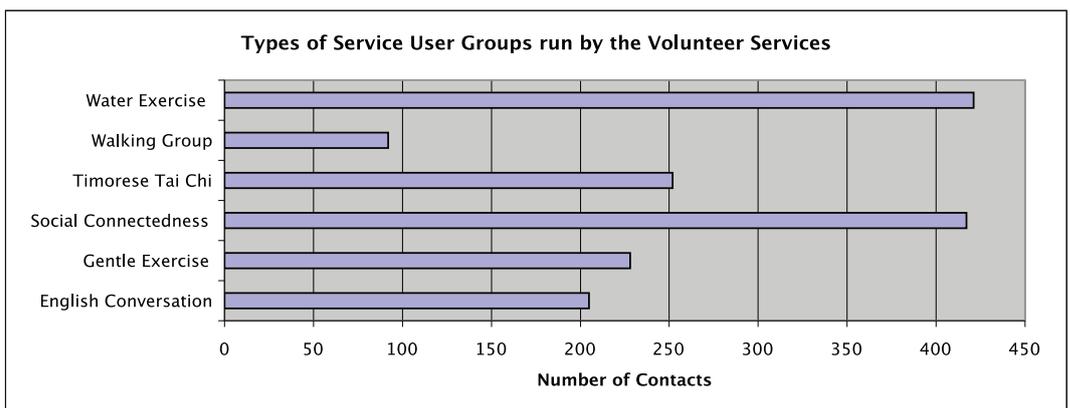
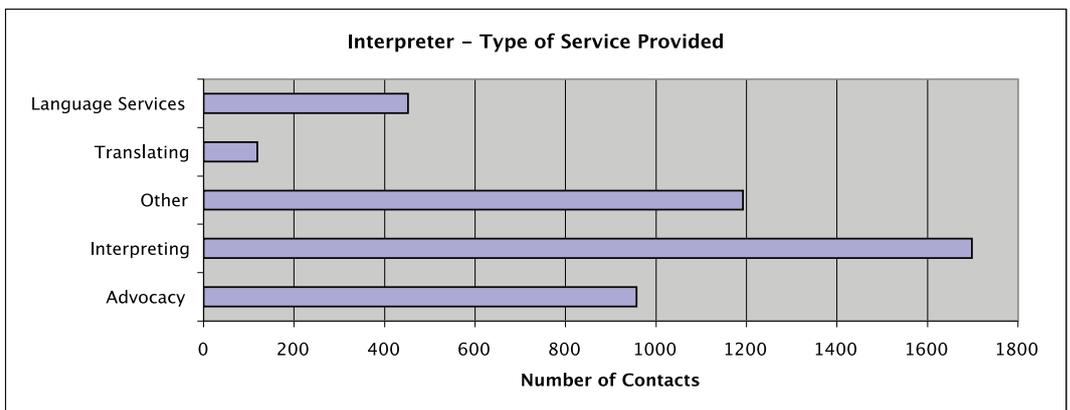
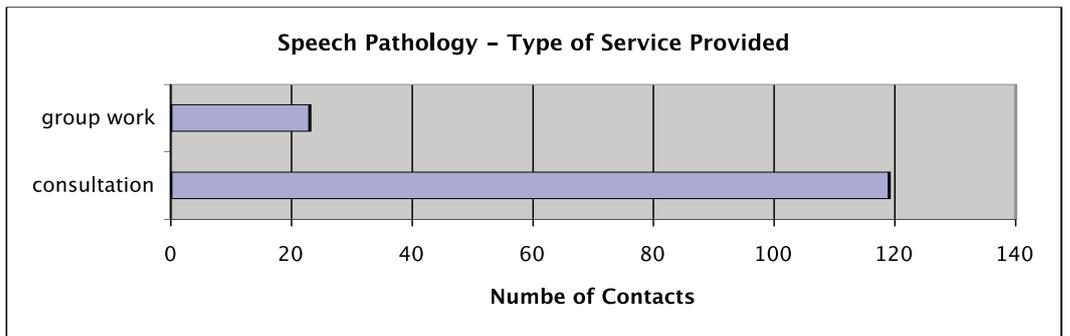
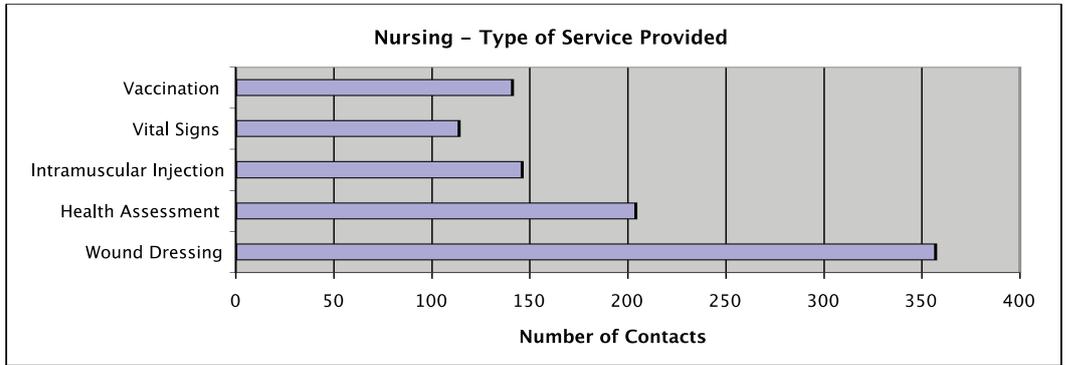
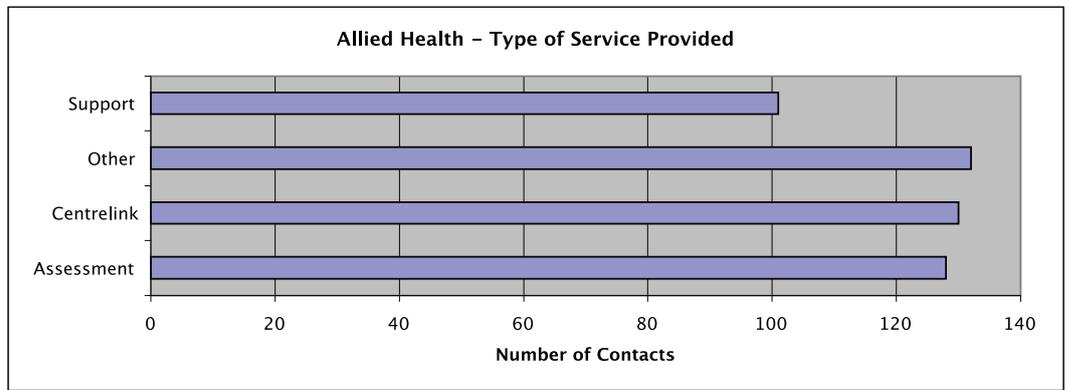




Client Contacts



Services Provided to Clients



STATEMENT OF FINANCIAL PERFORMANCE

For Period from 01/07/2005 to 30/06/2006

2004/2005		2005/2006	notes
INCOME			
4,853,502	Government grants	5,169,135	
155,600	Consultancy contracts	203,537	
74,730	Rental	74,728	
230,530	Client's fees	249,948	
31,300	Donations	43,505	
69,657	Interest	88,590	
81,267	Proceeds from sale/trade-in of fixed assets	20,000	
73,370	Other sources	34,701	
5,569,956	total income	5,884,145	[12]
EXPENSES			
3,049,210	Personnel cost	3,515,785	
261,567	Agency staff and consultant	344,405	
638,176	Purchased care	657,259	
(33,202)	Movement in leave provisions	48,054	
170,416	Depreciation of fixed assets	160,689	
53,533	Residual value written-off on disposal of fixed assets	22,664	
870,679	Other recurrent costs	1,143,562	
5,010,379	total expenses	5,892,418	[13]
559,577	RESULT FOR PERIOD	(8,273)	

This statement should be read in conjunction with the accompanying notes to and forming part of the financial statements

STATEMENT OF FINANCIAL POSITION

at 30/06/2006

2004/2005		2005/2006	notes
CURRENT ASSETS			
797,561	cash assets	1,183,549	[5]
208,991	receivables	282,870	[6]
8,000	inventories	8,000	[7]
1,107,214	other financial assets	767,591	[8]
2,121,766	total current assets	2,242,010	
NON-CURRENT ASSETS			
10,968	intangible assets	14,570	[9A]
1,852,677	property, plant and equipment	1,785,573	[9B]
1,863,645	total non-current assets	1,800,143	
3,985,411	TOTAL ASSETS	4,042,153	
CURRENT LIABILITIES			
867	banks (overdrawn accounts)	0	[5]
356,886	payables	374,714	[10]
591,315	provisions	833,855	[11]
949,068	total current liabilities	1,208,569	
NON-CURRENT LIABILITIES			
439,005	provisions	244,519	[11]
439,005	total non-current liabilities	244,519	
1,388,073	TOTAL LIABILITIES	1,453,088	
2,597,338	NET ASSETS	2,589,065	
EQUITY			
2,037,761	Accumulated funds at beginning of period	2,597,338	
559,577	Result for year	(8,273)	
2,597,338	total equity at end of period	2,589,065	

This statement should be read in conjunction with the accompanying notes to and forming part of the financial statements

STATEMENT OF CHANGE IN EQUITY

For period from 01/07/2005 to 30/06/2006

2004/2005		2005/2006	notes
	TOTAL EQUITY AT BEGINNING OF PERIOD		
2,037,761	Accumulated funds at beginning of period	2,597,338	
559,577	Result for year	(8,273)	
2,597,338	TOTAL EQUITY AT END OF PERIOD	2,589,065	

This statement should be read in conjunction with the accompanying notes to and forming part of the financial statements

STATEMENT OF CASH FLOWS

FOR THE period from 01/07/2005 to 30/06/2006

2004/2005		2005/2006	notes
CASH FLOWS FROM OPERATING ACTIVITIES			
6,017,141	Receipts from fund providers and clients	6,259,980	
(821,630)	Payments of GST and PAYG deductions to ATO	(800,715)	
(4,485,996)	Payments to suppliers and employees	(5,416,388)	
52,182	Interest received	104,206	
761,697	Net cash provided/(used) by operating activities	147,083	[17b]
CASH FLOWS FROM INVESTING ACTIVITIES			
(159,226)	Fixed assets purchases	(119,851)	
(905,214)	Cash (invested)/withdrawn	339,623	
81,267	Proceeds on sale of fixed assets	20,000	
(983,173)	Net cash provided/(used) by investing activities	239,772	
(221,476)	NET INCREASE/(DECREASE) IN CASH HELD	386,855	
1,018,170	Cash held at 01/07/2005	796,694	
796,694	Cash held at 30/06/2006	1,183,549	[17a]

This statement should be read in conjunction with the accompanying notes to and forming part of the financial statements

NORTH RICHMOND COMMUNITY HEALTH CENTRE INC.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED ON 30/06/2006

NOTE [1] - SIGNIFICANT ACCOUNTING POLICIES

These financial statements of the single entity, *North Richmond Community Health Centre Inc.*, are a special purpose financial report prepared in order to satisfy the accounts preparation requirements of the *Association Incorporation Act*. The committee has determined that the organisation is not a reporting entity as defined in *Statement of Accounting Concept 1 : Definition of Reporting Entity* as there are no identified users dependent on a general purpose financial report. The statements have been prepared in accordance with the recognition and measurement requirements of Australian Accounting Standards, and all of the requirements of those standards required of a prescribed association as defined in the *Associations (Incorporation) Act 1983*, being :

- AASB 101 *Presentation of Financial Statements*
- AASB 107 *Cash Flow Statements*
- AASB 108 *Accounting Policies, Changes in Accounting Estimates and Errors*
- AASB 110 *Events after the Balance Sheet Date*
- AASB 116 *Property, Plant and Equipment*
- AASB 117 *Leases*
- AASB 118 *Revenue*
- AASB 1031 *Materiality*

The financial statements have been prepared on an accrual basis using historical costs, except where specifically stated otherwise. Cost is based on the fair value of consideration given in exchange for assets. The statements are presented in Australian dollars rounded to the nearest whole dollar.

The following is a summary of the significant accounting policies adopted in the preparation of the statements, including the comparative information.

(a) Property, plant & equipment

Property, plant & equipment are included at cost. The depreciable amount of all fixed assets, including buildings and capitalised leased assets, but excluding land, is depreciated over each asset's useful life. At each reporting date, the Centre reviews the carrying amounts of tangible and intangible assets for indicators of any impairment loss. If there is any indicator, assets are written down to the depreciated replacement cost where this is lower than the carrying amount.

(b) Employee entitlements

Provision is made for the organisation's liability for employee benefits arising from services rendered by employees to the reporting date, when it is probable that settlement will be required and the amounts may be measured reliably.

Where the settlement of employee benefits legally cannot be deferred beyond twelve months after reporting date, they are classified as current liabilities.

Provisions made in respect of employee benefits which are not expected to be settled within 12 months are measured as the present value of the estimated future cash outflows to be made by the Centre in respect of services provided by employees up to reporting date.

Superannuation contributions are made by the organisation on behalf of employees in accordance with statutory requirements and/or salary packaging agreements. These contributions were paid to the superannuation funds nominated by the employees as per legislative requirements applicable to our organisations and charged as expenses when incurred.

In addition, contributions were paid on behalf of a small number of employees to a defined benefit scheme administered by *HEALTH SUPER Pty.Ltd.* and, as at 30/06/2006, there were no outstanding contributions owed in this respect. As the Centre is unable to identify its share as an employer of the net surplus or deficit of this scheme, the accounting policy applied has been as if the fund were a defined contributions fund.

(c) Cash assets

For the purposes of these statements, cash and cash equivalents include cash on hand, cash held in bank and credit card accounts, as well as on-call bank deposits.

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED ON 30/06/2006**

NOTE [1] - SIGNIFICANT ACCOUNTING POLICIES (con't)

(d) Other financial assets

For the purposes of these statements, other financial assets are bank term deposits. These have a fixed term to maturity and are stated at their amortised cost, with interest derived from them recognised as income over that term based on their effective interest rate.

(e) Income

Service revenue is recognised on a percentage completion basis when the services are provided and it is probable the organisation will benefit from the revenues. Grant income that is required to be spent in a particular period is recognised in that period. Other grant income is recognised when it is controlled. Rental income is recognised on a time basis over the lease term. Interest income is recognised on a time basis with reference to the effective interest rate.

(f) Leases

Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

(g) Intangibles assets

Application software is recognised at cost less accumulated amortisation and impairment. Amortisation is charged on a straight-line basis over the estimated useful life, which is an average of 3 years.

(h) Goods and Services tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax, except: (i) where the amount of GST incurred is not recoverable from the taxation authority, in which case it is recognised as part of the related asset or expense; or (ii) where receivables or payables are presented including GST.

(i) Payables

Trade payables and other accounts payable are recognised when the Centre becomes obliged to make future payments resulting from the purchase of goods and services.

(j) Impact of adopting Australian Equivalents to International Financial Reporting Standards

This is the first financial report that has been prepared applying the recognition and measurement requirements of Australian-equivalents to International Financial Reporting Standards (AIFRS). In Australia, these standards replaced the previously used Australian Generally Accepted Accounting Principles (AGAAP) for periods beginning on or after 1 January 2005.

There have been no material impacts on net assets, net result, or net cash flows of adopting these accounting standards. The changes to accounting policies, discussed below, did not result in any materially different recognised numbers in the financial report.

In reviewing the carrying value of physical assets, the Centre will reduce that value where the recoverable amount, determined as the lower of net selling price and depreciated replacement cost, is lower than the carrying amount. Previously, the recoverable amount was assessed by reference to net selling price and undiscounted future cash flows. No reductions of value have been required under either policy.

The Centre contributes on behalf of employees to a defined benefits superannuation plan. Where the Centre is able to measure reliably its share of the net surplus or deficit of that plan, it will recognise that share as an asset or liability. Previously, the share was not recognised in the balance sheet but identified in a note to the accounts. As stated in Note 1(b), it is not possible for the Centre to obtain an actuarial assessment of its share of the net assets of the fund as at 30 June 2006, so no amount has been recognised this year.

Application software was previously classified as property, plant and equipment. Under AIFRS it is classified as intangible assets, and the relevant balances have been reclassified in these financial statements.

NOTE [2] - PRINCIPAL ACTIVITY

The principal activity of the organisation is that of a *Community Health Centre*.

A total of 56.5 equivalent full-time employees were employed during the 2005/2006 financial year.

**NORTH RICHMOND COMMUNITY HEALTH CENTRE INC.
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED ON 30/06/2006**

NOTE [3] - REGISTRATION

The entity is an association incorporated in Victoria, Australia. It is a public benevolent institution and is therefore exempt from income tax. The registered office/principal place of business is 23 Lennox St, Richmond North Vic 3121. The *Australian Registered Body Number* of the association is A0021519G. The *Australian Business Number* of the association is 21820901634.

NOTE [4] - ECONOMIC DEPENDENCY

The organisation receives most of its income as Government grants from the Victorian *Department of Human Services*. Without that funding or finding alternative sources of income, the program and services offered would be substantially curtailed.

2004/2005		2005/2006
NOTE [5] - CASH ASSETS		
5,150	Cash on hand	5,570
81,734	Cash at bank - cheque account	124,296
(867)	Cash at bank - credit card account	763
710,677	Cash at bank - cash management account	1,052,920
796,694		1,183,549

NOTE [6] - RECEIVABLES		
50,321	Trade & general debtors	166,059
146,122	Expected income	108,130
12,548	Prepaid expenses	8,682
208,991		282,870

NOTE [7] - INVENTORIES		
8,000	Stock on hand represents medical supplies, materials and stationery purchased, but unused at balance date, and is measured at the lower of actual cost and net replacement cost.	8,000

NOTE [8] - INVESTMENTS		
1,105,214	Bank term deposits (maturing within 12 months)	767,591
2,000	Bank term deposits (maturing beyond 12 months)	0
1,107,214		767,591

NOTE [9A] - INTANGIBLE ASSETS			
	<u>original value</u>	<u>depreciation</u>	
10,968	Application software	22,140	7,570
10,968			14,570

NOTE [9B] - PROPERTY, PLANT AND EQUIPMENT			
	<u>original value</u>	<u>depreciation</u>	
1,324,037	Building at cost	1,643,429	342,372
52,109	Office & computer equipment at cost	330,148	237,514
59,496	Dental & medical equipment at cost	131,888	81,687
62,666	Furniture at cost	144,630	83,285
49,459	Plant & machinery at cost	98,616	56,058
286,032	Motor vehicles at cost	421,500	200,304
18,878	Other equipment at cost	50,696	34,114
1,852,677		2,820,907	1,035,334
			1,785,573

The buildings are located on land made available by the City of Yarra.

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NORTH RICHMOND COMMUNITY HEALTH CENTRE INC.
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED ON 30/06/2006

2004/2005		2005/2006	notes
NOTE [10] - PAYABLES			
205,682	Trade and general creditors	151,021	
118,704	Accrued expenses	165,489	
32,500	Unearned Income (including grants received in advance)	58,204	
356,886		374,714	
NOTE [11] - PROVISIONS			
<i>current</i>			
274,994	recreation leave	334,958	
27,027	sick leave	163,743	
289,294	long service leave	335,154	
591,315		<i>subtotal</i>	833,855
<i>non-current</i>			
243,248	sick leave	0	
195,757	long service leave	244,519	
439,005		<i>subtotal</i>	244,519
1,030,320		1,078,374	
NOTE [12] - INCOME			
<i>Projects and programs</i>			
1,902,672	Community health service	2,032,196	[14]
51,101	Youth welfare service	64,625	
61,140	Vietnamese welfare service	63,800	
322,031	Arts & culture program	302,072	
587,840	Centre for culture, ethnicity and health	821,203	
940,688	Post-acute care program	962,669	
1,026,534	Dental health service	1,052,435	
119,987	Psychiatric disabilities program	132,787	
723,250	Drug safety program	647,855	
42,326	Young people's recreation & sport activities	10,795	
8,858	Sundry small projects	29,157	[15]
69,657	Interest on investments	88,590	
0	Buses - grants/proceeds from sale & trade-in	0	
500	Miscellaneous items (incl. donations)	1,005	
5,856,584	total income (non-consolidated value)	6,209,189	
(286,628)	less internal recoveries of cross-subsidisation	(325,044)	
5,569,956	total consolidated income	5,884,145	
NOTE [13] - EXPENSES			
<i>Projects and programs</i>			
1,896,714	Community health service	2,220,499	[14]
38,154	Youth welfare service	59,078	
60,681	Vietnamese welfare service	72,040	
294,646	Arts & culture program	294,996	
482,229	Centre for culture, ethnicity and health	923,653	
736,387	Post-acute care program	748,343	
989,903	Dental health service	1,055,071	
118,608	Psychiatric disabilities program	124,336	
642,118	Drug safety program	675,555	
12,655	Young people's recreation & sport activities	17,872	
11,759	Sundry small projects	13,431	[15]
13,153	Buses - depreciation and change-over cost	12,588	
0	Miscellaneous items	0	
5,297,007	total expenses (non-consolidated value)	6,217,462	
(286,628)	less internal charges for cross-subsidisation	(325,044)	
5,010,379	total consolidated expenses	5,892,418	

NORTH RICHMOND COMMUNITY HEALTH CENTRE INC.
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED ON 30/06/2006

2004/2005		2005/2006	notes
	NOTE [14] - COMMUNITY HEALTH SERVICE		
	<i>income</i>		
1,417,208	Government grants	1,514,918	
182,030	Rental from various occupants	196,128	
88,100	Consultancy fees	79,293	
8,217	Client's fees	18,895	
169,063	Administration fees from other programs	192,607	
38,054	Miscellaneous income	30,356	
1,902,672	total income	2,032,196	
	<i>expenses</i>		
1,322,836	Personnel cost (incl. overhead cost)	1,532,641	
24,942	Variation in leave provisions	33,837	
9,323	Medical supplies and diagnostic facilities	9,566	
20,101	Power (gas and electricity)	19,676	
22,760	Linen, laundry and cleaning	23,868	
75,890	Repairs and maintenance	87,460	
30,022	Consultants' fees	77,141	
4,000	Auditor's fees for financial statements audit *	4,250	
2,276	Staff recruitment cost	3,294	
9,677	Membership dues and subscription	10,402	
31,497	Insurances	37,021	
53,733	Stationery, photocopying and computer supplies	62,871	
743	Books, audio-visual and health education materials	881	
49,571	Telecommunication cost (incl. ISP)	40,851	
4,256	Postage and courier services	3,643	
24,674	Motor vehicles cost	29,808	
9,504	Travelling cost	19,558	
16,158	Rent and rates (incl. equipment rental)	34,226	
18,145	Public relations	12,907	
11,440	Staff development cost	24,821	
8,033	Security and fire alarm system	19,629	
16,673	Translation and interpreting cost	24,181	
113,856	Depreciation of fixed assets (incl. write-down on disposal)	106,574	
15,052	Bad debts written off	0	
1,552	Miscellaneous expenses	1,394	
1,896,714	total expenses	2,220,499	
5,958	result for period	(188,303)	

* The auditor received no other remuneration

NOTE [15] - SMALL PROJECTS

	<i>income</i>	
1,627	Senior citizens' group activities	1,623
1,450	Social activities for residents	21,150
1,426	Timorese group activities	1,350
4,355	Vietnamese women's group activities	5,034
8,858	total income	29,157
	<i>expenses</i>	
1,490	Senior citizens' group activities	2,042
1,530	Social activities for residents	6,374
2,127	Timorese group activities	1,550
6,612	Vietnamese women's group activities	3,464
11,759	total expenses	13,431

**NORTH RICHMOND COMMUNITY HEALTH CENTRE INC.
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED ON 30/06/2006**

2004/2005		2005/2006	notes
	NOTE [16] - LEASE		
	a) Commitments		
48,707	Less than one year	119,107	
62,848	One year to five years	389,088	
111,555		508,195	
	b) Expenses		
20,832	Office equipment	25,562	
25,250	Office space	72,568	
46,082		98,130	

c) Description

The organisation leases property space at two different locations for some of its staff which cannot be accommodated in its own premises. One lease is for a 5-year term and the other will expire during the 2006/07 year and will not be renewed. It also leases a photocopier for a term of 4 years.

NOTE [17] - CASH FLOW INFORMATION

	a) Reconciliation of cash	
797,561	Cash on hand and deposit	1,183,549
(867)	Bank overdraft	0
796,694		1,183,549
	b) Reconciliation of net cash used in operating activities with <i>Statement of Financial Performance</i>	
559,577	Result as per <i>Statement of Financial Performance</i>	(8,273)
	Non-cash flows in result :	
170,416	Depreciation	160,689
53,533	Fixed asset residuals written off	22,664
(81,267)	Result of non-operating activities	(20,000)
	Changes in assets and liabilities :	
71,827	(Increase)/Decrease in receivables	(73,879)
0	(Increase)/Decrease in inventories	0
20,813	Increase/(Decrease) in creditors	17,828
(33,202)	Increase/(Decrease) in provisions	48,054
761,697	Net cash used in/provided by operating activities	147,083

NOTE [18] - SIGNIFICANT EVENTS AFTER BALANCE DATE

At 01/07/2006, the dental services of the North Yarra Community Health Service were incorporated into the NRCHC operations. All staff leave entitlements will be taken over by our organisation and monetary compensation paid in this respect to NYCHS. These amounts are yet to be finalised.

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AUDITOR'S REPORT



INDEPENDENT AUDIT REPORT

To the members of North Richmond Community Health Centre Inc.

Scope

The financial report and the committee of management's responsibility

I have audited the special purpose financial report of North Richmond Community Health Centre Inc. ("the association") for the year ended 30 June 2006.

The financial report comprises the statement of financial position, statement of financial performance, statement of cash flows, statement of changes in equity, accompanying notes to the financial statements, and the statement by committee for the year ended 30 June 2006.

The members of the committee of management are responsible for the preparation and true and fair presentation of the financial report and the information it contains, and have determined that the basis of accounting used and described in the note to the financial statements is appropriate to meet the needs of the members. Their responsibility includes the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and estimates inherent in the financial report.

Audit approach

I have conducted an independent audit of the financial report in order to express an opinion to the members of the association on its preparation and presentation. No opinion is expressed as to whether the basis of accounting used and described in the note to the financial statements is appropriate to the needs of the members.

The financial report has been prepared to satisfy the compliance obligations of the Associations Incorporation Act 1981. I disclaim any assumption of responsibility for any reliance on this audit report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

.../ 2

My audit has been conducted in accordance with Australian Auditing Standards, in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

I performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the basis of accounting outlined in the note to the financial statements, and the requirements of the Associations Incorporation Act 1981 (Victoria), a view which is consistent with our understanding of the association's financial position, its performance as represented by the results of its operations, and its cash flows.

I formed my opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report; and
- assessing the reasonableness of significant accounting estimates made by the committee.

While I considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, my audit was not designed to provide assurance on internal controls.

Independence

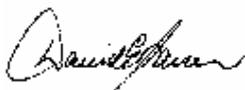
In conducting my audit, I followed applicable independence requirements of Australian professional ethical pronouncements. I have maintained my audit independence throughout the audit period to the date of this financial report.

Unqualified Audit Opinion

In my opinion the financial report presents fairly:

- (a) the financial position of North Richmond Community Health Centre Inc. as at 30 June 2006; and
- (b) the results of its operations and cash flows for the year then ended

in accordance with the basis of accounting outlined in Note 1 to the financial statements.



David Sauer
Chartered Accountant

Opinions formed at Box Hill on 29 September 2006

STATEMENT BY BOARD OF MANAGEMENT

NORTH RICHMOND COMMUNITY HEALTH CENTRE INC. Statement by the Committee of Management

The Committee's members submit the financial report of the North Richmond Community Health Centre Inc. for the financial year ended on 30/06/2006.

In the opinion of the members of the Committee of Management, the financial report, together with its accompanying notes, present fairly the financial position of the organisation as at 30/06/2006 and the results of its operations and cash flows for the financial year ended on that date.

Further, there are reasonable grounds to believe that the organisation 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 Committee of Management and is signed on its behalf by :



President

Dated this day of 28th September 2006



BOARD OF MANAGEMENT AND STAFF AT NRCHC

President

– Sophia Panagiotidis

Vice President and Treasurer

– Stephen Kerr

Members

– Bernardo Duarte
– Beverly Lewis
– Gavin Ryan
– John Ryan
– Lyn Dixon
– Sue Corby
– Susana De Pedro

Staff Members

– Abdi Osman Muhammed
– Alina Schor-Enea
– Ana Ivanovic
– Anita Lam
– Annabel Barbara
– Assunta Morrone
– Binh Ngo
– Bronwyn Jone
– Carol Fatouros
– Catharine O'Grady
– Cigdem Yilan
– Colin Coxhead
– Craig Harvey
– Czeslawa Ciereszko
– Demos Krouskos
– Eleni Karantzas
– Elisabeth Weisser
– Ermelinda Wadhoomall
– Etervina Groenen
– Eugenia Georgopoulos
– Faye Edebohls

– Fernanda Wadhoomall
– Fiona Beale
– Fione Jenkins
– Gaylene Ford
– Gehan Roberts
– Georgina Papagiannis
– Gillian Lowe
– Gillian Wells
– Halima Sheikhadinh
– Helen Taylor
– Huong Ngo
– Isabel Tan
– Jane Price
– Jayson Myles*
– Jennine Perry
– Jiin Kong
– Joanne Niarchos*
– John Aung
– Judy I
– Julie Downing
– Justine Donohue
– Kathy Lukacs
– Kavitha Sivasithamparam
– Kaye Farnsworth
– Kate Kantor
– Khanh Mai*
– Kuan Chen Yi Mei
– Lan Cam Vuong
– Leonarda Chung
– Lesa Waltrowicz
– Lidya Sung
– Lieu-Yen Chau
– Lisa Accadia
– Lisa Li
– Liss Gabb
– Louise Philpott
– Louise Uchaz-Ogorowicz*
– Lucinda Riches
– Maia Valmorbida

– Marcela Nunez*
– Margot Anderson
– Martin Hall
– Mary Gavranic
– Mary McGowen
– Mary Quinsacara
– Melinda Judson
– Michal Morris
– Michael Woolard
– Michel Beuchat
– Mihaela Todorovic
– Milad Barden
– Minh Vo
– Monika Schwarz
– Naomi Ngo
– Nicole Jamieson
– Noushin Sadeghian
– Paolo Li
– Patricia Jeffreys
– Philayvan Phongsavan
– Qiong Huang
– Quim Mac
– Rena Bahdus
– Renee Lee
– Roger Lindenmayer
– Rohan Alexander
– Roonie Lai
– Rosalie Hastwell
– Rosy Strong
– Russell Smith
– Sabina Tresise
– Sally Bramwell
– Sally Vong
– Sandra Ropkas
– Sharon Watkins
– Spase Velanovski
– Stephen Schmidtke
– Susan Schmidtke
– Susan Senewiratne

– Tatiana Walker
– Thomas Lo
– Thuy Bui
– Tracy Wall
– Tran Doan Nguyen
– Trinh Du
– Tung Nguyen
– Vang Thi Huynh
– Vinh Vu*
– Vivien Fox
– Wendi Hobbins
– Wendy Clay
– Wendy Murphy*
– Wendy Pattenden
– Yasmin Elmore
– Yen Tieu Dang
– Yung Nguyen

Medical Practitioners

– David Isaac
– Felicity Dent
– Gloria Moscatini
– John Furler
– Libby Segal
– Teresa Russo

* Staff who have left the Centre during the year







Donations / Membership Forms

Donations

Donations are always welcome. These may be a donation towards the overall service, or may be directed to a specific group or project. Cheques should be made payable to North Richmond Community Health Centre.

Donations of \$2 and over are tax deductible.

To: **CEO,
North Richmond Community Health Centre
23 Lennox Street
Richmond 3121 Australia**

I enclose a donation of \$ _____
(Please send cheque or money order only)

My donation is for: the overall Health Centre

Please tick one box and fill in the particular service if required.

Name:

Address:

.....

Phone:

I would like to remain anonymous

Please indicate if a receipt is required

Signature:

Date:

Membership

MEMBERSHIP IS FREE

To: **CEO,
North Richmond Community Health Centre
23 Lennox Street
Richmond 3121 Australia**

I,

of.....

..... Postcode

Phone:

Email:

would like to become a member of North Richmond Community Health Centre Inc. I am over 18 years of age, I live, work or study in the area serviced by the Centre or am a current client. I understand that membership of NRCHC entitles members to elect the Board of Management.

I agree to be bound by the Rules of the Association.

Signature:

Date:

NRCHC Services and Opening Hours

Opening Hours

- Monday to Thursday
9.00am - 8.00pm
- Friday 9:00am - 5:00pm
- Saturday 9.00am - 11.00am

NRCHC Services By appointment phone: (03) 9429 5477

- Arts and Culture Program
- Centre for Culture, Ethnicity and Health
- Counselling Casework and Social Work
- Diabetes Education
- Dietitian
- Drug and Alcohol Counselling
- General Nursing and Midwifery
- General Practitioners
- Health Promotion Activities
- Language Services
- Legal Aid
- Mental Health Living Skills Program
- Mobile Drug Safety Program
- Multicultural Health and Support Services
- Needle and Syringe Program
- Oral Health
- Paediatrician
- Post Acute Care
- Psychiatrist
- Speech Pathology
- Volunteer Program
- Youth Program

Regular Groups and Activities

The Centre runs a wide range of groups and activities for all ages, cultural and social backgrounds. Most activities are free but some may incur a small fee.

Some of the Activities offered by NRCHC include:

- Dancing groups
- English classes
- Homework support group
- Tai Chi classes
- Vietnamese diabetes group
- Walking group
- Youth sports program

And many more.....

**To find out more about current
groups, please drop into the
Centre or telephone on
(03) 9429 5477**



Donations Form

Membership Form

See other side for details.

North Richmond Community Health Centre
23 Lennox Street
Richmond 3121
Telephone: 61 3 9429 5477 • Fax: 61 3 9428 2269

