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EXECUTIVE SUMMARY

All About the Quality of Care Received by Clients and the Community

Since its establishment in 1974, **North Richmond Community Health Centre (NRCHC)** today provides over 15 major programs and services including doctors, dentists, counsellors as well as group activities including cultural festivals, arts programs, dance and English conversation classes. The Centre also provides a number of Victoria wide programs with a focus on improving health and community service responses to culturally and linguistically diverse (CALD) communities. The purpose of the Centre today is:

To work in partnership with culturally and socially diverse communities to promote and improve: equity, health and wellbeing.

In 2006-2007 NRCHC provided services to over 8,000 clients – 1,000 more than last year. Of these clients more than half were born outside Australia, and more than half are ageing with the largest group of clients aged over 50.

Meeting growing community needs in our current building has been a challenge and so it was very exciting when the Minister for Health announced funding totalling \$19 million for a new building in 2006. Construction on the building will begin in 2008 and will enable the Centre to expand its services, as well as offer the community improved community space.

Listening to Our Community has been a priority for NRCHC this year. Consultations organised for the Centre's new Strategic Plan saw 150 residents tell us what they feel makes communities healthy, this includes:

- supports for an ageing population and families
- feeling safe and secure in your neighbourhood
- greater support for new and emerging communities
- improved two-way communication with residents.

These responses have helped shape services with a quarterly newsletter now being printed in community languages.

New and emerging community members, mostly from east Africa, were recently invited to NRCHC to help identify a number of areas of interest, including crime and safety concerns, as well as other issues associated with living on the Richmond Estate. In response to community concerns raised about crime and safety, NRCHC hosted a 'Crime and Safety Forum' in partnership with the Victoria Police and the Neighbourhood Justice Centre.

The Centre values **capturing complaints in a learning environment**. The Centre has a *Client's Complaints Policy* that requires us to display a Charter of Client's Rights at reception. This is to inform clients on how to lodge a complaint and is provided in four different community languages. NRCHC also has a 'suggestion box' for clients. This year three complaints have been received, these were resolved in consultation with the client and staff concerned.

Communicating for success enhances the quality of services delivered by the Centre. Reflecting large ethnic communities accessing the Centre, NRCHC employs four in-house interpreters speaking Mandarin, Timorese Hakka, Vietnamese and Turkish. This year NRCHC has translated over 35 documents and will continue to prioritise communicating with diverse clients and communities.

Making the Centre and our work as clean and safe as possible is a priority of the Centre. The Centre's Infection Control Policy was reviewed this year and was adapted to be consistent with the recommendations of the Department of Human Services *Blue Book: Guidelines for the Control of Infectious Diseases*. Centre staff also work to make neighbourhood as clean as possible, cleaning the local external environment twice a day to prevent needle syringe injuries and the transmission of blood borne viruses.



Oral health success at the Centre continues to occur. The NRCHC Oral Health Program merged this year with the dental health services at North Yarra Community Health Centre, and is now called Yarra Oral Health. The Oral Health Program continues to have one of the shortest waiting periods of any oral health service in Victoria. The service continues to successfully recruit local bi-lingual residents who have attended the service and provide them with training to enter various roles in Oral Health.

NRCHC has been building on its work **creating healthier communities**. This year a number of new initiatives have been undertaken including:

- line dancing classes for community members 40 years and over. Due to its popularity NRCHC has doubled the number of classes in 2006-2007.
- the *Living Longer Living Stronger* program. CALD clients over 55 are now supported to use the Richmond Leisure Centre gym for a reduced price.
- recreation is a strong focus of NRCHC's youth program and to find out if the mix of activities is right young people are being surveyed to identify new areas of activity they wish to participate in for 2008.
- the Centre's Victorian Multicultural Gambler's Help Program. This program recently completed research investigating attitudes amongst Liberian, Iraqi, South Sudanese and Somali refugee communities about gambling and counselling services
- English conversation classes have been started at Boroondara Kindergarten for parents who use occasional child care.
- a Community Café, to be based, at the bottom of the 106 Tower is also being established in partnerships with residents who will receive barista training.

Supporting our clients through the health system by developing service partnerships, improving the quality of care received by NRCHC clients:

- Multicultural Health and Support Service (MHSS) organised camps for African and Arabic-speaking community members in partnership with the Mary of the Cross Centre, Hepatitis C Council of Victoria and the Doxa Youth Foundation. The first camp held in Shepparton was held with Iraqi families who learnt about blood borne viruses and sexually transmitted infections
- the new Yarra Oral Health program is working to better meet the needs of its clients with the commencement of a new initiative that has an oral surgeon from the Royal Melbourne Dental Hospital visit NRCHC monthly
- NRCHC also developed a partnership with Women's Health in the North to increase services women who have experienced domestic violence
- as part of our commitment to working with refugees and asylum seekers, the New Hope Foundation will be co-located at 23 Lennox St. The worker is able to provide local residents with settlement support.

'The Centre is committed to working in partnership with its clients, the community and other service providers.



北禮治門社醫健康中心年度報告有關客

和社區所得到的健康服務標準

北禮治門社區健康服務中心(NRCHC)自1974年創立以來，今日提供超過15項主要計劃和服務，其中包括醫生、牙科醫生、輔導人員以及團體活動，例如：文化節日、藝術節目、舞蹈班、英語會話班等等。本健康中心還提供伸展及全維多利亞省的服務，焦點是應對多元文化和多種語言背景(CALD)人士的需要而改善對他們的健康和社區服務。本健康中心的當前目標是：

與多元文化社會背景的社區共同合作，致力於促進和改善：平等、健康、安定的生活。

在2006-2007年度期間，本健康中心為8,000多名顧客提供服務——比去年來增加了1,000多名。這些顧客中有一半以上出生在澳大利亞以外的國家，一半以上是高齡人士，人數最大的群體是50歲以上的客。

如何使用我們目前的有限空間來應付社區日益增長的需求變成了一項很大的挑戰，因此當衛生部長於2006年宣佈撥款\$1900萬元來建造一幢新建築時，我們都感到非常興奮。新的建築將於2008年開始施工建設，新建築能讓我們本健康中心擴大服務範圍，並為社區提供一個比較寬敞和改善的地方。

聽取社區的意見已經成為本健康中心今年的首要目標。在為制定本健康中心新策略計劃而組織的諮詢會上，我們聽取了150名居民發表如何實現一個健康的社區的意見，包括：

- 為不斷老化的人口和家庭提供支持
- 在自己所住的社區裡感覺安全和放心
- 為剛興起的社團群體提供更多的支持
- 改善與居民雙方面的溝通。

這些反映出來的意見幫助我們制定適當服務，因此我們開始刊印一年四期用不同社區語言發表的社區季刊。

最近我們邀請那些剛興起的社團群體人士，來協助我們辨認他們所感興趣的許多問題，包括犯罪與安全問題以及在北禮治門政府公寓住宅區的生活問題。這些受邀請的人大部分來自東非。為回應社區成員提出犯罪與安全問題的關注，本健康中心與維多利亞省警察以及鄰里司法中心合作舉辦了一場“犯罪與安全論壇”。

本健康中心重視在學習環境中收集投訴。本健康中心具有一項《顧客投訴政策》，要求我們在接待處張貼《客權利規章》。這是向客明如何提出投訴；該規章以四種不同社區語言寫成。本健康中心還為顧客設立了一個“意見箱”。今年我們共收到了三份投訴，通過與客和相關員工溝通，這些投訴都得到圓滿解決。

本健康中心相信透過與客和社區的溝通，可以提高我們的服務水平。為了實現這個目標，本健康中心聘請了四名傳譯員在本健康中心工作，這四名傳譯員分別：普通話、帝汶客家話、越南語和土耳其語。今年，本健康中心已經翻譯了35份以上的文件，並將繼續正視與不同背景客和社區的溝通為首要目標。

盡可能讓本健康中心和我們的工作做到清潔和安全。本健康中心的《傳染病控制政策》，今年通過檢討之後，作了一些改變使它與人類服務部的藍皮書《傳染病控制指導方針》中提出的建議一致。本健康中心員工還努力將鄰里環境保持乾淨，每天打掃本中心週圍和附近環境兩次，以防止被注射針刺傷的事以及預防血源性病毒的傳染。

本健康中心的口腔健康服務不斷更進。今年，本健康中心的口腔健康計劃與北耶拉社區健康中心的牙科衛生服務合併，目前稱作耶拉口腔健康計劃。這項口腔健康計劃在維多利亞省所有口腔健康服務當中，其等候治療時間乃是最快的。本健康中心也仍然很成功地招募能兩種語言並使用該服務的當地居民，為他們提供培訓，使他們在口腔健康服務部擔任不同的角色。



本健康中心繼續加強**營造更健康社區**的工作。今年，我們開展了許多新的項目，其中包括：

- 為 40 以上的社區成員開辦 村舞培訓班。由於廣受歡迎，本健康中心已經在 2006-2007 年度將培訓班數量增加了一倍。
- 活得更長壽，活得更健康 計劃。55 以上的顧客現在能以優惠的價格使用禮治門休閒中心的健身院。
- 休閒活動是本健康中心青少年計劃的主要焦點，為了確定所提供的各種活動是否合適，我們對青少年展開調 訪問，瞭解他們希望在 2008 年參加什麼樣的新活動。
- 本服務中心的維多利亞省多元文化賭博者幫助計劃。本計劃最近在利比理亞、伊拉克、南蘇丹以及索馬里難民社區中完成了針對賭博和輔導服務態度的調 研究。
- 為使用臨時托兒服務的家長所舉行的英語會話班已經在 Boroondara 幼兒園開始。
- 座落於 106 號高樓底層的社區咖啡廳也即將開張，咖啡屋是與將接受培訓成為咖啡師的居民一起合辦的。

藉著發展服務合作關係、提高本健康中心客 得到的健康服務水準，為客 在整個醫療制度中提供支持：

- 多元文化健康和支持服務處(MHSS) 與 Mary of the Cross Centre、維多利亞省丙型肝炎理事會以及 Doxa 青少年基金會共同合作為 非洲語和阿拉伯語人士組織露營活動。在 Shepparton 舉辦的第一屆露營，參與人士為數個伊拉克家庭，在那裡他們學習什麼是血源性病毒和性傳染病。
- 新組成的耶拉口腔健康計劃為了更好地滿足顧客需求，將開始一項新的措施。這項措施是墨爾本皇家牙科醫院的口腔外科醫生將 個月一次到本健康中心出診。
- 本健康中心還與北部婦女健康組織 (Women's Health in the North) 建立合作關係，增加對曾經 家庭暴力婦女的服務。
- 作為我們對難民和尋求庇護政治人士的全力支持，新希望基金會 (New Hope Foundation) 也將設在 23 Lennox St。其工作人員也能 為當地居民提供定居支持服務。

本健康中心致力與客 們、整個社區和其他服務部門互助合作



BẢN TƯỜNG TRÌNH THƯỜNG NIÊN CỦA NRCHC

Về Phẩm chất ưu tú của Chăm sóc mà Thân chủ và Cộng đồng Tiếp nhận

Từ khi được thành lập vào năm 1974, đến nay **Dịch Vụ Y Tế Cộng Đồng North Richmond (North Richmond Community Health Service (viết tắt là NRCHC))** cung cấp hơn 15 chương trình và dịch vụ chủ yếu bao gồm dịch vụ bác sĩ, nha sĩ, chuyên gia tư vấn và những sinh hoạt nhóm chẳng hạn như lễ hội sắc tộc, chương trình nghệ thuật, khiêu vũ và các lớp học đàm thoại Anh ngữ. Trung tâm cũng cung cấp một số chương trình cho cả tiểu bang Victoria, đặt trọng tâm trên việc cải tiến sức khỏe và dịch vụ cộng đồng để đáp ứng nhu cầu của các cộng đồng với văn hóa và ngôn ngữ đa dạng (culturally and linguistically diverse (viết tắt là CALD)). Chủ đích của Trung tâm hiện nay là:

Làm việc trong tinh thần hợp tác với các cộng đồng có văn hóa và ngôn ngữ đa dạng để cổ động và cải tiến: công bằng, sức khỏe và phúc lợi.

Trong năm 2006-2007 NRCHC đã cung cấp dịch vụ cho hơn 8,000 thân chủ – 1,000 người nhiều hơn năm trước. Hơn phân nửa số thân chủ này được sanh tại các nơi ngoài nước Úc, và hơn phân nửa là các vị cao niên với nhóm chiếm đa số là các thân chủ hơn 50 tuổi.

Cổ đáp ứng nhu cầu ngày càng tăng của cộng đồng trong khi phải dùng cơ sở hiện tại, luôn luôn là một thử thách đối với chúng tôi, thế nên chúng tôi rất phấn khởi khi Bộ trưởng Bộ Y Tế tuyên bố cho tài trợ tổng cộng là \$19 triệu để xây cất cơ sở mới vào năm 2006. Công trình xây dựng cơ sở sẽ bắt đầu vào năm 2008 và nó sẽ cho phép Trung tâm mở rộng các dịch vụ, cũng như cung hiến cho cộng đồng nơi sinh hoạt tốt hơn.

Lắng nghe Cộng đồng của Chúng ta đã được NRCHC xem như việc ưu tiên trong năm nay. Các cuộc tham khảo ý kiến được tổ chức về Hoạch định Chiến lược (Strategic Plan) mới của Trung tâm cho thấy 150 cư dân đã cho chúng tôi biết những điều mà họ cảm thấy giúp cộng đồng lành mạnh, bao gồm:

- hỗ trợ một cộng đồng có nhiều vị cao niên và gia đình
- cảm thấy được an toàn và an ninh trong khu vực láng giềng của mình
- tích cực hỗ trợ hơn cho các cộng đồng mới và đang thành hình
- cải tiến việc thông tin hai-chiều với cư dân.

Các lời đáp ứng này đã giúp việc hình thành các dịch vụ, tiêu biểu là bản tin hiện được ấn hành mỗi tam cá nguyệt bằng các ngôn ngữ cộng đồng.

Thành viên của các cộng đồng mới và đang hình thành, đa số từ đông Châu Phi, mới đây được mời đến NRCHC để giúp xác định các lãnh vực đáng chú ý, bao gồm những vấn đề về sức khỏe và thoải mái tinh thần, những quan ngại về tội phạm và an toàn, cũng như đời sống tại North Richmond Estate. Để đáp ứng các quan ngại của cộng đồng về vấn đề tội phạm và an toàn, NRCHC dự định tổ chức một buổi 'Hội thảo về Tội phạm và An toàn' (Crime and Safety Forum) với sự hợp tác của Cảnh sát tại Victoria (Victoria Police) và Trung tâm Công lý Khu Láng giềng (Neighbourhood Justice Centre).

Trung tâm quý trọng việc **ghi nhận lời than phiền trong môi trường học hỏi**. Trung tâm có *Chính sách về việc Than phiền của Thân chủ (Client's Complaints Policy)* bắt buộc chúng tôi phải trưng bày một Cam kết về Quyền lợi của Thân chủ (Charter of Client's Rights) tại quầy tiếp tân. Văn bản này được cung cấp qua bốn ngôn ngữ cộng đồng và với mục đích cho thân chủ biết cách đệ đơn than phiền. NRCHC cũng có một 'hộp thư gợi ý' (suggestion box) cho thân chủ. Trong năm nay có ba lời than phiền được ghi nhận, tất cả đều được giải quyết qua các tham khảo giữa thân chủ và nhân viên liên hệ.

Truyền đạt tin tức để thành công. Trung tâm tin tưởng rằng việc truyền đạt tin tức đến thân chủ và cộng đồng sẽ tăng thêm phẩm chất của những dịch vụ do trung tâm cung ứng. Để thực hiện việc này NRCHC tuyển bốn thông ngôn viên tại nhiệm sở nói được tiếng Quan thoại, Phước kiến Ti-mo, Việt và Thổ nhĩ kỳ. Trong năm nay NRCHC đã phiên dịch hơn 35 tài liệu và sẽ tiếp tục đề cao việc truyền đạt tin tức với các thân chủ và cộng đồng đa dạng.

Vận dụng mọi nỗ lực để giữ cho Trung tâm và công việc của chúng tôi luôn được sạch sẽ và an toàn là điều tiên quyết của Trung tâm. *Chính sách Kiểm soát Truyền nhiễm (Infection Control Policy)* của Trung tâm đã được tái duyệt năm nay và đã được hoàn chỉnh để phù hợp với các hướng dẫn trong *Quyển sách Xanh* của Bộ Nhân vụ: *Hướng dẫn Kiểm soát bệnh Truyền nhiễm (Department of Human Services Blue Book: Guidelines for the Control of Infectious Diseases)*. Nhân viên của Trung tâm cũng nỗ lực giữ cho khu láng giềng được sạch sẽ, mỗi ngày dọn dẹp khu vực chung quanh hai lần để tránh việc ồng chích gây thương tích và truyền nhiễm của vi khuẩn trong máu.



Thành công về Sức khỏe Răng miệng tại Trung tâm đang tiếp diễn. Chương trình Sức khỏe Răng miệng tại NRCHC (NRCHC Oral Health Program) đã hội nhập với dịch vụ nha khoa tại Trung tâm y tế Cộng đồng Bắc Yarra (North Yarra Community Health Centre), và hiện được gọi là Sức khỏe Răng miệng Yarra (Yarra Oral Health). Chương trình Sức khỏe Răng miệng tiếp tục duy trì thời gian chờ đợi ngắn nhất so với bất kỳ một dịch vụ sức khỏe răng miệng nào khác trong Victoria. Dịch vụ tiếp tục thành công trong việc tuyển chọn cư dân sở tại nói được hai ngôn ngữ, những người đã tiếp nhận dịch vụ và được huấn luyện để giữ một số vai trò trong Sức khỏe Răng miệng (Oral Health).

NRCHC đang dựa trên việc làm của Trung tâm để **tạo dựng các cộng đồng lành mạnh hơn**. Trong năm nay một số sáng kiến mới đã được thực hiện gồm:

- các lớp học khiêu vũ xếp hàng (line dancing) cho thành viên của cộng đồng từ 40 tuổi trở lên. Vì được nhiều người ham chuộng NRCHC phải tăng gấp đôi các lớp học trong năm 2006-2007.
- chương trình *Sống Lâu Hơn Sống Khỏe Hơn (Living Longer Living Stronger)*. Thân chủ trên 55 tuổi có thể sử dụng dụng cụ và những tiện nghi do Trung tâm Thể dục Thư giãn Richmond (Richmond Leisure Centre gym) cung cấp với giá cước giảm.
- thú tiêu khiển là trọng tâm của chương trình cho thanh thiếu niên của NRCHC và để tìm hiểu nếu sự pha trộn của một số sinh hoạt có thích hợp hay không, giới trẻ đã được thăm dò ý kiến để xác định các lãnh vực sinh hoạt mới mà họ muốn tham gia trong năm 2008.
- chương trình Giúp Người Cờ Bạc Đa Văn Hóa tại Victoria (Victorian Multicultural Gambler's Help Program) của Trung tâm. Chương trình này mới hoàn tất một nghiên cứu điều tra thái độ trong các cộng đồng người tỵ nạn Liberian, Iraqi, South Sudanese và Somali về tệ nạn cờ bạc và dịch vụ tư vấn.
- các lớp đàm thoại Anh ngữ đã bắt đầu tại Trung tâm Mẫu giáo Boroondara (Boroondara Kindergarten) cho các cha mẹ thỉnh thoảng gọi con.
- một quán Cà phê Cộng đồng (Community Café), tại tầng trệt của lầu 106 Tower, đang được thành lập với sự hợp tác của một số cư dân, những người sẽ được huấn luyện cách pha chế cà phê (barista training).

Hỗ trợ thân chủ trong hệ thống y tế bằng cách phát triển hợp tác dịch vụ, cải tiến chất lượng chăm sóc mà thân chủ của NRCHC tiếp nhận:

- Dịch vụ Hỗ trợ và Y tế Đa Văn hóa (Multicultural Health and Support Service (MHSS)) tổ chức các buổi cắm trại cho thành viên của cộng đồng Châu phi và nói tiếng Ả rập với sự hợp tác của Trung tâm Đức Mẹ Mary của Thập tự giá (Mary of the Cross Centre), Hội đồng Bệnh Viêm gan loại C của Victoria (Hepatitis C Council of Victoria) và Tổ chức Thanh thiếu niên Doxa (Doxa Youth Foundation). Buổi cắm trại đầu tiên đã được tổ chức tại Shepparton với các gia đình Iraqi, để họ tìm hiểu về các vi khuẩn truyền qua máu và các bệnh truyền nhiễm qua tiếp xúc tình dục.
- chương trình mới Sức khỏe Răng miệng Yarra (Yarra Oral Health) đang nỗ lực để đáp ứng thích đáng hơn nhu cầu của thân chủ với việc khởi xướng một sáng kiến mới, thu xếp cho chuyên viên phẫu thuật nha khoa từ Bệnh viện Nha khoa Hoàng gia Melbourne (Royal Melbourne Dental Hospital) đến viếng NRCHC mỗi tháng.
- NRCHC cũng đang phát triển việc cộng tác với Sức khỏe Phụ nữ (Women's Health) trong khu vực phía Bắc để tăng gia các dịch vụ giúp phụ nữ bị bạo hành trong gia đình.
- là một phần của quyết tâm của chúng tôi nhằm làm việc với người tỵ nạn và người tìm nơi nương náu, Tổ chức Hy vọng Mới (New Hope Foundation) sẽ cùng làm việc tại số 23 Lennox St. Nhân viên sẵn sàng giúp cư dân sở tại trong việc định cư.



NRCHC YILLIK RAPORU

Bütünüyle Müşteriler ve Toplum Tarafından Alınan Bakımın Niteliği Hakkında

1974'teki kuruluşundan bu yana, North Richmond Toplum Sağlık Servisi (NRCHC), bugün, doktorlar, dişçiler ve danışmanların yanı sıra kültürel şenlikler, sanat programları, dans ve İngilizce konuşma sınıflarını içeren grup etkinlikleri de dahil olmak üzere 15 büyük program ve hizmet sağlamaktadır. Merkez ayrıca, kültürel ve dilsel açıdan çeşitlilik gösteren (CALD) toplumlara sunulan sağlık ve toplum hizmetlerini iyileştirmeyi odak noktası edinen Victoria çaplı programlar sağlar. Bugün Merkez'in amacı şudur:

Eşitlik, sağlık ve refahı ilerletmek ve iyileştirmek üzere kültürel ve sosyal açıdan çeşitlilik gösteren toplumlarla ortaklık içinde çalışmak.

2006-2007'de NRCHC 8,000'den çok, yani geçen yıldan 1,000 fazla, müşteriye hizmet sağlamıştır. Bu müşterilerin yarısından çoğu Avustralya dışında doğmuş, yarısından fazlası yaşlı olup, en büyük grubu 50 yaşından büyük müşteriler oluşturmuştur.

Toplumun artan gereksinimlerini şu andaki binamızda karşılamak zor olmaktadır, bu nedenle, Sağlık Bakanı'nın yeni bir bina için 2006'da toplam 19 milyon dolara varan fon ilan etmesi çok heyecandırıcı olmuştur. Binanın inşaatı 2008'de başlayacak ve Merkez'in, hizmetlerini genişletmesinin yanı sıra topluma iyileştirilmiş toplum alanı sunmasına da olanak tanıyacaktır.

Toplumumuzu Dinlemek bu yıl NRCHC için bir öncelik olmuştur. Merkez'in yeni Stratejik Planı için düzenlenen danışma toplantılarında 150 bölge sakini, toplumu nelerin sağlıklı yaptığı konusunda şunları içeren duygularını bize anlatmışlardır:

- yaşlanan nüfus ve aileler için destekler
- semtinde kendini tehlikeden uzak ve güvenlik içinde duyumsaman
- yeni ve şimdilerde ortaya çıkan toplumlar için daha büyük destek
- bölge sakinleriyle daha iyi iki-yönlü iletişim.

Bu yanıtlar, şimdi toplum dillerinde basılan üç aylık haber bülteni ile birlikte hizmetlerin şekillendirilmesine yardımcı olmuştur.

Yeni ve şimdilerde ortaya çıkan toplum üyeleri, ki çoğunluğu doğu Afrika'dandır, sağlık ve refah konuları, suç ve güvenlik kaygılarının yanı sıra North Richmond Site'sinde yaşamayı da içeren birkaç ilgi alanını tanımlamaya yardımcı olmaları için geçtiğimiz günlerde NRCHC'ye davet edilmişlerdir. Suç ve güvenlik hakkında ileri sürülen toplum kaygılarına yanıt vermek üzere NRCHC, Victoria Polisi ve Mahalle Adalet Merkezi ile ortaklaşa olarak bir 'Suç ve Güvenlik Forumu'na ev sahipliği yapmıştır.

Merkez, **şikayetleri bir öğrenim ortamında yakalamaya** değer vermektedir. Merkezin, resepsiyonda bir Müşteri Hakları Bildirgesi sergilememizi isteyen bir Müşteri Şikayetleri Politikası vardır. Bu, müşterileri şikayetlerini nasıl yapabilecekleri konusunda bilgilendirmek içindir ve dört farklı toplum dilinde sağlanmıştır. NRCHC'nin ayrıca müşterileri için bir 'öneri kutusu' vardır. Bu yıl üç şikayet alınmıştır; bunlar, ilgili müşteri ve görevliye danışılarak çözümlenmiştir.

Toplumumuzla ve müşterilerimizle iletişim kurarak, sunduğumuz hizmetlerin daha kaliteli olmasını sağlayabileceğimize inanmaktayız. Bunu yerine getirebilmek için NRCHC, merkezde, Mandarin, Timor Hakka dili, Vietnamca ve Türkçe konuşan dört tercüman çalıştırmaktadır. Bu yıl NRCHC 35'ten fazla belge çevirmiştir ve farklı müşteriler ve toplumlarla iletişime öncelik vermeyi sürdürecektir.

Merkezimizi ve işimizi mümkün olduğunca temiz ve güvenli hale getirmek, Merkez'in bir önceliğidir. Merkezin Enfeksiyon Denetim Politikası bu yıl gözden geçirilmiş ve İnsan Hizmetleri Bakanlığı'nın Mavi Kitap: Bulaşıcı Hastalıkların Denetimi Kılavuzu adlı kitabı ile tutarlı olacak şekilde uyarlanmıştır. Merkez çalışanları da, iğne şırınga yaralanmalarını ve kanla taşınan mikropların geçmesini önlemek için yerel dış çevreyi günde iki kez temizleyerek mahalleyi mümkün olduğunca temiz tutmaya çalışmaktadır.

Merkezde **ağız sağlığı başarısının** gerçekleştirilmesi sürdürülmektedir. NRCHC Ağız Sağlığı Programı, bu yıl North Yarra Toplum Sağlık Merkezi'ndeki diş sağlığı hizmetleri ile birleşmiş ve Yarra Ağız Sağlığı adını almıştır. Ağız Sağlığı Programı, Victoria'daki tüm ağız sağlığı servisleri arasında en kısa bekleme sürelerinden birine sahip olmayı sürdürmektedir. Servis, servise devam eden yerel iki-dilli bölge sakinlerini işe almayı ve onlara Ağız Sağlığı'nda çeşitli roller üstlenmeleri için eğitim sağlamayı başarıyla sürdürmektedir.

NRCHC, çalışmalarını **sağlıklı toplumlar yaratmaya** dayandırmaktadır. Bu yıl, şunları içeren bir takım girişimler üstlenilmiştir:

- 40 yaşında veya daha büyük toplum üyeleri için dans sınıfları. Çok tutulması nedeniyle NRCHC sınıfları 2006-2007'de iki katına çıkarmıştır
- Daha Uzun Daha Güçlü Yaşamak programı. 55 yaşından büyük müşteriler şimdi, Richmond Leisure Centre jimnastik salonunu düşük bir fiyatla kullanabilir
- boş zamanları değerlendirmek, NRCHC'nin gençlik programının güçlü bir odak noktasıdır ve karışık etkinliklerin doğru olup olmadığını öğrenmek üzere, 2008'de katılmak istedikleri yeni etkinlik alanlarını belirlemek için gençler arasında bir anket yürütülmektedir
- Merkez'in Victoria Çokkültürlü Kumar Sorunu Olanlara Yardım Programı. Bu program, Liberyalı, Iraklı, Güney Sudanlı ve Somalili mülteciler arasında kumara ve danışmanlık hizmetlerine yönelik tavırları incelemek üzere bir araştırmayı geçtiğimiz günlerde tamamlamıştır
- zaman zaman çocuk bakımı hizmetini kullanan anababalar için Boroondara Anaokulu'nda İngilizce konuşma sınıfları başlatılmıştır
- 106 Kulesi'nin altında kurulacak olan bir Toplum Kafesi de, profesyonel kahve yapıcısı eğitimi alacak olan bölge sakinleri ile birlikte kurulmaktadır.



Hizmet ortaklıkları geliştirerek ve NRCHC müşterileri tarafından alınan bakımın niteliğini iyileştirerek **sağlık sistemi aracılığıyla müşterilerimizi desteklemek:**

- Çokkültürlü Sağlık ve Destek Servisi (MHSS), Mary of the Cross Merkezi, Victoria Hepatit C Konseyi ve Doxa Gençlik Vakfı ile ortaklaşa olarak Afrikalı ve Arapça konuşan toplum üyeleri için kamplar düzenlemiştir. Shepparton'daki ilk kamp, kanla taşınan mikropları ve cinsel yoldan bulaşan enfeksiyonları öğrenen Iraklı ailelerle düzenlenmiştir
- yeni Yarra Ağız Sağlığı programı, Royal Melbourne Diş Hastanesi'nden NRCHC'yi her ay ziyaret eden bir ağız cerrahına sahip olan yeni bir girişimin başlamasıyla müşterilerinin gereksinimlerini daha iyi karşılamak üzere çalışmaktadır
- NRCHC ayrıca, ev içi şiddet yaşayan kadınlar için hizmetleri artırmak üzere Kuzey'de Kadınların Sağlığı ile bir ortaklık geliştirmiştir
- Mülteciler ve sığınmacılarla çalışma yükümlülüğümüzün bir parçası olarak, Yeni Umut Vakfı 23 Lennox Street'te birlikte çalışacaktır. Görevli, yerel bölge sakinlerine yerleşim hizmetleri sağlayabilmektedir.



PRESIDENT'S REPORT

I am pleased to present the 2006-07 Presidents' Report to North Richmond Community Health Centre's (NRCHC) members and the community. This past year has been a year of significant achievements for the Board of Management and the Centre specifically in regard to the major strategic project for the Board, the new building for NRCHC. In May 2006 the Victorian Government announced \$19 million major capital funding for NRCHC to construct a world class community health facility. This investment is the largest capital allocation for community health in Victoria to date. The funding has enabled the Centre and the project control group to commence its work in June 2006 and it is estimated that the building will be completed in December 2009.

The consultant team was appointed in July 2006. The project team's first task was to determine the location for the new building. A number of possible sites in the neighborhood were examined however the only site that was available for purchase was the current site at 23 Lennox Street Richmond. A major consideration for site location was accessibility for the community. NRCHC has operated from its current site since its inception in 1974. At number of community consultations held in 2006 indicated the community's strong preference for building the new centre on its current site. This was also the view of the BOM. The Department of Human Service (DHS), who is overall in charge of the project, commenced negotiations with the owner of the land, the City of Yarra, to purchase the site. This site was purchased by DHS in June 2007 and NRCHC will remain as the principal tenant. As part of the negotiations with the City of Yarra it was agreed that the Maternal and Child Health Service (M&CHS) will be located in the new facility in addition to a community café. This is a wonderful outcome for the community particularly for young families. The co-location of M&CHS will enable the provision of integrated care for parents and babies and additional support to be provided through the Centre's pediatric team. The community café and community plaza will provide a much needed social space for all of the community.



At the outset of the project one of the major goals to be achieved was that we would construct one of the most environmentally sustainable public health buildings in Victoria. This goal was one of the most supported underlying principles that determined many of the current design features of the building. Some significant environmentally sustainable design (ESD) features to be included are:

- Reduction in on-site car parking through better utilisation of the Office of Housing multi deck car park
- Provision of bicycle storage facilities to support for staff clients and visitors to consider alternative transport use
- Collection and storage of rainwater
- Double glazed and operable windows to reduce reliance on air-conditioning and heating and increase natural light
- Solar hot water

These specific ESD elements and other passive design features will result in the construction of a new building with much reduced operating costs and reduction of the environmental footprint for the new building in addition to improving the amenity and experience of the building for clients, visitors and staff.

The BOM has also been very active in informing and engaging with our local community during this critical design phase. Overall there has been very positive feedback not only from our neighbors but also from the surrounding community. We will continue to work with all our clients, stakeholders and the community to ensure the best possible outcome for all.

This year is also the final year of the term of office for the current BOM. A new BOM has been appointed and elected and will take office after the Annual General Meeting to be held on 27 October 2007. A number of current and long serving BOM members will be retiring and I take this opportunity to thank them for their hard work and commitment to the Centre and the community. I particularly wish to thank Sophia Panagiotidis and Bev Lewis who served as Presidents of the Board. They have provided significant advocacy and leadership for the Centre and we wish them and all retiring BOM members every success in their future endeavors.

Finally I wish to thank Demos Krouskos and all the Centre staff and volunteers for their magnificent contribution toward working to improve the health of the community. I look forward to working together with the new Board, staff and the community in 2007-08.

Stephen Kerr
President
Board of Management

CEO'S REPORT

I'm pleased to provide the 2006-07 Annual Report to members and the community.

This year's Annual Report is being provided in a new format and includes new information that we believe will be of more interest to members and the community and provide for greater transparency and accountability in reporting. It will also, for the first time, have significant sections of the Report translated into three languages, Chinese, Vietnamese and Turkish thereby increasing accessibility for many of the Centre's clients and stakeholders. In 2006 the Department of Human Services (DHS) introduced new requirements for all health services in reporting to their communities. This new reporting format, the Quality of Care Report, aims to provide more relevant information and data and to focus on issues of relevance to communities, namely quality of services, safety and significance. In previous NRCHC Annual Reports we provided reports from each major program. These reports continue to be provided and are available on the Centre's website at www.nrhc.com.au. Similarly service data and statistics are also now available on the Centre's website or can be provided in paper form on request. I trust all Centre members, clients and the community will find this new Quality of Care/ Annual Report provides stimulating reading and we encourage all readers to provide us with feedback and comments. We have included a consumer and client feedback form in this document.

Highlights 2006-07

In 2006-07 NRCHC focused the key issues planning, consumer and community engagement and quality improvement. The Centre has completed a new 3 year Strategic Plan which establishes the key directions and priorities for the service. The three key priorities of the 2007 – 2009 Strategic Plan are:

- Support innovative, culturally appropriate service delivery
- Engage with and be responsive to our community
- Create a sustainable future

These three priority areas provide the framework for all subsequent NRCHC planning activities particularly the NRCHC annual Operational Plan which was also completed on 2007.



In order to support these new directions NRCHC has strengthened management arrangements and has identified a number of new initiatives to achieve strategic objectives. Examples include:

- Improve data collection to support planning
- Increase contact with ethno-specific organisations and
- Increase community and cultural development activities that engage a diverse range of CALD communities

Underpinning these new initiatives the Centre has undertaken a number of projects and activities to contribute to achieving our objectives. These initiatives include:

- Reviewing of data collection processes and the allocation of additional staff resources to planning
- Increase engagement with ethno-specific organisations through increased participation organization such as the Yarra Settlement Forum and the Victorian Ethnic Communities Council
- Increased number of community consultation forums and publishing a quarterly newsletter in four languages

The Centre has made considerable progress to achieving the goals and targets outlined in the Strategic Plan. This reflects NRCHC continuing leadership role in the sector in providing high quality and culturally responsive primary health care services for all of our communities

Services and Programs

NRCHC has continued to expand both the range and scope of its services to the community despite the space constraints imposed in our current building. The establishment of additional sites at 81 Barry Street and at 106 Elizabeth street Richmond has alleviated some of the staff accommodation pressures however the greatest demand for space is at 23 Lennox Street Richmond to accommodate our expanding primary health programs. Additional staff have been employed in the Drug Safety Program and the Oral Health program which, together with increased productivity has enabled the Centre to further reduce the waiting times for dental health services, already one of the lowest in the Victoria. The Centres' statewide programs have expanded at a very rapid rate in 2006-07 with significant additional resources provided by the Victorian Government for the Multicultural Health and Support Service and the Victorian Multicultural Gamblers Help Service. I take this opportunity to thank all of our funders, particularly the Victorian Government for their support during 2006-07.

New Building project

The New Building Project continues to be the primary focus for the entire Centre including staff and the Board of Management. Although the project is the responsibility of the Department of Human Services NRCHC has been very actively engaged with the project consultants including our architect, Lyons and Atkinson Project Management. During 2006-07 the initial planning phases of the Project including master-planning have been completed. The site for the new building has been finalised and the new building will be constructed on the Centre's current site at 23 Lennox Street Richmond. This site is the preferred site as it offers considerable advantages for our community including access for the majority of our clients who are public housing residents. We expect the planning for the new building will be completed at the end of the 2007 calendar year and we look forward to commencing construction in early 2008. We will continue to keep all of the community informed about progress on this vital project as it proceeds both through our regular newsletter and community forums. The new NRCHC building will be one of the most significant civic buildings constructed in the City of Yarra in the past 20 years and will provide major benefits to the community for many years to come.

Financial Performance and Reporting

The Centre's financial performance improved significantly in 2006-07. Budget planning and approval process were strengthened through more active participation of senior management and the Finance, Risk and Audit Sub Committee of the Board. This has resulted in the implementation of stronger budget controls and financial accountability and transparency of decision making.

Centre revenue grew strongly recording a 23.6% increase from the previous financial year. The increase in revenue was a result in growth of government funding for programs and services including payments in advance for services to be delivered in 2007-08. It is also a reflection of increased confidence by our major funders in the services provided by NRCHC. Expenditure also grows by 19.3% compared to the previous year reflecting tighter management controls and increased operational efficiency.

This year we have also changed the format of the Centre's Annual Financial Statement from a Special Purpose Report to a General Purpose Report. This change has been at the request of the Victorian Auditor General's Office (VAGO) which has advised that in future VAGO will be responsible for the auditing of Victorian Community Health Centres. As apart of the transition arrangement for this change NRCHC current external auditor Mr David Sauer has been authorized by the VAGO to undertake the audit on their behalf. The change of format to a General Purpose Report will strengthen the Centre's reporting requirements and provide additional information for members, government and funders. These changes are supported by NRCHC and strengthen financial accountability and transparency and better manage risk.



Future Priorities

Despite significant success in attracting additional resources and services in recent years NRCHC continues to experience increased demand for services from our local community. Demand for medical and allied health services continues to grow and NRCHC has actively pursued all funding opportunities to increase the capacity these high demand services. Medical management of chronic disease, particularly diabetes continues to put pressure on our limited resources and NRCHC continues to advocate with government and other funders to increase funding. Expansion of our medical and allied health programs will remain the highest priority for service expansion in 2007-08. In addition to our primary care service NRCHC plans to increase health promotion and community development programs. Funding opportunities for these high value services are limited and are often project based with no guarantee of continuity. NRCHC will continue to advocate for expansion of these services as outlined in our Strategic Plan.

Acknowledgements and thanks

In this calendar year the term of office of the current Board of Management will be completed. A number of Board members will not be continuing including our two past Presidents Bev Lewis and Sophia Panagiotidis. I thank all BOM members for their contribution to the work of the board and wish all our retiring Board members every success in their future endeavors. I would especially like to thank all the NRCHC staff for their extraordinary commitment and dedication in providing the highest quality services to our community. They are the heart and soul of NRCHC. Finally very special thanks to all our wonderful volunteers that give selflessly of their time, energy and compassion. The wonderful achievements of NRCHC would not have been possible without their active participation.

I look forward to continuing to work with all our Board, staff, funders and volunteers to provide the best possible services to our community in 2007-08.



Demos Krouskos

Chief Executive Officer



NRCHC ANNUAL REPORT

All About the Quality of Care Received by Clients and the Community

About Us

North Richmond Community Health Centre (NRCHC) was established in 1974 to address the health and community service needs of the local community. Located on the North Richmond public housing estate, Victoria's largest estate, the Centre provides over 15 different services including doctors, dentists, counsellors as well as community workers presenting group activities and social health programs including health promotion, arts and culture, community festivals and dance and English conversation classes. The Centre also provides a number of Victoria wide programs with a focus on building the capacity of health and community services to respond to the Culturally and Linguistically Diverse (CALD) needs of their client group. The focus of NRCHC is reflected in the Centre's mission statement:

To work in partnership with culturally and socially diverse communities to promote and improve: equity, health and wellbeing.

The services offered by the skilled staff at NRCHC reflect the Centre's commitment to working from a culturally diverse perspective.

Our Services

- Oral Health
- General Practice
- Specialist medical services
 - psychiatry
 - paediatrics
- Nursing and Allied Health
 - Community Health/Clinic Nurse
 - Community Midwife/Women's Health Nurse
 - Diabetes Education
 - Health and Community Care (HACC) and Community Dietician
 - Speech pathology
 - Water Exercise Group
- Inner Melbourne Post Acute Care (IMPAC)
- Counselling Casework
 - Social Work
 - East Timorese and Chinese Speaking Services
 - Vietnamese and Chinese Speaking Social Work Services
 - East Timorese Asylum Seekers Support and Settlement
 - Youth Services
 - Hospital Admission Risk Program – Alert Community Case Management
- Psychiatric Disability Rehabilitation and Support Service
 - Learning Things
- Drug Safety Program
- Language Services
- Health Promotion
- Volunteer Coordination Program
- Arts and Culture Program
- Statewide Programs
 - The Centre for Culture Ethnicity and Health (CEH) Health Sector Development
 - CEH, Victorian Multicultural Gambler's Help Program
 - Multicultural Health and Support Services.



COMMUNITY, CARER AND CONSUMER PARTICIPATION

Listening to Our Community

In 2006-2007 NRCHC had over 8,000 registered clients – over 1,000 more than the previous year. Of these clients:

- just under half live in the City of Yarra
- more than half were born outside Australia as reflected in the use of interpreters
- the largest non English speaking communities are from , China, Vietnam and East Timor
- more than half are aging, the largest group of people accessing services are aged over 50
- the dental service and general practitioners had at least 20,000 contacts over the past year, an increase from the previous year

Accommodating all the services provided by NRCHC in our current building has been a challenge and so it was very exciting when, in May 2006, the Minister for Health announced funding totalling \$19 million for a new building. Construction of the new building, to be located where the current car park is, will begin in the first half of 2008. Aside from improved facilities and a lot more space, the new building will enable the Centre to expand a number of its services, in particular its dental and medical programs. In addition the Centre will be able to offer a larger and improved community space inside and outside the new building. We are committed to building a world class health centre. The new building will set new benchmarks for environmental standards in addition such as low power usage and water collection, in addition to addressing the changing health needs of our community

To ensure that the new building is a useful and comfortable space for our clients and the community, NRCHC held a community consultation attended by over 60 residents, which provided positive feedback on the look and design of the building. At the consultation community members cheered when the incorporation of the café was announced. The café will address community concerns about making sure the Centre connects with its neighbours, offers residents employment opportunities as well as a much desired café on the estate.



Community consultations have been a priority for NRCHC this year, particularly with the development of the new building and the organisational strategic plan. Consultations with clients and the community are an important communication opportunity for the Centre as they allow a face-to-face conversation, particularly with people who have English as a second language. This approach has been adopted to ensure that the Centre communicates clearly and respectfully with our major client group, people from CALD communities. In 2006-2007 NRCHC organised 4 community consultations, each with a different focus.

150 participants attended consultations for the development of our strategic plan, helping to identify priorities for the Centre over the next three years. The consultations discussed what makes a healthy community and provided staff with ideas about improving existing services, and developing new programs to better meet the needs of the NRCHC community. Clients and communities speaking 11 community languages attended these consultations held on and around the estate.

From these consultations the staff at NRCHC heard about issues relating to:

- an ageing population
- the needs of an increasing number of families living on the Richmond Housing Estate
- safety and security issues amongst residents on the Estate
- need for additional allied health and specialist services such as podiatry and physiotherapy
- greater support for new and emerging communities
- improved two-way communication with residents.

To continue to improve communication with clients and the community the Centre has established a quarterly newsletter printed in Turkish, Vietnamese, Chinese and English.

New and emerging community members, mostly from east Africa were also recently invited to NRCHC to talk about their service needs. They identified issues of concern to them including: educational support for their children, crime and safety in the local neighbourhood and social isolation. The Centre is working to address the issues raised in partnership with other local services.

QUALITY AND SAFETY AT NRCHC

Making Sure We Have the Most Qualified Staff

In response to community concerns raised about crime and safety, especially concerns about both vandalism and drug trafficking and drug use in and around the housing estate, NRCHC hosted a 'Crime and Safety Forum' in partnership with the Victoria Police and the Neighbourhood Justice Centre this year. The forum has enabled service providers and government to work further together to address issue of community safety and crime with many of the 50 participants who attended having lead responsibility for addressing issues raised.

In 2006-07 the Centre has been an active participant in the Richmond Estate Action Group (REAG) which is the major coordinating organisation for services on the Estate. REAG has identified a number of community initiatives including tenants' enterprises such as a car wash business to provide much needed local employment opportunities. In addition REAG has a number of active working groups on health and well being and community safety which are actively supported by NRCHC.

As well as drafting a Community Participation Strategy to improve the Centre's engagement with the community, the Centre has established a Cultural Diversity Committee this year. The Committee has a membership of staff and community members and will produce a plan to enhance the Centre's work with ethnic communities in 2008 and beyond.

NRCHC is committed to ensuring its services are safe and of the highest quality possible. As part of this commitment this year the Centre reviewed all its policies and procedures for the recruitment of staff to ensure that staff are qualified for the work that they are employed to do. In response to this review:

- all clinicians applying for work at the Centre must present their actual qualifications at the time of interview, photocopies are not accepted
- the Centre confirms the qualifications with the issuer of the qualification during the referee process
- to ensure that clinical staff remain appropriately qualified as part of the Annual Performance Achievement Planning process, clinical staff are required to provide copies of their annual practicing certificates demonstrating they are still qualified to practice.

This system has also been implemented for our volunteer program, along with a new orientation program to assist volunteers in understanding their new role, the community and the work of the Centre. The Volunteer Program is also in the process of improving orientation practices for CALD community members. Existing human resource practices such as these will be reconsidered in the review of the Centre's risk management framework that has commenced this year.

Capturing Complaints in a Learning Environment

The Centre has a Client's Complaints Policy that outlines how to make a complaint and how the Centre will respond to complaints. A *Charter of Client's Rights*, in four different community languages, is on display at reception to let people know how to lodge a complaint. NRCHC also has a 'suggestion box' and clients are encouraged to use it. All suggestions placed in the box are given thorough consideration and a response in writing is placed at the front reception.

Over the past three years complaints received have declined. In 2005 five formal complaints were received, and in 2006 two formal complaints were received. This year three complaints have been received; two were resolved in consultation with the client and staff concerned, and the other was referred to the Health Services Commission and successfully resolved.



Communicating for Success

Translation services and interpreters are used extensively at the Centre to ensure that clients and the community are informed about their health and wellbeing needs. This year the Centre has had over 35 publications translated into community languages for a variety of topics including breast feeding, the provision of medical services including dental treatment, as well as education and health promotion programs offered by NRCHC this year.

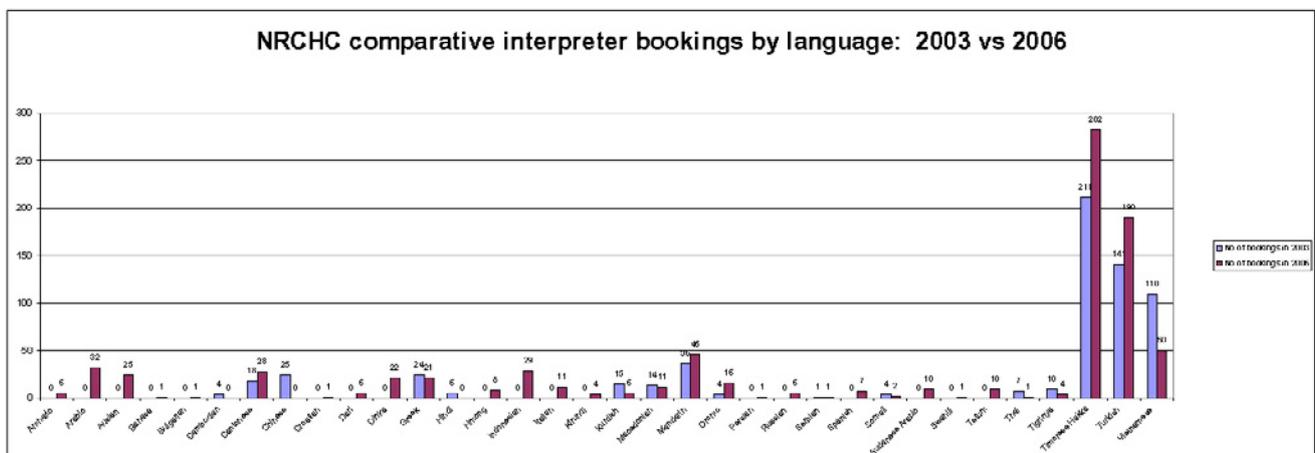
Over the years there has been a growth in demand for interpreters, which is expected to continue. NRCHC currently employs four in-house interpreters with language skills in Mandarin, Timorese Hakka, Vietnamese and Turkish. This year there have been 419 more interpreter bookings compared to last year. A comparison of interpreter bookings made in the past year with 2003 booking shows that the ethnic mix of the community using the Centre is changing with growth in the number of new and emerging community members as reflected in the table below. These statistics will be used for service planning and future directions for the Centre.

This year the Centre for Culture Ethnicity and Health has produced guidelines to support the Centre and other service providers in the employment of bi-lingual staff. These guidelines will be used to inform future recruitment policies and processes at the Centre to enhance our communication with clients and the community.

Making the Centre and Our Work as Clean as Possible

Hygiene, cleanliness and infection control are taken very seriously by the Centre. NRCHC's *Infection Control Policy* was reviewed this year. In addition to this step, all clinical programs have developed their own infection control policies. An example of improved practice is the Needle Syringe Program increasing the amount of times surfaces are cleaned to 3-4 times a day. As part of this program Centre staff work to make the Centre's external environment including the housing estate and local streets as clean as possible. Twice daily sweeps of the local area have been instituted to reduce the risk posed by inappropriately disposed of needles and syringes. Business cards for the Needle Syringe Program are also handed out to residents regularly encouraging them to call the Centre to collect syringe litter if needed. The Drug Safety Program is also making safe syringe disposal a focus of its program so that residents feel safer their neighbourhood.

This year the Centre has also developed a *Sharp Injury Incident Kit* for clients and staff outlining the steps to be undertaken for any sharps injury to treat staff and clients and importantly, avoid infection. The kit was developed by the Centre's occupational health and safety Committee. The kit outlines the steps for staff to follow for a 'known source' – undertaking a procedure for a client - or 'unknown source' – injuries received from equipment that is not used during a consultation. In particular, the kit encourages staff to 'follow up' test results and requires that staff and clients attend counsellors and doctors at the appropriate time. Use of the kit has been promoted across the Centre where a 'how to use it' presentation was given to all the staff at a site meeting. The kit has been placed in all Centre cars.



Oral Health Success at the Centre

The NRCHC Oral Health Program merged this year with the dental health services at North Yarra Community Health Centre to form Yarra Oral Health. The program reports on a quarterly basis against state quality indicators to Dental Health Services Victoria. Historically, the service has very few recorded complications or errors for the dental health service they deliver. The oral health program continues to have one of the lowest waiting periods of any oral health service in Victoria. The average wait for general care is 12 months and a 9-18 month waiting period for dentures across both its Fitzroy and Richmond sites. This compares to a 2 ½ year waiting period average across the State of Victoria. The service continues to successfully recruit and train local bi-lingual residents to complete appropriate qualifications to work in the program.

Creating a Healthier Community

The Centre is committed to creating and maintaining healthy communities demonstrated by the priorities listed in its Health Promotion Plan. The Centre's priorities for the period between 2005-2008 include physical activity and healthy eating particularly for residents living on the public housing estate, one of our main client groups. The Centre offers a number of activities to clients and the community to support healthy lifestyles.

The Centre organises regular line dancing classes, which has grown this year to become twice weekly sessions for community members over 40 years old.

For older residents the Centre has developed a very popular program called *Living Longer Living Stronger* delivered in partnership with the City of Yarra. The program aims to improve access to City of Yarra Leisure Services for community members from CALD backgrounds who have not previously used these facilities in Richmond. Residents involved in the program who are over the age of 55 receive a subsidy to use the gym with the support of a fitness instructor.

Both these activities give residents' recreational activity and a social space that is friendly, making health and fitness services and activities generally more accessible.

Living Longer Living Stronger has been delivered alongside the very popular Tai Chi program for people over 50 years old. The Centre has offered this program for nine years. A Cantonese and Mandarin speaking volunteer currently delivers this activity which is mostly attended by local Vietnamese, Chinese and East Timorese community members.

Healthy eating is a focus of the monthly Vietnamese Diabetes Support Group with over 20 participants and a Vietnamese speaking Diabetes Nurse Educator. The primary prevention initiatives of the Group involve informing participants about the need to inform family and friends about risk factors relating to family history, ethnicity, age and the importance of maintaining a healthy diet. Secondary prevention of complications and conditions associated with diabetes is also a focus of the group which has been delivered this year along with six additional 'Diabetes Education Days' for the Mandarin, Cantonese, Timorese Hakka, Vietnamese and English speaking clients and community members delivered in partnership with North Yarra Community Health.

Healthy living also continues as a major theme of the Centre's *Learning Things* program that provides outreach support to people with a mental illness. The program caters for family and friends as well as clients to assist clients perform daily living tasks that are safe and healthy.

The Centre's water exercise group for older residents living in the City of Yarra with a chronic illness also remains popular and is held twice weekly at the Epworth Hydrotherapy Pool.

Recreational activities are still a strong focus of youth programs, with many of the young people coming from culturally and linguistically diverse backgrounds and live on the Richmond Housing Estate. To ensure that NRCHC is getting the activities right a survey for young people is being conducted to identify what interests and needs they have for 2008.

Prevention is a major focus of the Victorian Multicultural Gambler's Help Program. This year the program has completed research to identify the views and attitudes of Liberian, Iraqi, South Sudanese (Dinka speaking) and Somali refugee communities concerning gambling and counselling generally. The research will inform the future work of the program and assist Gambler's Help service providers enhance their cultural sensitivity.

Residents' also identified employment and education opportunities as contributing to a "healthy community". To address this interest, NRCHC provides a homework support group that has been operating for a number of years and resourced through our volunteer program. A similar initiative was requested by parents from newly arrived African communities in addition to English language classes. NRCHC has organised English conversation classes with Boroondara Kindergarten to support parents who need occasional care services. NRCHC will be building on the relationships developed with parents in this program to encourage their children to attend homework classes and other Centre services.

In response to the community's belief that improved employment opportunities make healthier communities a Community Café is also being established by the Centre in partnership with residents. Based at the bottom of the 106 Tower it will be staffed by residents who will receive certificate level qualification and learn to become great barristas. This model will be used to establish the café planned for the new Centre building.



Sharing journey's with our clients through the health system

Ensuring that our clients receive the best response from health services is an important objective of many programs at NRCHC. The Multicultural Health and Support Service (MHSS) works with a number of other specialist agencies connecting clients to these services and helping these services better understand the cultural sensitivities of the clients that MHSS has referred.

This year MHSS organised one of three camps for African and Arabic-speaking community members in partnership with the Mary of the Cross Centre, Hepatitis C Council of Victoria and the Doxa Youth Foundation. The first camp, organised in Shepparton was held with Iraqi families who learnt about blood borne viruses and sexually transmitted infections. The camp also taught communication and conflict resolution skills to all members of the family who attended and provided parents and children with a safe environment to discuss sensitive issues and understand what services exist to support them around the topic of BBV and STIs.

This year NRCHC also organised a community education session to link elderly Chinese and Vietnamese residents into local services. "Services for the Elderly Community" was organised for the Elderly Vietnamese and Chinese Group, a group of 40-50 local residents. Using interpreters service providers were invited to attend the session to inform residents about services they are eligible to receive.

"In partnership with Council and local agencies, information sessions have been conducted to promote and increase awareness of home based services available to older people from Chinese background. The sessions give us a good opportunity to reach out to CALD communities."

Cultural Equitable Gateways Worker, City of Yarra

Continuity of care is a priority of the Centre, with a number of programs specialising in supporting people outside the hospital setting.

The NRCHC Oral Health Program, Yarra Oral Health, is working to better meet the needs of its clients with the commencement of a new initiative that has an oral surgeon visit NRCHC once a month to perform oral surgery that would normally take place in the Royal Melbourne Dental Hospital. All oral surgery not requiring a general anaesthetic can now be performed at the Centre, giving clients the care they need in a local and familiar setting.

Continuity of care also occurs within the City of Yarra through a new referral agreement the Oral Health Program has with Yarra Family Support Services. The referral agreement was developed to improve the responsiveness of the program this year to families who are experiencing a crisis or who have arrived in Yarra as a refugee.

The Yarra Oral Health program continues to maintain its collaborative relationship with the Murray Valley Aboriginal Cooperative where it delivers an oral health outreach program in Robinvale. This year the program will make 10 trips to Robinvale and see over 250 patients.

"In March 06 we established some trial clinics and from there gone to the present with an outreach service approximately every three weeks with a block of three days dental service. This service has been exceptionally well received with clients locally and regionally using the service. The partnership has been welcome and enjoyed by both MVAC staff and the visiting dental staff from NRCHC as a pleasant exchange of work environment and culture."

CEO, Murray Valley Aboriginal Cooperative

Other NRCHC programs work in partnership with a variety of local services. The Centre's speech therapy service works closely with the North Yarra Community Health service to ensure clients have the best service response and NRCHC continues to have a strong partnership with hospitals, particularly St Vincent's where the Centre provides direct support to hospital patients and coordinates appropriate care outside a hospital setting.

M, from east Africa, was a frequent presenter to the Emergency Department at St Vincent's Hospital and usually for unmanaged diabetes. M's lifestyle was chaotic and was compounded by self medication for anxiety related issues created by trauma and torture in refugee camps. This meant that he often spent his days in a 'semi-conscious' state in rooming houses and hospitals. Due to his frequent attendance at the Emergency Department and complex health needs M was eligible to become part of the ALERT program. Once connected to the program a care plan was developed with M involving service providers and other members of his family. The plan aimed at addressing the issues identified by M and providing a supportive network linking him with the community and services outside the hospital system, providing him with appropriate continuity of care.

The Assessment, Liaison and Early Referral Team (ALERT) Program specifically works with patients frequently presenting to emergency departments of St Vincent's Hospitals. The ALERT worker coordinates the care of these complex patients who mostly present to local hospitals with complex social and medical needs often related to drug and alcohol addictions, homelessness, chronic illness or aged care risk factors. This year St Vincent's undertook a study of the effectiveness of the ALERT program and found that there was a significant reduction in emergency department presentations, hospital admissions and length of stay in hospital.

The Inner Melbourne Post Acute Care (IMPAC) Program prioritises supporting clients to receive continual care once they enter the health system. IMPAC brokers and coordinates support services for people considered 'at risk' as they return to the community after a hospital stay or emergency department presentation. For the period 2006-2007 the IMPAC program completed 1,582 episodes of care, referring over 30% of these clients to another agency able to provide specialist support. Over the last year nearly 50% of referrals to the IMPAC program came from St Vincent's hospital, with most of the referrals for clients 50 years and older. The IMPAC Program supported the clients it was referred to last year to access Council, Home and Community Care, the Royal District Nursing Service and community rehabilitation services for the frail aged.

K is a middle aged Vietnamese woman with three young children who was referred to the IMPAC program by St Vincent's hospital. K raises her family alone and does not own a car. She has limited English and required support at home after being discharged from the hospital to help with the children, household cleaning, laundry, shopping and meal preparation. As a result of IMPAC's involvement with K, homecare, shopping and meal preparation were organised, along with assistance to escort her children to various programs. Centre based child care was also organised for her youngest child, until K was once again able to manage these activities by herself.

This year NRCHC also developed a partnership with Women's Health in the North (WHIN) and now has increased dedicated hours for working with women who have experienced domestic violence referred to NRCHC internally and through the Berry St Referral Service.

NRCHC is improving service coordination for new and emerging community members and commenced this process with a service provider 'new and emerging communities' consultation' The consultation involved over 30 service providers and provided an opportunity for NRCHC and other health and community service providers to share issues and experiences when working with this client group. Service providers are experiencing difficulties responding to the needs of new and emerging communities and NRCHC will be playing a lead role in advocating for improved funding for services as well as educating and lobbying government to improve responses to emerging issues.

As part of our commitment to working with refugees and asylum seekers this year, NRCHC has entered into a new partnership with the New Hope Foundation, co-locating a Settlement Support Worker at 23 Lennox St. The worker is able to provide local residents with a much needed Settlement Support Service previously lacking from the Estate.

Existing partnerships with agencies such as St Mary's House of Welcome for programs like the No Limits Program also continue to perform a critical role in connecting mental health clients to the broader community and assist them to enhance their social and recreational skills.

The partnerships the Centre develops with service providers are equally as important as the partnerships developed with the community.



FINANCIAL STATEMENT

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2007

OPERATING STATEMENT
FOR THE YEAR ENDED 30 JUNE 2007

Statement by the Board 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 June 2007.

In the opinion of the members of the Board of Management, the financial report, together with its accompanying notes, present fairly the financial position of the organisation as at 30 June 2007 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 Board of Management and is signed on its behalf by :

Stephen Kerr

President

Dated this day of October 2007



	notes	2007 \$	2006 \$
INCOME			
Government grants		6,492,410	5,169,135
Consultancy contracts		135,928	203,537
Rental		67,812	74,728
Client's fees		404,898	249,948
Donations		14,611	43,505
Interest		105,213	88,590
Proceeds from sale/ trade-in of fixed assets		3,636	20,000
Other sources		51,774	34,701
Total income	[3]	7,276,281	5,884,145
EXPENSES			
Personnel cost		4,552,712	3,515,785
Agency staff and consultant		714,848	344,405
Purchased care		425,834	657,259
Employee benefit provisions		225,994	154,586
Depreciation of non- current assets		170,883	160,689
Residual value written- off on disposal of fixed assets		16,114	22,664
Finance costs		-	-
Other recurrent costs		865,662	1,143,562
Total expenses	[4]	6,972,047	5,998,950
NET SURPLUS (DEFICIT) FOR THE YEAR			
		304,234	(114,805)

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**STATEMENT OF FINANCIAL POSITION
AT 30 JUNE 2007**

	notes	2007 \$	2006 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	[7]	1,893,541	1,183,549
Receivables	[8]	185,142	282,870
Inventories	[9]	9,650	8,000
Other financial assets	[10]	813,040	767,591
Total Current Assets		2,901,373	2,242,010
NON-CURRENT ASSETS			
Intangible assets	[11]	11,663	14,570
Property, plant and equipment	[12]	1,735,853	1,785,573
Other financial assets	[10]	2,000	-
Total Non-current Assets		1,749,516	1,800,143
TOTAL ASSETS		4,650,889	4,042,153
LIABILITIES			
CURRENT LIABILITIES			
Payables	[13]	453,222	374,714
Provisions	[14]	823,267	670,112
Total Current Liabilities		1,276,489	1,044,826
NON-CURRENT LIABILITIES			
Provisions	[14]	317,358	244,519
Total Non-current Liabilities		317,358	244,519
TOTAL LIABILITIES		1,593,847	1,289,345
NET ASSETS		3,057,042	2,752,808
EQUITY			
Accumulated surpluses (deficits)		3,057,042	2,752,808
Total equity at end of period		3,057,042	2,752,808

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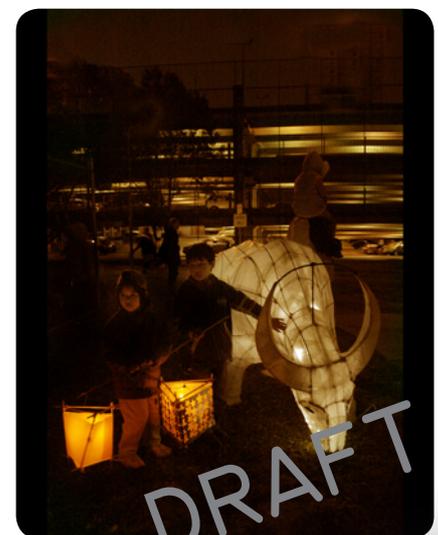


**STATEMENT OF CHANGE IN EQUITY
FOR PERIOD FROM 1 JULY 2006 TO 30 JUNE 2007**

		Restricted funds – allocated to meet employee benefit obligations	Balance of accumulated surplus	Total Equity	Restricted funds – allocated to meet employee benefit obligations	Balance of accumulated surplus	Total Equity
	notes	2007	2007	2007	2006	2006	2006
		\$	\$	\$	\$	\$	
TOTAL AT BEGINNING OF PERIOD		670,112	2,082,696	2,752,808	564,288	2,303,325	2,867,613
Surplus (Deficit) for year			304,234	304,234		(114,805)	(114,805)
Allocation to fund increase in employee benefit obligations		153,155	(153,155)	-	105,824	(105,824)	-
TOTAL AT END OF PERIOD		823,267	2,233,775	3,057,042	670,112	2,082,696	2,752,808

**STATEMENT OF CASH FLOWS
FOR PERIOD FROM 1 JULY 2006 TO 30 JUNE 2007**

CASH FLOWS FROM OPERATING ACTIVITIES	notes	2007 \$	2006 \$
Receipts from fund providers and clients		7,763,173	6,259,980
Payments of GST and PAYG deductions to ATO		(658,188)	(800,715)
Payments to suppliers and employees		(6,329,038)	5,416,388)
Interest received		112,227	104,206
Net cash provided/(used) by operating activities	[16b]	888,174	147,083
CASH FLOWS FROM INVESTING ACTIVITIES			
Fixed assets purchases		(134,369)	(119,851)
Cash (invested)/withdrawn		(47,449)	339,623
Proceeds on sale of fixed assets		3,636	20,000
Net cash provided/(used) by investing activities		(178,182)	239,772
NET INCREASE/(DECREASE) IN CASH HELD			
Cash held at 1 July		1,183,549	796,694
Cash held at 30 June	[16a]	1,893,541	1,183,549



NOTE [1] – STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements of the single entity, North Richmond Community Health Centre Inc., are a general purpose financial report prepared in accordance with the requirements of the Victorian Associations (Incorporation) Act, Australian Accounting Standards, Interpretations and other mandatory professional requirements. Accounting Standards include Australian equivalents to International Financial Reporting Standards (A-IFRS).

Basis of preparation

The financial report has been prepared on an accrual basis in accordance with the historical cost convention, except for financial instruments measured at fair value. Cost is based on the fair value of consideration given in exchange for assets.

In the application of A-IFRS, management is required to make judgements, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision, and future periods if the revision affects both current and future periods.

Judgments made by management in the application of A-IFRS that have significant effects on the financial statements and estimates with a risk of material adjustments in the next year are disclosed throughout the notes in the financial statements.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2007 and the comparative information presented for the year ended 30 June 2006. This is the first year that A-IFRS have been applied in full. The transition to A-IFRS is accounted for in accordance with Accounting Standard AASB 1 "First-time Adoption of Australian Equivalents to International Financial Reporting Standards" with 1 July 2005 as the date of transition. An explanation of how the transition has affected the Centre's financial position, financial performance and cash flows is discussed in Note 21.

Reporting entity

The entity is an association incorporated in Victoria, Australia. The principal activity of the organisation is that of a Community Health Centre. 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 association's Australian Registered Body Number is A0021519G and its Australian Business Number is 21820901634.

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

(a) Currency and rounding

The statements are presented in Australian dollars rounded to the nearest whole dollar.

(b) Income recognition

Grants from funding bodies are recognised as income when the Centre gains control of the underlying assets. For reciprocal grants, the Centre is deemed to have assumed control when the performance has occurred under the grant. For non-reciprocal grants, the Centre is deemed to have assumed control when the grant is received or receivable under the terms of the grant. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

Revenue from provision of services is recognised on a percentage completion basis when the services are provided and it is probable the Centre will benefit from the revenues.

Rental income is recognised on a straight-line basis over the lease term.

Interest income is recognised on a time basis with reference to the effective interest rate.

Resources received free of charge or for nominal consideration

Contributions in the form of services are only recognised when a fair value can be reliably determined and the services would have been purchased if not donated.

(c) Goods and Services tax

Revenues, expenses and assets are recognised net of the amount of GST, 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. The net amount of GST recoverable from, or payable to, the taxation authority is included with other receivables or payables in the balance sheet.

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(d) Employee Benefits

Employee benefits expenses include all costs related to employment including wages and salaries, leave entitlements, redundancy payments and superannuation contributions. These are recognised when incurred.

Liability for employee benefits arising from services rendered by employees to the reporting date is recognised 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 using the remuneration rate expected to apply at the time of settlement. Provisions expected to be settled within 12 months are measured at nominal amounts.

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 the Centre and charged as expenses when incurred.

Contributions were also paid on behalf of a small number of employees to a defined benefit scheme administered by Health Super Pty Ltd. and, as at 30 June 2007, 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.

(e) Cash and cash equivalents

Cash and cash equivalents include cash on hand, cash held in bank and credit card accounts, as well as on-call bank deposits.

(f) Receivables

Receivables consist predominantly of debtors in relation to grants and services, advances, accrued investment income and GST input tax credits recoverable.

Receivables are recognised initially at fair value and subsequently measured at amortised cost, using the effective interest rate method, less any accumulated impairment.

A provision for doubtful receivables is made when there is objective evidence that the debts will not be collected. Receivables known to be uncollectible are written off.

(g) Inventories

Inventories are held for distribution and consist of medical supplies, materials and stationery purchased, but unused at balance date. They are measured at the lower of actual cost and net replacement cost

(h) Other financial assets

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.

(i) 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.

(j) Property, plant & equipment

Property, plant & equipment is measured at cost less depreciation. The depreciable amount of all fixed assets, including buildings, but excluding land, is depreciated on a straight-line basis over each asset's useful life. The Centre's North Richmond premises are situated on land made available by the City of Yarra at no charge. The Centre has not been able to reliably measure the fair value of this land at the time the arrangement commenced, and it is not recognised as part of the Centre's assets.

(k) Impairment of assets

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.

(l) Leases

Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are recognised as an expense on a straight-line basis over the term of the lease.

(m) Payables

Payables represent liabilities for goods and services provided to the Centre prior to the end of the financial year and which are unpaid. They are recognised when the Centre becomes obliged to make future payments resulting from the purchase of goods and services and are measured at amortised cost.

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(n) Provisions

Provisions are recognised when the Centre has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cashflows estimated to settle the present obligation, its carrying amount is the present value of those cashflows.

(o) New Accounting Standards and Interpretations made but not applied

New Accounting Standards and Interpretations have been made which are not mandatory for the financial year ended 30 June 2007. The Centre has the option of adopting these rules ahead of their mandatory application date, but has not, and does not intend to do so. These standards and interpretations are:

Affected Statement	AASB Reference	Will apply to periods beginning
AASB 7 Financial Instrument Disclosures (a)	AASB 7	1 Jan 2007
Interpretation 10 Interim Financial Reporting and Impairment (b)	Interpretation 10	1 Nov 2006
Interpretation 11 AASB 2 Group and Treasury Share Transactions (b)	Interpretation 11	1 Mar 2007
AASB 101 Presentation of Financial Statements (a)	AASB 2005-11	1 Jan 2007
AASB 102 Inventories (c)	AASB 2007-5	1 Jul 2007
Text amendments to AASB's 1, 2, 3, 4, 5, 6, 7, 102, 107, 108, 110, 112, 114, 116, 117, 118, 119, 120, 121, 127, 128, 129, 130, 131, 132, 133, 134, 136, 137, 138, 139, 141, 1023 & 1038 (c)	AASB 2007-4 AASB 2007-7	1 Jul 2007
Interpretation 14 AASB 119 – The Limit on a Defined Benefit Asset, Minimum Funding Requirements and their Interaction (c)	Interpretation 14	1 Jan 2008
Interpretation 12 Service Concession Arrangements (b)	Interpretation 12	1 Jul 2008
Interpretation 13 Customer Loyalty Programmes (b)	Interpretation 13	1 Jul 2008
AASB 8 Operating segments (b)	AASB 8	1 Jan 2009
AASB 123 Borrowing Costs (c)	AASB 123, AASB 2007-6	1 Jan 2009
AASB 1049 Financial Reporting of General Government Sectors by Governments (b)	AASB 1049	1 Jan 2009

Expected impacts on future financial reports:

- (a) Statement primarily amends the disclosures that will be provided
- (b) Statement addresses material that is not relevant to the Centre's financial statements
- (c) Statement is not expected to have any material impact on the financial statements of the Centre



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NOTE [2] - 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.

	Note	2007 \$	2006 \$
NOTE [3] – INCOME			
Projects and programs			
Community health service	[6]	1,637,492	2,032,196
Youth welfare service		32,313	64,625
Vietnamese welfare service		0	63,800
Arts & culture program		296,609	302,072
Centre for culture, ethnicity and health		1,740,033	821,203
Post-acute care program		947,169	962,669
Dental health service		1,449,860	1,052,435
Psychiatric disabilities program		156,640	132,787
Drug safety program		872,920	647,855
Young people's recreation & sport activities		37,877	10,795
Sundry small projects	[7]	23,986	29,157
Interest on investments		105,213	88,590
Buses – grants/proceeds from sale & trade-in		3,636	0
Miscellaneous items (including donations)		3,129	1,005
Total income (non-consolidated value)		7,306,878	6,209,189
		(30,597)	(325,044)
Total consolidated income		7,276,281	5,884,145

NOTE [4] – EXPENSES			
Projects and programs			
Community health service	[6]	2,327,663	2,220,499
Youth welfare service		53,687	59,078
Vietnamese welfare service		0	72,040
Arts & culture program		356,522	294,996
Centre for culture, ethnicity and health		1,166,245	923,653
Post-acute care program		755,294	748,343
Dental health service		1,589,634	1,055,071
Psychiatric disabilities program		117,637	124,336
Drug safety program		649,272	675,555
Young people's recreation & sport activities		26,279	17,872.00
Sundry small projects	[7]	7,307	13,431
Buses - depreciation and change-over cost		12,416	12,588
Miscellaneous items		0	0
Total expenses (non-consolidated value)		7,061,957	6,217,462
less internal charges for cross-subsidisation		(30,597)	(325,044)
Total consolidated expenses		7,031,360	5,892,418

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	Note	2007 \$	2006 \$
NOTE [5] - COMMUNITY HEALTH SERVICE INCOME AND EXPENDITURE			
Income			
Government grants		1,411,926	1,514,918
Rental from various occupants		64,820	196,128
Consultancy fees		94,247	79,293
Client's fees		35,784	18,895
Administration fees from other programs		27,877	192,607
Miscellaneous income		2,839	30,356
Total income		1,637,492	2,032,196
Expenses			
Personnel cost (incl. overhead cost)		1,617,123	1,532,641
Variation in leave provisions		70,872	33,837
Medical supplies and diagnostic facilities		9,449	9,566
Power (gas and electricity)		23,195	19,676
Linen, laundry and cleaning		8,193	23,868
Repairs and maintenance		95,506	87,460
Consultants' fees		134,045	77,141
Auditor's fees for audit of financial statements 1		6,200	4,250
Staff recruitment cost		12,128	3,294
Membership dues and subscription		11,095	10,402
Insurances		11,227	37,021
Stationary, photocopying and computer supplies		78,415	62,871
Books, audio-visual & health education materials		697	881
Telecommunication cost (incl. ISP)		53,852	40,851
Postage and courier services		4,120	3,643
Motor vehicles cost		15,946	29,808
Travelling cost		5,263	19,558
Rent and rates (incl. equipment rental)		3,789	34,226
Public relations		6,978	12,907
Staff development cost		8,001	24,821
Security and fire alarm system		5,877	19,629
Translation and interpreting cost		29,708	24,181
Depreciation of fixed assets (incl. write-down on disposal)		84,814	106,574
Bad debts written off		0	0
Miscellaneous expenses		31,170	1,394
Total expenses		2,327,663	2,220,499
Result for period		(690,171)	(188,303)

1. The auditor received no remuneration for any other services.

	Note	2007 \$	2006 \$
NOTE [6] – SMALL PROJECTS			
Income			
Senior citizens' group activities		1,571	1,623
Social activities for residents		16,652	21,150
Timorese group activities		76	1,350
Vietnamese women's group activities		5,687	5,034
Total income		23,986	29,157
Expenses			
Senior citizens' group activities		1,589	2,042
Social activities for residents		2,386	6,374
Timorese group activities		547	1,550
Vietnamese women's group activities		2,784	3,464
Total expenses		7,307	13,431

NOTE [7] - CASH AND CASH EQUIVALENTS			
Cash on hand		6,053	5,570
Cash at bank - cheque account		382,471	124,296
Cash at bank - credit card account		0	763
Cash at bank - cash management account		1,505,017	1,052,920
		1,893,541	1,183,549
NOTE [8] - RECEIVABLES			
Current receivables			
Trade debtors		92,357	166,059
Accrued income		89,661	108,130
Prepayments		3,124	8,682
Total Receivables		185,142	282,870
NOTE [9] - INVENTORIES			
Medical supplies, materials and stationery at cost		9,650	8,000
		9,650	8,000
NOTE [10] - OTHER FINANCIAL ASSETS			
Current			
Bank term deposits (maturing within 12 months)		813,040	767,591
Non-current			
Bank term deposits (maturing later than 12 months)		2,000	-
Total Other Financial Assets		815,040	767,591

	Note	2007 \$	2006 \$
NOTE [11] - INTANGIBLE ASSETS			
Application software at cost		28,995	22,140
Less accumulated amortisation		17,332	7,570
Total Intangible Assets		11,663	14,570
Opening balance		14,570	11,328
Acquisitions from suppliers		6,855	11,544
Amortisation		(9,763)	(8,302)
Closing balance		11,663	14,570



NOTE [12] - PROPERTY, PLANT & EQUIPMENT			
Building at cost		1,643,429	1,643,429
Less accumulated depreciation		365,038	342,372
		1,278,391	1,301,057
Office & computer equipment at cost		378,232	330,148
Less accumulated depreciation		275,349	237,514
		102,883	92,634
Dental & medical equipment at cost		154,443	131,888
Less accumulated depreciation		96,461	81,687
		57,982	50,201
Furniture at cost		148,859	114,630
Less accumulated depreciation		86,000	83,285
		62,859	61,345
Plant & machinery at cost		98,616	98,616
Less accumulated depreciation		62,43	56,058
		36,177	42,558
Motor vehicles at cost		414,697	421,500
Less accumulated depreciation		227,527	200,304
		187,170	221,196
Other equipment at cost		39,614	50,696
Less accumulated depreciation		29,222	34,114
		10,392	16,582
TOTAL		1,735,853	1,785,573

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Reconciliations of the carrying amount of each class of property, plant and equipment asset at the beginning and end of the previous and current financial year is set out below:

	Balance 1 July 2005	Additions	Disposals	Depreciation	Balance 30 June 2006
Buildings	1,324,037			(22,980)	1,301,057
Office equipment	51,299	72,116		(30,781)	92,634
Dental & medical	59,947	2,280		(11,576)	50,201
Furniture	62,666	5,921		(7,242)	61,345
Plant and machinery	49,458			(6,900)	42,558
Motor vehicles	286,032	27,075	(22,664)	(69,247)	221,196
Other equipment	18,878	1,545		(3,841)	16,582
Total	1,852,317	108,937	(22,664)	(152,567)	1,785,573

	Balance 1 July 2006	Additions	Disposals	Depreciation	Balance 30 June 2007
Buildings	1,301,057	-	-	(22,666)	1,278,391
Office equipment	92,634	51,110	-	(40,861)	102,883
Dental and medical	50,201	22,555	-	(14,774)	57,982
Furniture	61,345	9,026	-	(7,512)	62,859
Plant and machinery	42,558	-	-	(6,381)	36,177
Motor vehicles	221,196	44,569	(13,059)	(65,536)	187,170
Other equipment	16,582	254	(3,055)	(3,389)	10,392
Total	1,785,573	127,514	(16,114)	(161,120)	1,735,853

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	Note	2007 \$	2006 \$
NOTE [13] - PAYABLES			
Trade creditors		241,265	151,021
Accrued expenses		211,957	165,489
Unearned Income (including grants received in advance)		0	58,204
		453,222	374,714
NOTE [14] - PROVISIONS			
Current			
Annual leave		388,276	334,958
Long service leave		434,991	335,154
Total current provisions		823,267	670,112
Non-current			
Long service leave		317,358	244,519
Total non-current provisions		317,358	244,519
Total Provisions		1,140,625	914,631
NOTE [15] - OPERATING LEASES			
a) Commitments			
Less than one year		115,402	119,107
One year to five years		273,686	389,088
		389,088	508,195
b) Expenses			
Office equipment		25,404	25,562
Office space		90,000	72,568
		115,404	98,130

The Centre has leased 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 expired during the 2006/07 year and has not been renewed. It also leases a photocopier for a term of 4 years.



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	Note	2007 \$	2006 \$
NOTE [16] - CASH FLOW INFORMATION			
a) Reconciliation of cash			
Cash on hand and deposit		1,893,541	1,183,549
Bank overdraft		0	0
		1,893,541	1,183,549
b) Reconciliation of net cash used in operating activities with net result in Operating Statement			
Result as per Operating Statement		304,234	(114,805)
Non-cash flows in result:			
Depreciation		170,883	160,689
Fixed asset residuals written off		16,114	22,664
Result of non-operating activities		(3,636)	(20,000)
Changes in assets and liabilities:			
(Increase)/Decrease in receivables		97,727	(73,879)
(Increase)/Decrease in inventories		(1,650)	0
(Increase)/(Decrease) in creditors		78,508	17,828
(Increase)/(Decrease) in provisions		225,994	154,586
		888,174	147,083

	Note	2007 \$	2006 \$
NOTE [17] - KEY MANAGEMENT PERSONNEL COMPENSATION			
The compensation paid to key management personnel during the year was:			
Short-term benefits		78,367	92,584
Post-employment benefits (superannuation contributions)		10,467	9,551
Long-term benefits		2,774	2,433
TOTAL		91,607	104,568

Members of the Board of Management are appointed on an honorary basis and do not receive compensation for their services.

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NOTE [18] - RELATED PARTY TRANSACTIONS

There were no transactions with related parties during the reporting period.

NOTE [19] - FINANCIAL INSTRUMENTS

(a) Risk management objectives and policies

The nature of the operations of the Centre do not result in substantial financial risk. The assessed risks lie primarily in credit risk and interest rate risk. The entity considers that there limited risk means there is no need to enter into risk management strategies involving derivative instruments. The Centre does not enter into or trade financial instruments for speculative purposes.

(b) Significant accounting policies and terms and conditions

Details of:

- the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised; and
- any significant terms and conditions in respect of each class of financial asset and financial liability are identified in Note 1 to the accounts.

(c) Credit risk exposure

There is no provision for doubtful debts included in the accounts at 30 June 2007, as all identified bad debts have been written off and there are no significant exposures in the remaining receivables.

(d) Fair Value of Financial Assets and Liabilities

The carrying amount of financial assets and liabilities contained within these financial statements is representative of the fair value of each financial asset or liability.

(e) Interest rate risk exposure

The Centre's exposure to interest rate risk and effective weighted average interest rate by maturity periods is set out in the following table. Exposures arise predominantly from assets and liabilities bearing variable interest rates.

Interest rate exposure at 30 June 2007	Floating interest rate \$	Fixed interest rate (maturing in 1 year or less) \$	Non interest bearing \$	TOTAL \$	Weighted average Interest rate %
Financial assets					
Cash at bank	1,887,488	-	6,053	1,893,541	5.04
Receivables		-	185,142	185,142	
Other financial assets	-	815,040	-	815,040	6.01
Total financial assets	1,887,488	815,040	191,195	2,893,723	
Financial liabilities					
Payables	-	-	453,222	453,222	
Total financial liabilities			453,222	453,222	



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Interest rate exposure at 30 June 2006	Floating interest rate \$	Fixed interest rate (maturing in 1 year or less) \$	Non interest bearing \$	TOTAL \$	Weighted average interest rate %
Financial assets					
Cash and cash equivalents	1,177,979	-	5,570	1,183,549	
4.80					
Receivables	-	-	282,870	282,870	
Other financial assets	-	767,591	-	767,591	5.43
Total financial assets	1,177,979	767,591	282,870		
Financial liabilities					
Payables	-	-	374,714	374,714	
Total financial liabilities	-	-	374,714	374,714	

NOTE [20] - SUBSEQUENT EVENTS

There have been no material or significant events occurring after the reporting date up to the date of authorisation for issue of this report.

NOTE [21] - IMPACTS OF THE ADOPTION OF AUSTRALIAN-EQUIVALENTS TO INTERNATIONAL FINANCIAL REPORTING STANDARDS

Following a review of information needs, the Centre has decided to produce a general purpose financial report for the first time for the year ended 30 June 2007. This is therefore the first financial report prepared in accordance with Australian equivalents to International Financial Reporting Standards (A-IFRS).

Under A-IFRS, there are requirements that apply specifically to not-for-profit entities that are not consistent with IFRS requirements. As the Centre is established to achieve objectives of government in health service delivery free of charge or at prices significantly less than their costs of delivery, it meets the definition of a not-for-profit entity. Consequently, where appropriate, the Centre applies those paragraphs in A-IFRS that are applicable to not-for-profit entities.

The Centre has changed its accounting policies effective from the transition date of 1 July 2005 to comply with A-IFRS.

As there has only been one change in accounting policy with material impact on the financial position and performance of the Centre, most changes have been limited to additional disclosures and amendments to presentation. There are no material changes in the Cash Flow Statement presented under A-IFRS and statement of cash flows presented under the superceded policies.

Change in policy – employee benefits – sick leave

Under the superceded policies, non-vesting sick leave entitlements of employees arising as a result of past service were recognised as a liability at 20% of the nominal value of the entitlement. This policy reflected a desire to ensure there was adequate coverage of the Centre's largest uninsured source of potential liabilities from operations, being employee benefits.

Leave is non-vesting if it is available during the period of employment but unused balances are not paid out upon cessation of employment.

Under A-IFRS, no liability is recognised for non-vesting entitlements if the Centre assumes that that the last accrued entitlement is applied first when employees take sick leave, and employees do not have a history of utilising more than their annual entitlement in any financial period.

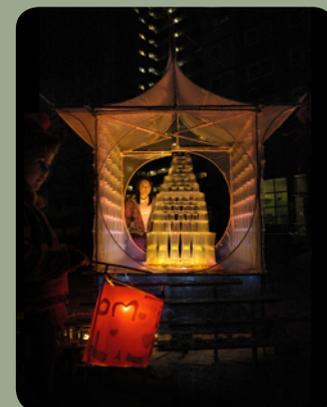
The effect of this change in policy is to remove previously recognised sick leave provisions and to increase the accumulated surplus by the same amount.

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NOTE [21] - IMPACTS OF THE ADOPTION OF AUSTRALIAN-EQUIVALENTS TO INTERNATIONAL FINANCIAL REPORTING STANDARDS (con't)

Effect of applying A-IFRS on the Statement of Financial Position at 1 July 2005:

	Previous policies	Effect of transition to A-IFRS	Applying A-IFRS
Total Current Assets	2,121,766		2,121,766
Total Non-Current Assets	1,863,645		1,863,645
TOTAL ASSETS	3,985,411		3,985,411
Current Liabilities			
Bank overdraft	867		
Payables	356,886		
Employee benefit provisions	591,315	(27,027)	564,288
Total current liabilities	949,068	(27,027)	922,041
Non-Current Liabilities			
Employee benefit provisions	439,005	(243,248)	195,757
Total Non-Current Liabilities	439,005	(243,248)	195,757
TOTAL LIABILITIES	1,388,073	(270,275)	1,117,798
Equity			
Accumulated surplus	2,597,338	270,275	2,867,613
TOTAL EQUITY	2,597,338	270,275	2,867,613



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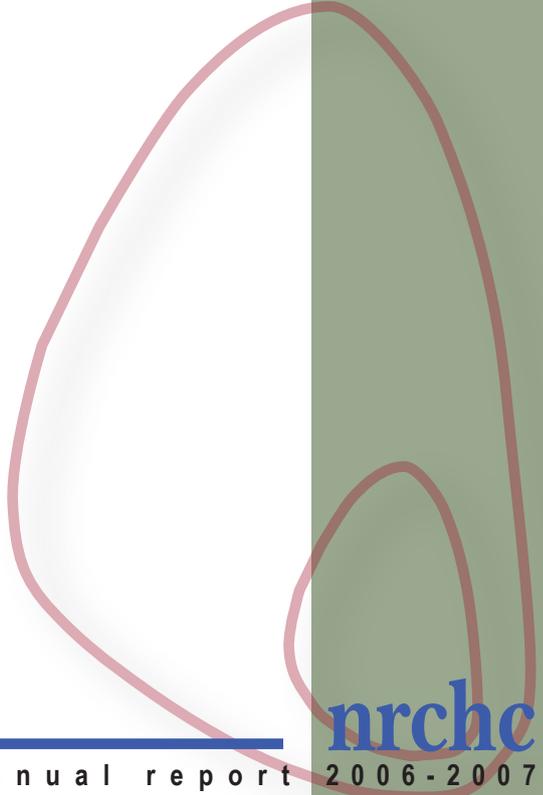
NOTE [21] - IMPACTS OF THE ADOPTION OF AUSTRALIAN-EQUIVALENTS TO INTERNATIONAL FINANCIAL REPORTING STANDARDS (con't)

Effect of applying A-IFRS on the Operating Statement for the financial year ended 30 June 2006:

	Previous policies as disclosed in published 2006 financial report	Effect of transition to A-IFRS	Applying A-IFRS as shown in comparative figures in this financial report
Income			
Government grants	5,169,135	-	5,169,135
Client fees	249,948	-	249,948
Other income	465,062	-	465,062
Total income	5,884,145	-	5,884,145
Expenses			
Personnel cost	3,515,785	-	3,515,785
Agency staff and consultant	344,405	-	344,405
Purchased care	657,259	-	657,259
Employee benefit provisions	48,054	106,532	154,586
Depreciation	160,689	-	160,689
Fixed assets disposals	22,664	-	22,664
Other recurrent costs	1,143,562	-	1,143,562
Total expense	5,892,418	106,532	5,998,950
Surplus (deficit) for period	(8,273)	(106,532)	(114,805)

Effect of applying A-IFRS on the Statement of Financial Position at 30 June 2006:

	Previous policies as disclosed in published 2006 financial report	Effect of transition to A-IFRS	Applying A-IFRS as shown in comparative figures in this financial report
Total Current Assets	2,242,010		2,121,766
Total Non-Current Assets	1,800,143		1,863,645
TOTAL ASSETS	4,042,153		3,985,411
Current Liabilities			
Payables	374,714		374,714
Employee benefit provisions	686,486	(16,374)	670,112
Total current liabilities	1,061,200	(16,374)	1,044,826
Non-Current Liabilities			
Employee benefit provisions	391,888	(147,369)	244,519
Total Non-Current Liabilities	391,888	(147,369)	244,519
TOTAL LIABILITIES	1,453,088	(163,743)	1,289,345
Equity			
Accumulated surplus	2,589,065	163,743	2,752,808
TOTAL EQUITY	2,589,065	163,743	2,752,808



BOARD OF MANAGEMENT MEMBERS:

Stephen Kerr - President

Bev Lewis – Vice President

Sue Corby – Treasurer (Finance Sub-Committee)

Lyn Dixon – Finance Sub-Committee

Sophia Panagiotidis – Finance Sub-Committee

John Ryan – Finance Sub-Committee

Bernardo Duarte

Susana de Pedro

Gavin Ryan

