North Richmond Community Health Centre

ANNUAL REPORT

2004/2005

Bringing health and happiness to our communities

north richmond community health centre

STATEMENT OF PURPOSES

1. **The name of the incorporated association is North Richmond Community Health Centre Incorporated.**
2. **The area served by the Centre is the area declared by the Chief General Manager under Section 45 of the Health Services Act 1988.**
3. **The purposes for which the incorporated association is established is:**

   a. To provide culturally appropriate, high quality health and social services to residents, workers and visitors to the City of Yarra by offering:

      - A range of primary health and social services based on identified priorities of the community's health needs;
      - Services based on individually assessed health and social needs with positive discrimination for disadvantaged individuals and groups;
      - Health and community education which will enable people to make useful decisions about their own lives;
      - Preventative treatment, rehabilitation and maintenance of an optimal level of individual and community well being;
      - Health and community services, and community developments to groups with special needs eg. the Timorese community.

   b. To develop a team concept of health and community services by:

      - Regular staff meetings designed to promote better inter-disciplinary effectiveness of health care roles for the dissemination of information;
      - Providing for the continuing education of board members, staff and community;
      - Involvement of board members, staff and the community in an on-going assessment of the Centre's effectiveness;
      - Employing strategies, which enhance the flow of ideas and strengthen the relationships between members of the staff, Board of Management and the community.

   c. To promote the health and general physical, mental and social well-being of the community by providing a service that is curative where necessary but works towards the prevention of ill-health, the active promotion of wellness and education in life-coping skills.

   d. To enable research to be undertaken into social, occupational and environmental factors which affect the health of the community.

   e. To actively invite and encourage community participation at all levels of decision making in the management of the Centre and in the delivery of health and social services.

   f. Provide field experience and supervision of students in training and to be a resource agency for others.

CONTENTS

BOARD PRESIDENT'S REPORT

2004 – 2004

I am pleased to present my third report to members and the community. At this time of year I am prompted to again reflect on the North Richmond Community Health Centre's accomplishments. The Health Centre strives for excellence in services and programs to meet current and emerging needs and expectations of our stakeholders. It is a tremendous compliment when external experts confirm this through the accreditation process we go through every three years. Once again congratulations are due to the Board and staff for receiving our excellent accreditation report in September 2004 from QICSA.

In October 2004 the nine-member Board had seven new members appointed. They bring a broad range of skills, experience and expertise to assist governance decisions. In February 2005, in addition to the ongoing Finance subcommittee of the Board, two new sub committees were established: Service Development and External Relations; and Major Projects. Subcommittee meetings provide the opportunity for Board members and senior staff to think creatively and hold deeper discussions about the matters of concern to the Centre and the community we serve. In early 2005, the Board was pleased to welcome Jason Juric as a co-opted member to the Service Development and External Relations subcommittee.

A review in March 2005 of the Centre's three year Strategic Plan 2003 to 2006 indicated that performance indicators were already achieved in most areas. Human Resources policies, including improved staff development opportunities and appointment of an Occupational Health and Safety Coordinator, have been implemented to enhance the workplace. The centre continues to participate in more than 15 health planning and advocacy organisations and is involved with development of the City of Yarra's Municipal Health Plan. In addition the Centre supports many community organisations assisting them to achieve their goals.

The Centre is continuing to expand services and to develop new and innovative proposals to address emerging needs in our community. The needle and syringe program and the dental program have both seen significant growth. Funding has been received for an exciting new statewide initiative, the Multi Cultural Gambling Service. During the year the Centre for Culture, Ethnicity and Health has expanded its partnerships, resources and its professional development role.

During the year the Board continued to work towards the goal of replacing the building. The Board was pleased to receive funding from the Department of Human Services to document present and future service requirements. This is a first step towards seeking capital funding from the Department of Human Services. In line with this goal, in September 2004, a Working Group was established with the Yarra City Council to examine the opportunity for a broader redevelopment incorporating co-located services and, possibly, other related public and private services such as neighbourhood house, children's services, youth services, pathology, social services and housing support services. This approach is consistent with current Federal, State and Local Government strategic policy regarding service co-location and effective use of infrastructure.

The Board commends the staff of the Centre who have once again shown their remarkable talent, commitment, energy and creativity. Staff worked hard, despite severely limited space and resources, to make significant accomplishments. We are proud of all of them.

In closing, it is important to emphasize the strength of the community members who we are honoured to serve, and the support of our volunteers and program advisory committees members.

Bev Lewis
President
Committee of Management

CHIEF EXECUTIVE OFFICER'S REPORT

2004 – 2005

I am pleased to present the Chief Executive Officer's Report to the members of NRCHC and to the community for 2004-2005. This past year saw significant change and growth for the Centre in governance, program and service delivery, and planning and community engagement. Our focus remains on working directly with our local communities with continued expansion of neighbourhood services and social health programs. Just as importantly there has been continued growth in our statewide programs especially significant growth in the Centre for Culture, Ethnicity and Health (CEH). In 2004 the Centre elected and appointed a new Committee of Management (COM). A number of members of the previous COM were reappointed or elected and there was strong interest from the members and the community in seeking a place on the new COM. The new COM includes people from diverse backgrounds and they bring energy and new skills the vital role of governance. Congratulations to all that have been appointed and elected.

Highlights in 2004-2005

Major Capital Funding

Centre revenues continue to grow at approximately 12% compound each year adding approximately 2-4 EFT to the staffing complement placing increasing pressure on accommodation and our capacity to deliver services from our main site at 23 Lennox Street. These critical accommodation issues have been addressed through renovations to the existing building and by seeking additional rental accommodation.

Major capital funding and addressing accommodation needs remains a major priority for the Centre's COM. COM members continue to be active in their advocacy for major capital funding and the Centre has been successful in attracting Department of Human Service funding to develop the Centre's Service Plan. The Service Plan will provide a framework for examining future requirements in service provision for the community and the consequent accommodation and facilities required to continue to address existing and new community needs. The COM resolved that the Centre should be re-built on the current site at 23 Lennox Street as this option offers the most benefit to the community in terms of access and capacity for future expansion. The site is owned by the City of Yarra and NRCHC has requested a long-term extension of the current lease arrangements to provide security of tenure. The City of Yarra has established the NRCHC Precinct Working Group, which includes representation from all interested stakeholders. The Working Group's brief is to develop on overarching strategy for the precinct including the Community Health Centre.

Centre for Culture Ethnicity and Health (CEH)

Centre revenues continue to grow at approximately 12% compound each year adding approximately 2-4 EFT to the staffing complement placing increasing pressure on accommodation and our capacity to deliver services from our main site at 23 Lennox Street. These critical accommodation issues have been addressed through renovations to the existing building and by seeking additional rental accommodation.

CEH experienced strong growth in 04-05 both in their existing programs and services and with the addition of new services to the Victorian community.

CEH has continued to expand the scope and range of professional training and workforce development services. There has been increased participation in the CEH Training Calender program with participants enrolling from community health, hospitals, aged care and local government. CEH's submission to provide Statewide Integrated Gambler's Help Service for CALD Communities was successful which will result in effectively doubling the size of the CEH workforce. This new and exciting initiative (funded through the Department of Justice) will provide support to gambler's help services across Victoria to better assist individual and families from CALD backgrounds experiencing gambling related problems.

Refugee health issues continue to be a priority for CEH and NRCHC. NRCHC continues to be a significant provider of pro-bono healthcare to Medicare ineligible asylum seekers. Services provided to this most disadvantaged group include medical, dental, nursing and

counselling casework. I take this opportunity to thank all the NRCHC staff that have contributed so generously of their time and skills to provide support and assistance.

Support for refugee health has continued through the CEH partnership with the Refugee and Asylum Seekers Health Network (RASHN). Submissions to continue funding support for RASHN have been developed and forwarded to DHS and charitable trusts.

Drug Safety Program

The Drug Safety Program continued to expand both capacity and range of services. The DSP has received significant increased funding support from the Department of Human Services that has enabled to program to re-locate the Needle and Syringe Program to a purpose built facility in a new location at 23 Lennox Street and employ additional staff. These changes have resulted in the provision of higher quality and more personalised services to program clients. The DSP has a two fold aim of addressing public health issues in reducing the risk of HIV and Hepatitis C for the client group and, within a harm reduction framework, provide a comprehensive suite of services. The program will continue to address new and emerging issues including community concern about public injecting. The program has made a major contribution to reducing the incidence of public injecting in and around the Centre and in alleviating community concern about safety. These positive outcomes have been achieved through very active community education initiatives, developing strong and positive relationships with our community including local schools, the police and other services and through providing direct support to clients to assist them in a more responsible manner.

Services and Programs

NRCHC continues to seek new opportunities for the expansion of current services and programs, develop proposals for new programs and submit for new services that become available. In 04-05 NRCHC developed a proposal to expand the provision of specialist medical services including the provision of in-house psychiatric services due to commence in July 2005. The Home and Community Care (HACC) Program remains a priority and NRCHC will continue to plan for expansion particularly of allied health services though the annual funding rounds.

The Health Promotion Program continues to develop beyond the initial phases of capacity building in forging new partnership both with other programs at NRCHC and with external organisations and community groups. Health Promotion continues to focus on at-risks groups particularly diabetes and those in the community at-risk of developing chronic illness and requiring more intensive levels of care. NRCHC remains committed to working in partnership with other primary health care services and continues to be an active participant in the North Central Primary Care Partnership. This year NRCHC increased capacity in initial needs identification, assessment and service coordination.

The Centre continued to participate in the Richmond Estate action Group (REAG). REAG's main purpose is to coordinate the provision of services to the Richmond public housing estate residents. NRCHC partnership with the North Richmond Tenants remains strong and the Tenants Council continues to the provider of innovative, client focussed social and recreational programs for residents. The Tenants Council should be congratulated for their commitment to improving the amenity of estate residents and for creative approach to engaging with a broad range of organisations including One Umbrella, the National Australia Bank and the Richmond Football Club. Special thanks the President of the Tenants and NRCHC COM member Lyn Dixon for her tireless and selfless commitment and contribution to the life of the Estate.

NRCHC continues to provide support to the final group of East Timorese Asylum Seekers still waiting for a Commonwealth Government decision on permanent visas. In 2005 The Centre together with the Asylum Seekers advisers, the Refugees and Immigration Legal Centre and Victorian Legal Aid undertook a campaign to support 52 Asylum seekers that had been rejected for a permanent visa. Centre staff met with parliamentarians and Ministerial staff to advocate on behalf of the community. We remain confident that this final group of East Timorese will finally be granted permanent visas after more that a decade of residency in Australia and successfully resettling in our community.

Finally I wish to thank the Committee of Management of the Centre for their magnificent voluntary contribution and I wish to particularly welcome and thank the new COM members who will serve a 3 year term. Special thanks to all our wonderful volunteers that assist with programs and services. You are a much-valued part of NRCHC. Thank you also to all our funders including Victorian government departments, particularly the Department of Human Services and to the City of Yarra. Special thanks to our commercial, charitable and private sponsors and supporters of all our community events including the annual Moon Lantern and Tet Festivals. My personal thanks to the management team for their dedication and professionalism and of course to the wonderful staff of NRCHC. I look forward to working together with you all in 2005-6.

Demos Krouskos
Chief Executive Officer

MEDICAL PROGRAM

2004 – 2005

Current activity

The medical program continues to provide a full range of general practice care to the community served by the health centre. Currently six GPs work within the medical service, although we have not had a full complement due to maternity leave and difficulty finding locum cover. Access to GP services continues to be available 6 days a week, until 8pm at night weekdays (except Fridays, when the service is open until 5pm), and on Saturday mornings.

We recently completed a second collection of activity data over a two-week period in March 2005. Based on this data our annual patient load decreased from 13,312 last year to 11,960 this year. This may be related to the decreased availability of doctors as mentioned above.

Table 1 compares this year with last year's data

Table 1:

	2004 (%)	2005 (%)
Home visits	2	2
Patients new to the medical practice	6	9
Patients holding a concession card	73	70
Patients from 3121 postcode area	67	69
Consultations with interpreters	29	32

We looked in more detail at work with interpreter use this year. Patients requiring an interpreter need good access to that service to ensure they have equal access to appropriate high quality medical care. We are very lucky in having access to high quality in-house interpreters in Hakka (used in 57% of interpreter consultations), Vietnamese (12%), Mandarin (13%), Cantonese (2%) and Turkish (8%). However at times we have to rely on telephone interpreters and other family members. Telephone interpreting services can be of variable quality and accessing them can be time consuming and unreliable in a busy clinic. Relying on family members can be unsatisfactory for confidentiality and technical reasons. Overall 8% of all consultations involved using one or other of these less than ideal options and in 1% of consultations an interpreter was deemed needed but none were available from any source.

Last year we described how the medical service meets a major need in the community through caring for patients with multiple complex and chronic medical and mental health conditions, in the context of significant financial and language barriers. In fact this year we estimate that 37% of consultations with patients involve managing a mental health or drug and alcohol problem. One of the major barriers in providing high quality care to this high need group of patients is access to welfare and counselling services.

Staff movements

Dr Meredith Lewis went on maternity leave and will unfortunately not be returning as she plans to spend more time parenting and needs more flexible work arrangements. Felicity Dent has returned from her maternity leave and is building up her session times. We plan to actively seek a senior GP trainee to be located at the health centre on a full or part time basis, still aiming for the 4.0 EFT we would like to have, but we are still hampered by a lack of access to medical rooms.

We are pleased to welcome Dr Tung Nguyen a psychiatrist who speaks Vietnamese and will consult on a sessional basis at the health centre. Last year we reported that the Paediatrics Fellow position would no longer be funded at the health centre. Luckily the advocacy of many people led to this decision being reversed for the time being. This service is very valuable to the community.

Once again private paediatricians, Darryl Effron and Noni Davis are still available to see children by GP referral.

Dr John Furler, *GP Medical Program*

Dr Gloria Moscattini, *GP Medical Program*

ORAL HEALTH PROGRAM

The Oral Health Program maintained services and increased client visits by over 15% again this year with 2,800 individuals attending for 7,215 appointments. This is in part due to stability and commitment of staff and efficiencies such as the digital radiography unit. Of interest to many in the community is the impact this has on the waiting time for routine care and it is with pleasure and satisfaction that waiting times are now consistently less than 12 months and well below the State average.

Partnerships with Dental Health Services of Victoria (DHSV) by way of piloting new software and epidemiological data collection packages were an interesting aspect of this year and many thanks to Helen Taylor for all her hard work in this respect. The program moved to completely paperless records during the year.

The Oral Health Program has again effectively utilised dental auxiliaries in line with national oral health strategic planning. Wendy Clay continues to provide care for youth through the Youth Dental Program and Scott Randall provides contract denture care. All dentists really worked hard this year.

Dr Kavitha Sivasithamparam moved to full time and has further complemented the more experienced dentists with her academic currency. She has in addition to her clinic begun expanding her community input through health promotion with a focus on preschoolers and their families. Donna Tomeski has really helped clients out again this year with her specialised endodontic skills. Congratulations to Dr Martin Hall who completed the Masters in Public Health at Monash this year.

Another solid team effort from the dental assistants lead by Sally Vong (Clinic Coordinator) and without their support and professionalism the Program's impressive performance would be not have been possible. Congratulations go to Jennine Perry and Anna Ivanovic who gained senior dental assistant status after a 3-month competency based performance appraisal. This approach proved very successful and has provided a model for future staff promotions.

The demographic of clients who attend the centre have remained the same. There was a less than expected increase in preschoolers attending for the Early Childhood Oral Health Program however older clients attending for denture care has increased. The cooperation with refugee and asylum networks has increased the number of clients who have recently arrived or released from detention centres attending for dental care. The program's efforts in this respect were recognised by a certificate of appreciation from the Fitzroy Learning Network.

Last but not least is Sandra and those in the administration area who manage to hold the program together and complete the year within budget.

In conclusion all dental and support staff deserve a big congratulation for a great effort in increasing performance indicators while maintaining a high quality of care to the community.

Performance Indicators

1. Waiting Lists

The program has reduced and stabilised waiting times for both conservative and denture care.

2. Attendances

This year the program as a whole we managed to further increase both courses of care.

3. Location

The program continued to attract clients from over 160 postcodes areas, with over 60% of clients travelling from outside the immediate Richmond area.

4. Language

53.5% of our clients are from non-English speaking groups. The main groups are Chinese/Hakka (15.3%), Vietnamese (13.6%) and Greek (12.3%). We would like to again thank the language program for all their valuable support.

5. Service Mix

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

Dr Martin Hall
Oral Health Program Manager

Table 1: Waiting Lists

As of 30th June 2005		Numbers Waiting	Waiting Time
Dentures	Routine Care	124	11 months
	Priority Care	25	2 months
Restorations	Routine Care	1266	10 months

Table 2: Attendances

	Courses of Care		Number of Visits	
	2003-04	***2004-05***	2003-04	***2004-05***
Total	3,447	***3,669***	6,476	***7,506***

Table 3: Location

Location of Residence	Clients – 2003 – 2004		Clients – 2002 – 2003	
Richmond	999	(36.9%)	**1011**	**(36.1%)**
Kew/Balwyn	298	(11.0%)	**292**	**(10.4%)**
Hawthorn/Camberwell	259	(9.6%)	**268**	**(9.6%)**
Collingwood/Abbotsford	145	(5.4%)	**105**	**(3.8%)**
Other	1007	(37.1%)	**895**	**(35.4%)**

Table 4: Service Mix

SERVICE TYPE	2003 – 2004	2004 – 2005
Diagnostic	6,370	**6,945**
Preventive	2,362	**2,008**
Periodontal Therapy	121	**252**
Oral Surgery	1,266	**1,529**
Endodontic	711	**997**
Restorative	4.735	**5,031**
Prosthetic New Units	348	**371**
Prosthetic Repairs	278	**418**
Other	915	**248**
Interpreter Services	840	**752**
Total Treatments	**18,506**	**18,643**

NURSING & ALLIED HEALTH PROGRAM

2004 – 2005

This last year has seen a few staff changes to the Nursing and Allied Health Team. Nicola Hamman the Clinic Nurse has left and Kuan Chen has continued on as the Clinic Nurse dividing her time between NRCHC and her A&E work. Kuan brings to this position a vast knowledge and expertise in assessment, wound care and resuscitation. Chris Uren worked for the first six months of the year, and Gill Lowe and Wendy Pattenden work part time in the remaining position. Gill brings her expertise in asthma education and management and Wendy has a background in A&E.

Keira Middleton the Speech Pathologist is on a year's maternity leave and her position has been filled by Louise Philpot. Madeline Ward the Dietician is also on maternity leave and her position has been filled by Lucinda Riches. They have both worked enthusiastically and have bought new ideas and skills to these positions.

Roger Lindenmayer continues in his role as the Diabetes Educator and Fiona Beale continues on as the Community Midwife, Women's Health Nurse. Kathy Lucas continues to run the much valued and popular Water Exercise Program.

Fiona Beale
Co-ordinator Nursing & Allied Health Program

Community Midwife / Women's Health Nurse

The Community Midwife continues to work with 'The Royal Women's' Hospital' and 'The Mercy Hospital' providing shared care, as an antenatal option, she also provides social and emotional support for women and their families on the Richmond Housing Estate.

The role continues to support the Multicultural Health and Support Service (MH&SS) providing eduction and support for the workers and working collaboratively with the Horn of African, Thai and Vietnamese communities. The MH&SS provides information and education on Hepatitis C, HIV and other Blood Borne Viruses.

We continue to provide clinical services and support for clients wishing to have Blood Borne Virus and Sexually transmitted infection testing in a culturally sensitive environment. We also provided support accessing mainstream services, enabling them to confidently navigate their way through the public hospital systems.

The Community Midwife / Women's' health nurse has held a position on the MH&SS Steering and Reference Committees.

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

The role has continued to work collaboratively with the Drug Safety Program (DSP) providing outreach education, women's health and Blood Borne Virus screening to clients.

The sexual and reproductive health education continues with the school nurse at Lynell Hall providing talks to Year 10 students. This has provided a link for the school and the students to the health centre.

The talks continue at 'Belgium Avenue Neighbourhood House' to the Mothers Groups on Women's health and other topics of interest to the women. We are also organising to expand this program to include dental and speech pathology, asthma education and dietetics this year.

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

The Mammogram Screening for Vietnamese and other CALD groups at St

Vincent's continues, providing assistance in accessing these services, appointments are made, support provided and transport to St Vincent's.

Fiona Beale
Community Midwife

Nurses Clinic

Kuan Chen coordinates and works in the Nurses Clinic. Kuan continues to upgrade our policies and procedures. The Sterilisation Policy has been endorsed and we have upgraded some of our equipment over the last year. We have purchased a new ECG machine and resuscitation equipment.

We have continued to provide support and services to both students and staff at the local primary schools. We have been providing lice checks and education to both staff and parents in and have provided this information in different languages. We have also provided staff at the local primary school with 'Fluvax' vaccinations.

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

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

Kuan Chen
Nurses Clinic (Multilingual; Hokkien, Bahsa, English)

Diabetes Education

The Credentialed Diabetes Nurse Educator, Roger Lindenmayer has continued with the established service of group and individual education, support and advice with a particular focus on local CALD communities. There appears to be a gradual but consistent increase in the number of referrals received and the number of referring service providers. Joint activities with other agencies in the City of Yarra and liaison with other service providers have been maintained. Guidelines for ambulatory Insulin Stabilisation have been developed and this service is currently offered to medical practitioners for patient in the City of Yarra. This year a new monthly group session has been established to provide introductory information on services and promote social connectedness among Vietnamese speaking people with diabetes. Education and information tools have been developed and translated to target the Vietnamese speaking community, and we will be seeking partnerships to assist in disseminating these more widely.

Roger Lindenmayer
Credentialed Diabetes Nurse Educator

Water Exercise Group

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

Kathy Lukacs
Nurse

HACC and Community Dietitian

Lucinda Riches has replaced Madeleine Ward as the HACC and community Dietitian while Madeleine is on maternity leave. The Dietitian continues to primarily see community members for individual counselling. The most common reasons for people presenting to the Dietitian were for weight management, dietary management of cardiac risk factors, such as high cholesterol or high blood pressure, and for diabetes management.

A significant proportion of the residents of City of Yarra experience food insecurity. That is, being unable to 'acquire appropriate and nutritious food on a regular and reliable basis, and using socially acceptable means'. NRCHC is a referral agency for the City of Yarra subsidised Café Meals Program, which currently has approximately 60 members and a very large waiting list! The Dietitian assists people who are on the waiting list with advice on optimising food choices on a limited budget and ideas on improving food access.

The Home and Community Care (HACC) funding targets home-based adults who are nutritionally at risk. This includes frail older people, younger adults with intellectual, psychiatric or physical disability, and adults who are financially disadvantaged and living in alternative accommodation. These community members may see the Dietitian at the centre or in their home. Nutrition intervention is undertaken to assist with preventing premature frailty, ill health, or increasing dependency, and temporary or permanent admission to an institution. Prevention of malnutrition in this group can reduce the risk of falls and infections, improve wound healing, and enhance recovery from surgery, as well as increasing quality of life and reducing the cost of health care for the individual and the community.

In 2004 student dietitians from Monash University undertook an 8-week project at NRCHC, which involved exploration of the health support needs of the North Richmond Vietnamese community to ensure healthy living behaviours. Community members were consulted with via focus groups, interviews and SBS Vietnamese radio. It was found that the development of healthy living models for the North Richmond Vietnamese community should be based on positive messages that acknowledge traditional practices and beliefs. The findings from this project have guided service provision and will continue to be useful for developing health supports for this community in the future.

The Dietitian has recently made links with Richmond North Boroondara Kindergarten, to provide parent education sessions on preparing healthy snacks and school lunchboxes, and on how to cook healthy 'Western' type meals for families from culturally and linguistically diverse backgrounds. Links have also been made at Bromham Place clubhouse psychosocial rehabilitation program for people with a psychiatric disability. The Dietitian sees some members of Bromham Place individually at NRCHC and has assisted with an 8-week weight management program at Bromham Place. This year new nutrition and education resources have been developed and some translated for use with Vietnamese and Chinese clients.

In 2005-2006 there will be a stronger focus on HACC-eligible clients and on promoting the importance of developing healthy eating patterns to prevent or reduce the burden of disease in this vulnerable client group. I also hope to encourage other staff to refer HACC eligible clients to the Die titian for nutrition risk screening and monitoring, and be aware of characteristics known to be associated with dietary or nutritional problems.

In addition, plans have been made to provide education sessions on healthy eating for diabetes, weight management and pre-school nutrition at Belgium Avenue Neighbourhood House. In the next year the Dietitian will also work with Lynall Hall community school to promote healthy eating for adolescents, and possibly initiate a school breakfast program.

Lucinda Riches
Dietitian

Speech Pathology

The Speech Pathology service offers assessment, diagnosis and intervention for children 0 – 6 years of age and at a pre-prep level with a range of communication difficulties. These may include:

- Delayed language development,
- Difficulties with speech sound production,
- Stuttering, and
- Voice disorders.

However, the service is limited to children with a specific speech and language problem, rather than those with delays across more than one area. Clients are generally referred by paediatricians, GPs, kindergarten teachers, maternal and child health nurses and parents. Anyone can make a referral with the parent's consent, by filling out a referral form or contacting the Speech Pathologist. Clients identified with more complex, or a variety of difficulties, may be referred elsewhere following assessment, for example to early intervention services.

Once a referral has been made, clients are placed on the waiting list. There is currently approximately a 4 – 6 month wait for an assessment. Following the assessment, a client may be offered intervention if the need is apparent, or advice and home program ideas for support to be provided, or referral elsewhere or discharged if WNL. Intervention can be provided on an individual or small group basis. A block of 6 – 10 weekly intervention sessions are usually conducted, with a break then provided prior to reviewing the child's progress.

The Speech Pathology program is run in liaison with the North Yarra Community Health service. This year the position has been split into two half time positions, one based at North Richmond Community Health and one at North Yarra. Two Speech Pathologists are filling this locum position in place of Keirra Middleton who is on maternity leave. The service provision is for clients based primarily in the City of Yarra. The majority of the sessions are conducted at the relevant Community Health Centre however preschool visits may also be conducted. Occasionally home visits are also made. Information sessions are held for groups such as 'early motherhood groups', maternal and child health nurses and other allied health and educational staff.

Louise Philpott

Stephen Schmidtke

Executive Manager Client services

IMPAC – INNER MELBOURNE POST ACUTE CARE PROGRAM

2004 – 2005

IMPAC staff have again risen to the challenge of working in a very fluid environment influenced in part by the implementation of HARP programs, the roll out of the PEP SCoTT tools and the Department of Human Services release of a discussion paper titled "Strategic Directions for Post Acute Care Programs". IMPAC has continued to be an active participant in the stateside PAC Program forums, the Primary Care Partnerships and in the continuing implementation of the SVHM HARP programs.

This year, IMPAC has supported 1,656 clients with an extensive range of health and welfare services and care coordination, as outlined in Table 1 below.

This represents about a 1% increase on last year and about one quarter above the target set by DHS. About 1/3 of clients recuperated (i.e. no need for further services), 1/3 were referred to other agencies (mostly HACC funded services) and the remainder going back to hospital, bed-based respite, rehabilitation or family assistance. An interesting change this year (for reasons unknown) is that IMPAC has not received referrals for TAC, Work Cover or HARP Restoring Health clients.

Table 1: Overall Program Activity 2004/05

Funding Stream ** Fee for service income/reimbursements*	**New client referrals**	**Number referrals accepted**	**Client episodes completed**	**Average episode (days)**	**Longest episode (days)**	**Shortest episode (days)**
Post Acute Care	941	936	967	24	183	1
Sub Acute Care	273	273	270	22	102	1
Emergency Departments	207	204	203	17	72	1
HARP (Holding it together - HIT)*	9	9	12	47	205	1
HARP (T.R.A.A.C.)*	102	102	102	24	167	1
Hospital in the home*	70	70	73	12	74	1
Department Veteran Affairs*	28	28	29	17	78	2
Total	**1630**	**1622**	**1656**			

This year IMPAC has brokered in excess of $390,000 worth of services to our clients, (about $41,000 of this will be reimbursed through fee-for-service arrangements) with home care and physiotherapy constituting the largest cost service type. IMPAC continued with its cost containment strategy, successfully keeping costs within budget while still providing flexible and responsive services to a greater number of clients. The breakdown of service costs by funding stream is outlined in Table2.

Table 2:
Program Client Services Costs 2004/05

Post Acute	$254,076
Sub Acute	$58,297
Emergency	$37,356
HARP	$29,491
HITH	$7,154
DVA	$4,528
TOTAL	**$390,902**

Staff Changes

During the year, Nicole Lavender and Louise Uchaz both went on maternity leave. During their absence, Natasha Long has provided admin support and Alina Schor-Enea has joined us from St George's Hospital Social Work Unit to provide care coordination. Staff have again delivered the program within budget and with diligence and professionalism to clients, referrers and service providers, and I sincerely thank them for their efforts. Special thanks go to Sue Senewiratne for her contribution in assisting me with staff orientation and admin support during the staff changes.

Peer-Led Self-Management of Chronic Illness Project

IMPAC was sub-contracted by La Trobe University to manage this 3 year project which addressed self-management of chronic Illness in the Italian, Greek, Chinese and Vietnamese communities of inner Melbourne. The project was funded by the NHMRC with contributions from both the North Central Metro and Boroondara Primary Care Partnerships, and the DHS. The self-management program is based on the Stanford University model, developed by Prof Kate Lorig and colleagues. The program was tested using a randomised method to evaluate the outcomes between two groups. The project is now officially complete with one or two control groups being organised to have the program delivered to them.

The major achievements included the training of 42 bi-lingual Peer-Leaders; delivery of 36 language specific self-management programs and the development of program materials (translated talking books, audio-cassettes, leader's manuals, participant handouts and action plans). There were statistically significant improvements in the intervention group compared with the control group, including lower levels of pain, fatigue and health distress, increased levels of energy and vitality and better communication with health professionals. However, there was no difference in health service utilisation between the two groups. There are also negotiations proceeding with Stanford University for the Project Manager and the Italian Project Officer to take the Italian version to Florence, Italy in 2006.

My thanks go to the North Richmond Community Health Centre and the Inner East Community Health Service for their continued admin support and we look forward to the forthcoming year with enthusiasm and new opportunities to work closely with our PEP and acute colleagues.

John Belfrage
Program Manager

CENTRE FOR CULTURE ETHNICITY AND HEALTH

2004 – 2005

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

CEH specialises in assisting individuals and agencies to develop strategic and sustainable approaches to working with clients and communities from culturally and linguistically diverse (CALD) backgrounds. We provide a range of integrated professional support and consultancy services that can be described using three main approaches: Education and Training, Consultancy and an Information Service.

The last year has been an important year for CEH as it has been a year of organisational development and growth.

In the area of Education and Training CEH has gone from strength to strength. Our over- subscribed calendar training has continued to reflect CEH's commitment to partnering with ethno specific and other specialist health organisations in the delivery of training for health practitioners and professionals.

This year CEH has partnered organisations such as the Vietnamese Community Association – Vic Chapter, the Australian Greek Welfare Society and the Victorian Arabic Social Service in our calendar events to assist health practitioners in their work with CALD clients and communities. CEH has trained at least 280 workers from the health and community sectors.

CEH has provided tailored, in-house training to over 400 health and community sector workers this year. As well as delivering training to over 10 organisations upon request, this year CEH was also funded by the Department of Human Services (DHS) to deliver Palliative Care and Cultural Diversity training for palliative care workers and volunteers across Victoria. The training module developed for this program is unique in Victoria and has expanded CEH's program for future years.

CEH is always looking to improve its education and training service and for the first time undertook an impact evaluation late last year involving post training evaluation of training participants. This evaluation methodology will be undertaken for all CEH education and training activities so that this CEH service can continuously improve to meet changing demand in the sector.

Consultancies have also become a considerable proportion of CEH activity. Over the last year CEH has work

comprehensively with a number of organisations. This approach has been developed by CEH as a means of creating sustainable work practice in the health and community sector.

In the last year CEH has worked with 12 health, community, multicultural and government departments to provide advice, coaching or resource support. CEH staff members have also been involved in the development of the National Health Medical Research Council Cultural Competencies in Health Framework, which will be completed for health sector workers nationally this year.

Consultancies provide CEH with opportunities to develop new models and resources to assist the health and community sector to improve its responsiveness to CALD clients and communities. This year CEH used this interaction with the sector to develop a series of 8 resources to support language service provision and CALD consumer participation.

CEH's comprehensive library service continues to operate at CEH as an important cornerstone of the Information Service activities offered by CEH to the sector. In the last year over 180 workers and students have accessed this service. CEH has also continued to produce its seasonal newsletter focusing on a variety of contemporary themes for health practitioners and professionals including up to date information about new State Government cultural diversity policy and legislation impacting on the health sector such as the Multicultural Affairs Act.

The way in which CEH communicated with the health and community sector has been improved with its new website. The new site is a much more effective repository for the CEH newsletter, and resources and provides electronic access to our library catalogue from anywhere in Victoria. The products produced for CEH's Information Service have all undergone evaluation in the last year to assist the organisation to improve its responsiveness to the health and community sector.

Language services have been an important theme for CEH this year. CEH's promotion of language service provision reflects a State Government budget commitment to improving language service provision in the health sector. In recognition of this, coupled with its four 'How to' resources, CEH have also developed Language Services: Good Practice in the Victorian Health and Community Sector. This guide, funded in part by the Department of Victorian Communities, showcases eight examples of good practice in language service provision in Victoria.

The organisation has also recently won the tender to deliver the Statewide Victorian Integrated Gambler's Help Service for CALD Clients and Communities. This innovative new Government funded program of CEH will commence in January 2006 after a six-month planning phase and will expand CEH activities in the community sector.

CEH is a unique statewide agency offering expertise in the areas of health promotion, cultural diversity and health, cultural competence, language services, cross cultural communication, health assessment and consumer participation. The activities of CEH in past twelve months have expanded the skills and knowledge of health and community sector organisation in all of these areas. In the coming year CEH will continue to use its diverse interaction with organisations and individual staff to support the health and community sector in Victoria to improve their responsiveness to CALD clients and communities.

Annabel Barbara
Executive Manager
Centre for Culture Ethnicity and Health

REFUGEE AND ASYLUM SEEKER HEALTH NETWORK

In January 2002, community workers and health care providers concerned about the health of refugees and asylum seekers gathered in Melbourne to discuss how the health needs of this community might be met in a more effective and equitable way. Those present elected to form the Melbourne Refugee and Asylum Seeker Health Network (RASHN). This unincorporated alliance of individuals and organisations was formed to address the health needs of refugees and asylum seekers in the community. Last year RASHN received funding from VicHealth for a Coordinator to drive the activities of RASHN for one year.

As a long standing member of the volunteer network North Richmond Community Health Centre (NRCHC) took on a role of auspicing the Network when it received VicHealth funding and has provided RASHN with a permanent home.

Since the appointment of the RASHN Coordinator RASHN has more clearly defined to its role and membership in order to grow its effectiveness for refugees and asylum seekers across Victoria, and ensure that RASHN can position itself to best assist the health sector to meet their health needs.

The most significant activity of RASHN over the last year has been the development of its Strategic Plan. The development of the Plan involved the participation of over 15 government departments, advocacy, health and community service providers. The Plan developed in July 2004 identifies RASHN's mission and 3 major work priorities: facilitate, educate and advocate.

Over the last year RASHN has undertaken a number of activities to meet its mission to work in partnership to improve the health of Medicare-ineligible asylum seekers living in the Australian community by increasing the capacity of health and welfare organisations and individuals who provide services to asylum seekers.

RASHN has continued to provide community-based casework agencies with information about referral services and has had the responsibility for managing a database of 53 GPs involved in the GP Refugee Health Network.

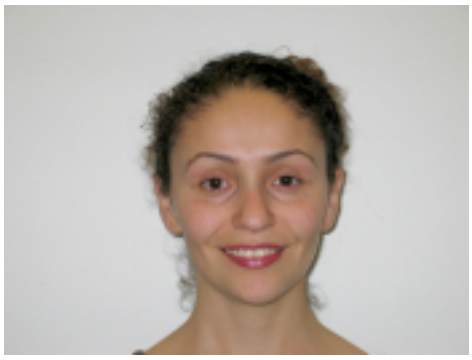
In March 2005 RASHN hosted a Refugee Health Forum at Dandenong Hospital in collaboration with Monash University, the Dandenong District Division of General Practice and the Victorian Survivors of Torture. Representatives of RASHN have also participated in a number of speaking engagements, conference activities and public events such as the 'Thank you Volunteers Day' for Refugee Week and at the 25th Anniversary Federation of Ethnic Communities Council of Australia Congress.

RASHN has updated and regularly maintains both the RASHN Victoria and Researching Health and Human Rights websites. RASHN has also distributed email newsletters to both RASHN members and members of the GP Refugee Health Network on a monthly basis.

One of RASHN's major tasks this year has been to increase its funding so that the Network can continue to be resourced. The Network has had great success in securing funding from the Department of Human Services to operate for another year with the employment of a RASHN Coordinator. The Network has also received a grant from the Coles Meyer Foundation to develop an advocacy campaign about health issues for Medicare-ineligible refugees and asylum seekers. The coming year will be an important year for RASHN members and the health and community sector more broadly.

With a growth in refugees and asylum seekers from new and emerging communities in Victoria, and the increased funding for direct service delivery for refugees and asylum seekers being received by the community health sector in this years State budget, the role of RASHN will continue to remain relevant.

Annabel Barbara
Executive Manager
Centre for Culture Ethnicity and Health



COUNSELLING CASEWORK PROGRAM

Social Work

Counselling and Clinical Supervision

The generalist social work position provides direct counselling services to clients, and clinical supervision to NRCHC counselling and casework team. This position is based at the centre for 2.5 days a week, consisting of 1.5 days counselling and 1 day of clinical supervision.

Counselling

The counselling service is offered Monday afternoons and Wednesdays, providing the following services:

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

Clinical supervision

Clinical supervision involves providing a regular, safe and uninterrupted space for staff to think about their work with clients and develop their knowledge and skills as clinicians. In addition to staff supervision I also supervise students on placement.

Currently we have a counselling student Caroline Francis undertaking a clinical placement at NRCHC from Kingsley College. We have found that by offering student placements, that this provides additional counselling appointments for the community and community health experience to the next generation of graduates. I am very pleased that NRCHC supports clinical supervision, through which an ongoing commitment to client accountability can be maintained.

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

Mary McGowan
Social Worker

Generalist Social Work

In this past year I have provided short to long-term casework and counselling services to a large number of clients, predominantly from CALD communities. Priority has been given to clients who have been disadvantaged and with complex needs in the local community.

During my clients work I have experienced an increasing demand in requests for assistance in parenting and migration related issues. This demand has seen a shift over the past year with an increased focus in my direct work with individuals and their families and a decrease in the provision of group work and educational sessions to Turkish community members. I have, however been able to maintain close relationships with Turkish speaking clients and communities, conducting a number of outings for Turkish speaking clients in order to decrease isolation and establish social connectedness within Turkish community members.

Over the coming year I will be exploring opportunities to incorporate after hours appointments for counselling. This is in response to requests for more flexible appointment allocations, providing clients with increased access to these services. I have continued to developed good links with colleagues and other service providers in the local community and tack this opportunity to thank them and my clinical supervisor for their ongoing support of my work. It has also been a pleasure to work at NRCHC, an organization that has a long-standing reputation in providing culturally sensitive social work practice.

Cigdem Yilan
Social Worker (Bilingual, Turkish-English)

EAST TIMORESE & CHINESE SPEAKING SERVICES

Services to individuals and their families:

During the past year, the program has provided a range of casework and counselling services to clients on a variety of presenting issues. The service is currently responding to the prevailing issues amongst our community including immigration and settlement matters as well as issues related to asylum seekers. The major issues continue to be housing, education, Centrelink, inadequate income, work related injuries, family sponsorship, mental health, disability, and legal matters. Clients have been offered services such as advocacy, information and advice, referral, crisis intervention as well as short, medium to long term support and counselling.

Tai Chi Program:

This program has continued to run at NRCHC every Thursday afternoon, from 1.30 to 2.30pm free of charge to all participants. It is in its fifth year, and is taught by our volunteer Mr Chuo Lin Tang who speaks both Mandarin and Cantonese. Feedback from participants regarding the program has been very positive with most participants acknowledging that they have improved their physical well-being from the exercise program.

Woman Support Group:

This group has continued to meet at the health centre over the past year with the purpose of reducing social isolation by do things together, share information/ experiences, knowledge/skills and resources. Over the year, I have seen group members gain more confidence, which has enables them to readily participate in and/or access other activities/programs/services run by other providers in the City of Yarra. On behalf of the group, I would like to thank and acknowledge the financial support from the City of Yarra, who has financially contributed to materials and resources for this group through the community grants program.

Timorese English Class:

This class has continued to meet on Monday morning from 10 till 12 noon at the centre. The tutor for this class is our volunteer teacher Mrs. Beverley Santospirito. On behalf of this group, I would like to thank Mrs Santospirito for her enthusiasm and dedication for being a wonderful and valuable volunteer over the years.

Isabel Tan
Social Welfare Worker
(Multilingual; Hakka, Mandarin, English)

YOUTH SERVICES

NRCHC continues to provide services and programs to young people aged 12 - 25 years and from culturally and linguistically diverse backgrounds (CALD).

Young people have presented to the youth service with a range of issues. These include housing, legal, fines, substance use, financial difficulties and school related issues. Young people are assisted through individual casework and advocacy. Young people are also encouraged to further develop their skills when they are faced with difficulties or barriers in accessing appropriate services.

In February 2004, NRCHC Youth Services was successful in receiving funding from the Commonwealth Government – Department of Health and Ageing under the National Illicit Drug Strategy Community Partnerships Initiative to fund a Sports/Recreational Program for Young People from CALD backgrounds.

The sports and recreational program has been integral to young people (who mostly reside in public housing) to access and participate in structured sports programs. The program provides opportunities to young people who would otherwise be isolated and face barriers in participating in sports programs. I would also like to take the opportunity to thank Bernardo Duarte for his support and assistance with the program, in driving the young people to and from the program and coaching the junior indoor soccer team. Furthermore, I would like to thank the young people's active participation within the sports and recreation programs.

The NRCHC Youth Worker position receives the majority of its funding through the City of Yarra. The City of Yarra Youth Services Team is working in conjunction with NRCHC to strengthen the relationship and programs offered to young people in Richmond. I would like to thank Yarra Youth Services for their support and look forward to working with the team in the future.

Carol Fatouros
Youth Worker

HARP – ALERT/HIT

Community Case Management – Bridging the gap between hospital and community

The Hit program is an HARP (Hospital Admission Risk Program) initiative, in a partnership with St. Vincent's Health.

HARP, a project of the Department of Human Services, in general aims at reducing the avoidable use of hospitals by developing models of care, particularly proactive case management, involving hospital and community, focusing on chronic or complex needs and prioritising frequent users of the acute public hospital system. The Nth Richmond Community Health component has been operating over the past 3 years.

The interface between community based services and hospitals is critical in achieving better outcomes and reducing the avoidable use of hospitals. The ALERT/HIT program, a response under HARP by St. Vincent's Hospital is one example of hospitals and community based services working well together. HIT is the community component of the Alert/Hit team based at North Richmond CHC. Alert is a multi disciplinary team based in the emergency department at St. Vincent's that works alongside the medical staff to assist patients with social and health issues aiming to refer patients to local community services. HIT provides community case management and aims to develop closer connectedness with community services to prevent avoidable hospital admission.

Alert/Hit targets those who have one or more of the following issues:

- Alcohol and Other Drug issues
- Acquired Brain Injury
- Homelessness
- Mental Health
- Disability
- Ageing Care

and includes those who have attended or are likely to attend the emergency department at St. Vincent's Hospital.

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

I would like to take this opportunity to thanks St. Vincent's Health and the HARP team for their ongoing commitment and support for this program.

Michael Woolard
Case Manager

VIETNAMESE & CHINESE COMMUNITY SETTLEMENT SUPPORT SERVICE

The Vietnamese & Chinese Community Settlement Support Service continues to provide a broad range of community settlement services for newly arrived individuals and their families. The service has had a successful and busy year providing comprehensive settlement services including one to one support, needs identification and referral, group work, education sessions to mainstream providers, and has continued to provide a secondary consultation services within the sector.

I would like to take this opportunity to thank the Department of Immigration and Multicultural and Indigenous Affairs for their ongoing support of this program, including an additional twelve months funding for the coming year.

Services provided included the following:

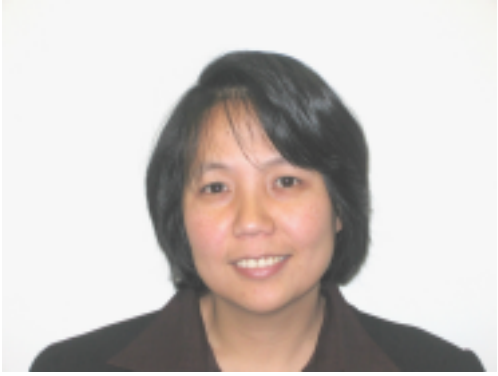
Settlement information, needs identification and referral service:

- A total of 974 client contacts were provided. Most frequent presentations were:
- Immigration requests for information and assistance for family sponsorship, application for permanent residence, appeals, sponsorship for visitor visa, citizenship and passport application
- Income security
- Housing
- Legal matters
- Aged care issues
- Mental health and disability support
- Settlement assistance has been provided to 87 newly arrived migrants, coming from across Melbourne (particularly from areas where there are no Vietnamese & Chinese speaking community worker)

Provision of information/health education sessions regarding issues of concern: A total of 8 sessions were held on the following topics:

- Family law: held on the 20/08/04 to 37 participants. Presenter - solicitor from Fitzroy Legal service.
- Bowel Cancer: held on 27/08/04 to 31 participants, and on 01/09/2004 to 34 participants. Presenter - bilingual educators from the Cancer Council Victoria.
- Legal information session: Power of Attorney and Guardianship held on the 23/10/04 Presenter - from the Fitzroy Legal Service.
- Family Support Services to 38 participants
- Parenting and Nutrition: held on the 22/11/04, focus on cross cultural nutritional issues for new migrants, focusing on parents with young children, 12 participants
- Police Services: Public Safety & Safety at home, held on the 04/03/05 (27 participants).

Lan Vuong
Social Worker / Settlement Worker (Multilingual; Vietnamese, Mandarin, Cantonese, English)



EAST TIMORESE ASYLUM SEEKERS & SETTLEMENT PROGRAM

This financial year, most of the support provided by this program was related to settlement as more and more clients were granted permanent residency by Minister Ruddock and his successor Mrs Amanda Vanstone. At the beginning of this financial year, most clients had undergone health and character checks, and they have now been granted Global Humanitarian Visa, which allows them to access government support without the two year waiting period. Sadly, the new found status in Australia has not allowed them to put behind them their sad history, many are still haunted by their experiences in East Timor, and thus, this program has encountered different clients in crisis, sometimes, almost on a weekly basis.

The new issues faced by users of this program were difficulty in accessing Centrelink, applying for public housing, buying new homes, applying for Australian citizenship, sponsoring family over from East Timor, and applying for new ID documents, such as East Timorese passports. As a result of their traumatic experiences in East Timor and the complexity surrounding their application for permanent residency in Australia, we are seeing depression as a major health issue faced by this community. Marriage relationship breakdown is also on the increase due to the above-mentioned factors and other reasons.

Although the majority of the East Timorese asylum seekers are now permanent residents, there remains a small group that is still waiting for a decision by the Minister. On 26 April 2005, the Minister for Immigration rejected 50 people's S417 application and offered them a package of repatriation. This caused enormous anxiety among the community. After intense advocacy work, the Minister announced on 19 May 2005 that she would reconsider their cases, if they would submit new information. On 11 June 2005, the Minister again released a Press Release to say that after reconsideration she has decided that 47 people could remain here subject to health and character checks. She has re-offered the repatriation package to six people. The advocacy work is now focused on these six people.

I would like to take this opportunity to thank all the staff for their support to me personally and to all the clients during this very difficult period, in particularly, the Board of Management, Demos Krouskos, Stephen Schmidtke and all the staff who have shared the workload and provided tremendous support to the clients. I also want to acknowledge the contribution made by East Timorese government for their public support, staff at Victoria Legal Aid and Refugees and Immigration Legal Centre, and by the many people who have been working tirelessly behind the scenes in advocating for these clients. Finally, I would like to thank City of Yarra for this part funded position and for their ongoing support and commitment to the East Timorese community.

Etervina Groenen
East Timorese Asylum Seekers Support and Settlement Worker

DRUG SAFETY PROGRAM

The Drug Safety Program has grown during the past year into a staff team of twelve. Recent growth has allowed for the expansion of the Cambodian, Lao and Vietnamese (CLV) Program, with a new staff member taking post in July 2004. In January 2005, additional funding was granted for expanded hours and two new staff members allowing the Needle & Syringe Program to increase its operating time to ten hours per day. The Drug Safety Program includes the five following services:

1. Drug Safety Program Outreach Service (A)

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

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

In addition to the more critical response to an overdose event, we provide follow-up with clients by exploring the circumstances that led to their overdose and how overdose occurs, and how to reduce the chances of it happening again as well as explore other harms associated with drug taking. This support is also offered to others affected by an overdose event such as family members. All Drug Safety Program staff are First Aid and CPR Trained to assist in overdose situations, having completed a major training program in the 04 –05 financial year.

The outreach service continues to provide CPR workshops fortnightly at Moreland Hall, DePaul House and The Bridge Project for inpatients of these withdrawal services. This service reflect the local needs of injecting drug users allowing for effective training and education in overdose prevention and the essential skills in responding to overdose events. Withdrawal services have been seen as a key in the programs overdose prevention strategy with clients exiting these services at a heightened risk of overdose due to their lowered drug tolerance. In line with this principal the Drug Safety program has been exploring and developing relationships with prisons, and hope to initiate a CPR drug education program over the coming year.

During this financial year 39 overdoses were attended, 26 health promotion sessions were initiated, 76 episodes of care provided and 100 individuals successfully completed CPR training sessions.

2. Drug Safety Program Outreach Service (B)

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

To further enhance the service, MDSS has undertaken joint work with an outreach worker from the Youth Substance Abuse Service (YSAS) on Thursday and Friday afternoons. The Drug Safety Program also conducts joint street outreach with the Drug Outreach Lawyer (William Crawford) from Fitzroy Legal Service (FLS). This includes a new initiative of weekly Rail Station and Train Outreach sessions in conjunction with YSAS & FLS. This is conducted each Thursday with Drug Safety Education being given to drug users at station platforms and on trains within several stations north and south of North Richmond Station.

This collaborative effort provides access to both youth specific and adult drug treatment options, referral information, Drug and Alcohol and generic services, intensive ongoing case management, legal advice and support, Women's Health services, Hepatitis and STI education and screening, Vietnamese and other relevant CALD specific A & D Support Services.

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

This financial year 22 education campaigns were provided and 723 individuals received support.

Bronwyn Jones & Jayson Myles
Outreach Team

3. Alcohol and Other Drugs Counselling Service

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

Counselling performs a pivotal role in the full spectrum of treatment and harm minimisation services, increasing the safety and survival of people who use drugs.

Clients of this service can either be mandated, referred by the Justice System or non-mandated having attended the service of their own volition. The mandated clients come to this service through a variety of forensic programs with most referrals coming through the Community Offenders Advice and Treatment Service.

This financial year this service has counselled 121 clients over multiple sessions.

Russell Smith, Monika Schwarz, Elisabeth Weisser
A & D Counselling Team

4. Needle & Syringe Program (NSP)

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

Following notification of a successful funding bid, we were able to extend operating hours in January from 12:00pm-5:00pm to 10:00am-8:00pm. The NSP was relocated to a more appropriate location within the health centre and allowed for additional staffing. This provides us with more scope to deliver drug education and the campaigning of various health and community messages including a comprehensive syringe return education program targeted at clients.

Over the past year we established the Richmond Estate Syringe Retrieval Hotline (Ph. 9420 1346) as part of our commitment to community safety and support. Our Retrieval Program has recovered 4,466 syringes in the six months since the new program began. During the 04 -05 financial year the NSP has made 24,882 client contacts, averaging in excess of 10 clients per hour.

Faye Edebohls, Georgina Papagiannis, Liz Young & Vinh Vu
NSP Team

5. Cambodian, Lao and Vietnamese (CLV) Program

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

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

Additional funding has brought a new staff member whose focus is street based client contact, developing pre and post release support programs in prisons and executing a variety of responses to prevent the spread of blood borne viruses.

The Drug Safety Team has increased in size in order to be more responsive to the alcohol and other drug issues in the catchment area. The CLV service has worked in strong partnership with the wider Drug Safety Team and related services to assist those seeking support and information on drug and alcohol issues.

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

During this financial year there were 1,014 street based contacts, 58 individual clients received case management, 43 families received support and 12 agencies received information and education sessions.

Thuy Bui & Minh Vo
CLV Team

Colin Coxhead
DSP Co-ordinator

PSYCHIATRIC DISABILITY AND REHABILITATION SERVICES

Learning Things and No Limits Program

The Psychiatric Disabilities and Support Program at North Richmond Community Health Centre is a small but effective program that caters for people who live in the City of Yarra, have Mental Health issues and are between the ages of 16yrs to 65yrs. Our program has benefited a large number of clients and families over the last 11 years.

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

1. The Learning Things Program: this program provides a Home Based Outreach service that is designed for individuals with Mental Health issues. It is a specialised service that aims to give people the opportunity to re-learn or develop new skills in daily living including; Cooking, Shopping, Cleaning, Catching public transport and Community Integration.

   One of the major objectives of the program is to help people gain confidence in performing tasks that a lot of us take for granted. When a person is able to perform certain tasks, it helps to develop self-esteem and a sense of independence for the client. This in turn helps family and friends as they develop more confidence in the person's ability to cope, which then elevates some of the stress involved with caring for or having a Mental Health Issues.

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

2. The No Limits Program: is a joint program between St Mary's House of Welcome and North Richmond Community Health Centre. It is a Psychosocial Day Program that aims to provide a safe environment where individuals can socialise and participate in group activities.

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

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

I would like to thank all the staff and participants involved in the Psychiatric Disability and Rehabilitation Services, for their dedication and hard work over the past year. We will look forward to another good year to come in 2005-2006.

I WOULD ALSO LIKE TO TAKE THIS OPPORTUNITY TO THANK ALL THE PARTICIPANTS IN THE PROGRAM – AS IT IS NOT ALWAYS AS EASY AS IT SEEMS BUT IF YOU KEEP TRYING YOU NEVER KNOW WHAT YOU WILL ACHIEVE.

Lesa Waltrowicz , Gaylene Ford
Psychiatric Disability Support Team

And

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

HEALTH PROMOTION PROGRAM

2004 – 2005 Report

The Health Promotion program has had a great year with its continued work in supporting the North Richmond community. The Health Promotion program aims to improve the health and wellbeing of the North Richmond community. The target group for the program is people from culturally and linguistically diverse communities, new arrivals and public housing residents.

The program is in the final year of a 3 year plan and there have been many achievements delivered through this plan. The following are a couple of highlights from the past 12 months:

- New funding has been obtained to run our 'Active Participation for Who project' and homework support group for secondary students.
- The development of key partnership work with Richmond Estate Action Group, Office of Housing, City of Yarra and the North Central Metropolitan Primary Care Partnership. Our partnership work assists in developing a unified vision and creating strength in lobbying and advocacy for improved outcomes for the Richmond community.
- Internal partnerships have been developed and nurtured with most programs at the Centre.

The program's work within the centre has focussed on collaborative work through the Social Connectedness and Chronic Disease working groups. The Health Promotion program has also taken the lead on several important initiatives across the centre. These include integrated planning, the development of a Community Participation Strategy and developmental work on a risk assessment framework. Other NRCHC program projects, that the Health Promotion program has provided significant input into, include the Transmission and Creative Consultation projects.

The programs ongoing work with the community is demonstrated through several key initiatives as follows:

- The **Social Connectedness** through English Language class continues with 25-30 regular participants. Plans for 05-06 are to develop a reference guide for participants.
- The **'Active Participation for Who Project'** aims to increase participation in physical activity for our Vietnamese and Timorese communities. This project involves identifying barriers to these communities participating in physical activity, providing culturally appropriate physical activity options and working with City of Yarra and Office of Housing to ensure that, in future, they provide culturally appropriate physical activity options. This project has included the establishment of dancing classes. This group has 15-20 regular participants. The participants are practicing to perform at the Moon Lantern festival.
- A **Homework group** has been established this year and now has 29 enrolled secondary students with 16 regular attendees. This group has received very positive feedback from both students and parents.

Richmond Estate Action Group (REAG)

The Health Promotion program plays a significant role in supporting REAG. This is done through chairing the Health and Wellbeing working group. Initiatives arising from the Health and Wellbeing working group have included homework groups for primary and secondary students and a budget submission to the City of Yarra's Leisure and Recreation service for the provision of appropriate physical activity options to residents on the Richmond Housing Estate.

As well as these key initiatives the program continues to develop and improve the existing walking group and elderly gentle exercise group.

The program is also looking to the future. A new 3 year plan is currently being developed to align with key stakeholders' activities eg Richmond Estate Action Group, City of Yarra and the North Central Metropolitan Primary Care Partnership (NCMPCP). There is also some developmental work with the NCM PCP on expanding the existing walking group. This provides an opportunity to learn from other walking groups and provide a contribution about cultural appropriateness. There is also some developmental work with the Dental and Nursing and Allied Health teams on promoting healthy eating at the local Boroondara Kindergarten.

I would particularly like to thank Renee for her ongoing commitment and hard work, and also Beth for her contribution. Also, welcome to Huong as our new project officer on the 'Active Participation for Who' project.

Jane Price
Health Promotion Coordinator and A/Executive Manager

MULTICULTURAL HEALTH AND SUPPORT SERVICES

The development of the Multicultural Health and Support Service (MHSS) has proven challenging and rewarding. The aim of the service is to reduce the risk of blood borne virus and sexually transmissible infections (STI) transmission in key cultural and linguistically diverse (CALD) communities. This is a statewide service with a focus on the four CALD communities of, Horn of Africa, Arabic speaking, VietNamese and Thai.

In the initial phase of this important service many gains have been made in working towards reducing the impact of blood borne viruses and STIs in the target communities. The MHSS team has demonstrated enthusiasm, professionalism and a strong commitment to delivering outcomes.

The success of this service to date, is a reflection of the quality of co-workers, the internal partnerships established to facilitate culturally sensitive primary care and the strategic partnerships that have been forged. A significant driver to the successful outcomes in the pilot phase has been the engagement of the target communities through individual community members and groups as well as the ethno-specific organisations.

There has been an extremely positive response from communities to the community education sessions conducted by our co-workers. A total of 35 community education sessions were conducted (Horn of Africa - 15, VietNamese – 11, Thai - 4 and Arabic speaking – 5) with more than 1500 participants. These sessions have resulted in changes in community perceptions and increased awareness about blood borne

viruses and sexually transmissible infections.

Clinical support was provided to 94 community members (49 Horn of Africa; 29 VietNamese; 11 Arabic speaking and 5 members of the Thai community). These supports have predominantly been in facilitating access into mainstream health services.

It has been evident that the demands on the service have been difficult to meet within constrained resources. As well as the significant demand from the Horn of Africa and Arabic speaking communities, changing migration patterns have also seen emerging demand from Sudanese, Liberian and Indian communities in particular.

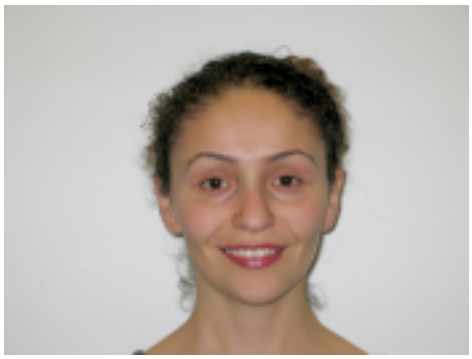
Key partnerships have been established within the health sector and research organisations as well as interstate and international collaborations. These partnerships have been invaluable to the development and evolution of the service.

A key element of the service has been to advocate for identified CALD communities around BBV/STI issues with mainstream services. This has been demonstrated through work with various hospitals and health and related organisations.

Other major outcomes have included the delivery of workforce training and development to the BBV/STI sector, and mainstream service providers and the development a service provider registry.

This service was funded as a pilot model by the Victorian Department of Human Services. At the time of writing this report, we have just been notified of NRCHC's success in obtaining further DHS funding for this important program. This is a clear reflection of the hard work and commitment of all involved in the initial stage of this service and I would particularly like to thank Kate, Huong, Halima, Rachanee and Daniel for their efforts.

Jane Price
A/Executive Manager



VOLUNTEER COORDINATION PROGRAM

2004 – 2005 Report

Volunteering is a key element of community participation and connects residents and community groups, thereby playing an important part in building the spirit of our community in Richmond.

The Volunteer Coordination Program (VCP) develops links between NRCHC and the community by encouraging community participation, assisting in the provision of services responsive to community needs and giving access to resources and information.

Many programs at NRCHC depend on the commitment and dedication of volunteers who provide an invaluable contribution to the community activities. The following areas have been the main areas of development in the VCP over the last 12 months.

Homework Support Group

The Homework support group was established in the beginning of 2005 to support secondary school students living on the Richmond Housing Estate. This group have attracted so many people for volunteering since the early days of its establishment. Volunteers with this group have got interesting and challenging roles including homework assistants, tutors, mentors, role models and friends with the students. The group supports many young people on the Estate and it is evident the group is enjoyable and rewarding for both students and volunteers.

Consumer Satisfaction Survey

NRCHC conducted a consumer satisfaction survey in order to improve and keep the services up to date in the beginning of 2005. The survey was conducted with the assistance of 10 volunteers, many of whom speak a second community language. The medical team have been particularly appreciative of the volunteers' contribution to this survey process. It has been expressed that it was a great success to be able to get feedback from more than a hundred consumers during the survey time.

Volunteer Recruitment

It has been a great year in terms of having inquiries from people willing to volunteer at NRCHC. The majority of volunteers have been placed in appropriate programs or referred to other relevant organisations. Many bilingual volunteers have been placed in activities of interest to them.

Accreditation and risk assessment

Following the Home and Community Care National Standard Instrument-Agency Assessment, the vast majority of recommended actions have been actioned throughout the year with the remaining recommendations planned for action next year.

In conjunction with the accreditation review NRCHC has initiated a Risk Management assessment process in 2004-2005. The VCP has been actively involved in the risk management process and has an ongoing commitment to working on reducing the identified risk factors.

Orientation/ Training, Supervision

New volunteers have been provided with orientation and role specific training. They have been encouraged to attend in the workshops on HACC training Calendar. 10 new English tutors have been involved in the AMES training in the beginning of 2005.

Volunteer Coordinator In Community Health (VCICH)

NRCHC has a key leadership role in the development of a network of volunteer coordinators in community health. This network has evolved to now meeting quarterly. The main aim of these network meetings is to provide peer support and professional development. Guest speakers have been introduced and a forum on how to attract and retain volunteers from CALD communities was held in May 2005 and proved particularly informative.

Finally, I would like to thank each and every member of the volunteer team for their time, dedication and commitment for making a very real difference to the local community. I also extend my thanks to the service providers who appreciate and value the contribution of all volunteers.

Cigdem Yilan
Volunteer Coordination Program

LANGUAGE SERVICES PROGRAM

Now that we are nearing the end of our 8th consecutive year of Language Services Program, I am proud to say that the program is going from strength to strength. The success of the program lies with the all the people involved in the administration side of the service such as booking officers at the external agencies/language service providers, program coordinator/replacement, reception and ad-min staff, account personnel, management. Of course, it is important to mention clients/patients and DHS (Department of Human Services) for providing us with funding. I would like to thank them all individually on behalf of North Richmond Community Health Centre.

Furthermore, we cannot overlook the importance of all contract interpreters who have been wonderful ambassadors for the clients throughout this financial year. We have had some excellent professional interpreters attend our centre who were more than helpful with our staff and clients. I strongly believe their contribution and dedication are very important with the success of the Language Services Program.

The significant achievement of the program this year has been the dramatic increase in the number of interpreter bookings. This financial year we have exceeded the number of bookings of the previous years. And we surpassed the interpreter bookings for the last financial year by 104 more sessions.

In the year 2004 – 2005 we had 760 interpreter bookings. This has more than exceeded our expectations and I am proud to say that we have improved on our target of 90%. This year we have reached approximately 95% of our interpreter bookings target.

The same as all the years that I have been coordinating this program, Timorese Hakka is still the top requested language of this financial year with 240 interpreter booking sessions. Following from there is Vietnamese with 203 interpreter booking sessions and Turkish taking up the third spot this year with 157 sessions. We have had 19 different language bookings to cater for a wide variety of clientele that seek services at the North Richmond Community Health Centre. We are a statewide service that caters for people living in many different parts of the state. This makes NRCHC very important in terms of service delivery to CALD communities.

I have been using the budget given to NRCHC by DHS very stringently. I have tapped into the budget only when there are not fee-free interpreter sessions available by external agencies. I would like to thank all the interpreter agencies/language service providers for their ongoing support and assistance in the provision of interpreters. They have been a very important part of our Language Services Program. I am looking forward to continuing our partnership in the future.

We are committed to providing our clients with the best possible service with all the available resources we have.

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

ARTS AND CULTURE PROGRAM

During the past year the Arts and Culture Program has built on its commitment to:

- supporting culturally diverse artists and communities to develop, celebrate and promote their own cultures
- producing quality collaborative art through the engagement of leading and respected community cultural development (ccd) artists working with diverse communities
- documenting and publishing innovative and leading examples of community cultural development practice particularly in relation to public housing and culturally diverse communities
- developing cross-sectoral partnerships particularly through projects aligned with the initiative of Cross Cultural Collaborations

Celebrating Community Cultures

TET Celebration and Moon Lantern Festival have now become established as major pillars of the Program, taking place at the culturally significant seasons of Lunar New Year and Autumn Harvest.

In 2005, TET focussed on celebrating the older members of the communities of Richmond, Collingwood and Atherton Gardens housing estates. A beautifully presented festival site and a program of traditional culture and food on the Richmond estate was enjoyed by over 1000 older people, their families and the broader community. This traditional programming approach was contrasted with a stunning community art installation in the adjacent community garden. The installation was a joint project with Cultivating Communities, bringing together a team of artists and community members over the months preceding New Year to develop "Plantation". Inspired by the relationship between gardening, growing food, and the process of resettlement in a new country, the project combined traditional songs and proverbs from Vietnam, East Timor and China, with a contemporary visual and sound installation within the garden.

"Plantation" was re-installed as part of the ABC Open Gardens program, bringing hundreds of garden-lovers from across Melbourne to a new experience and understanding of the richness and cultural diversity of public housing communities.

(See photo above: Detail from "Plantation" featured at TET Celebration 2005 and ABC Open Gardens program 2005.)

Moon Lantern Festival 2004 was extremely well attended with an estimated attendance of about 6,000 people throughout the day and evening. Multimedia installations along the parade route created a spectacular and imaginative representation of aspects of Timorese, Vietnamese and Chinese culture.

(See photo on page 29: Moon Lantern Festival)

Making Art Collaborative

A highlight of the 2004 Moon Lantern Festival was the finale Lotus Effect - a unique multimedia presentation directed by Liss Gabb with film-maker Rick Randall and sound designer Enio Pozzebon. Lotus Effect was presented as the Festival's outdoor Finale performance and was then adapted to become a gallery installation for the Melbourne Fringe Festival.

Lotus Effect explored the strength and resilience of a community living in public housing through storytelling, contemporary and traditional dance, digital video and music. The stories explored personal experiences of struggle and survival. Children, young people and older adults were involved both as performers and production crew.

The performed version of Lotus Effect was adapted to become an indoor gallery exhibition during Melbourne Fringe Festival. Its impact in this form was evocatively described by art critic Penny Webb:

> *…the sublime effect of 400 paper lotus blossoms "floating" in a round pool in the centre of the…darkened gallery. Huge calligraphic brushstrokes on a video projection on the far wall of the gallery are followed by snapshots and stories of some of the tenants of the Richmond Housing Estate who have made the Moon Lantern Festival such a gift to the city since its inception in the 1970s. Community art of such a high standard (created with artists Liss Gabb, Rick Randall and Enio Pozzebon) is as profound as anything you will see in a gallery this weekend.*
>
> *The Age, 8 October 2004*

Another multi-faceted collaborative arts project during 2004 –2005 was Hanksolok (Tetum for "joyful eating").. Timorese artists and community workers including Bernardo Duarte and Carmelita Gomez, and Australian indigenous artist Glenn Romanes worked with Melbourne East Timorese Activities Centre (METAC) and project co-ordinator Rick Randall to design a project, which explored and celebrated aspects of Timorese culture in Melbourne. The project included a cultural exchange between indigenous Australian and Timorese women weavers, a large scale contemporary sculpture for METAC by Carmelita Gomez and Glenn Romanes, and a DVD recording the project and the culture of the local Timorese community.

Documenting and Promoting Our Practice

In 2004 we launched two publications documenting and promoting ccd practice on public housing estates:

Moon Lantern Festivals 10th anniversary was marked with Moon Lantern Festival: A Celebration, a colour booklet documenting the history of its evolution and its value to community captured in the words of many of the key artists, community members and workers who have built the festival's national reputation.

Public Art Public Housing was developed in partnership with the Neighbourhood

Renewal Unit of the Office of Housing and with the Cultural Development Network (Vic). Written by long time community artist and writer Graham Pitts, the beautifully designed and illustrated book has been enthusiastically received by public housing and community policy makers and workers, community members and artists from across Australia and internationally.

Free copies of both publications are available through the Arts and Culture office.

Art, Health and More

In 2004 – 2005 we formed cross-sectoral and cross-cultural partnerships for two innovative projects under the banner of Cross Cultural Collaborations. Developing Creative Consultation: A Model Project with Culturally Diverse Young People and Transmission are both major projects which combine community cultural development practice with aspects of health promotion.:

The first stage of Developing Creative Consultation trained young people from culturally diverse backgrounds in video and interview technique in order for them to creatively consult with their peers. This pilot stage of the project focused on exploring young peoples issues and their ideas for cultural and community action. The project will continue through 2005-2007, with further consultation and implementation of priority actions by the young people involved.

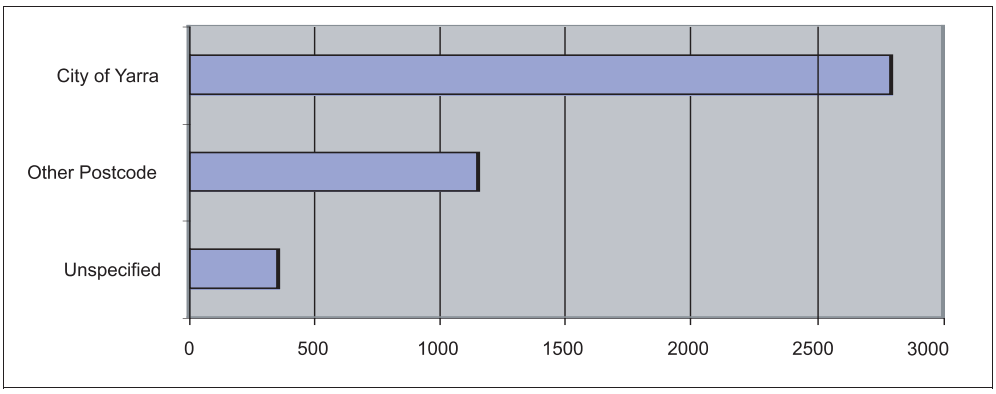
Transmission has been developed in partnership with the Vietnamese Community in Australia (Vic Chapter). It introduces a creative and empowering approach to working with young people from the Vietnamese Australian community in designing and developing digital media messages to reduce the rate of transmission of Hepatitis C

Both Creative Consultation and Transmission saw the Program receiving funding from new government and philanthropic sources. This is an exciting development, adding to the Program's sustainability and its capacity to engage with other sectors in creatively responding to community needs and aspirations.

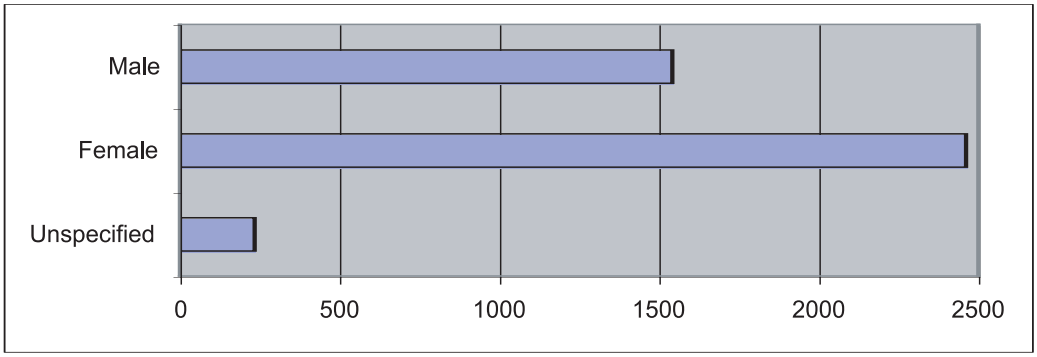
An emphasis on skills and leadership development for members of our target communities is integral to all of our work and was a major focus within all of the above projects. In 2004 – 2005 the Program also supported student placements of final year community development students as well as working further with our target communities through a year-long skills development program for METAC and through the Young Women's Leadership Project fro young women from culturally diverse backgrounds.

STATISTICS

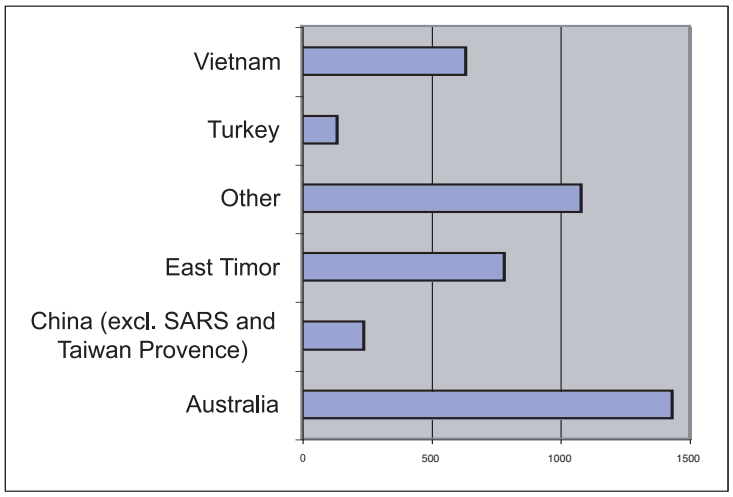
CLIENTS BY RESIDENCE



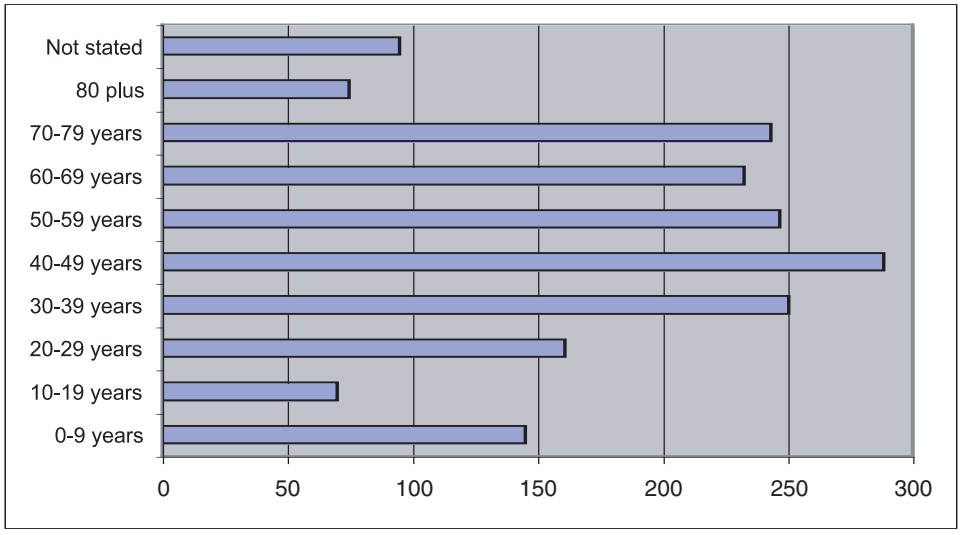
CLIENTS BY AGE/SEX



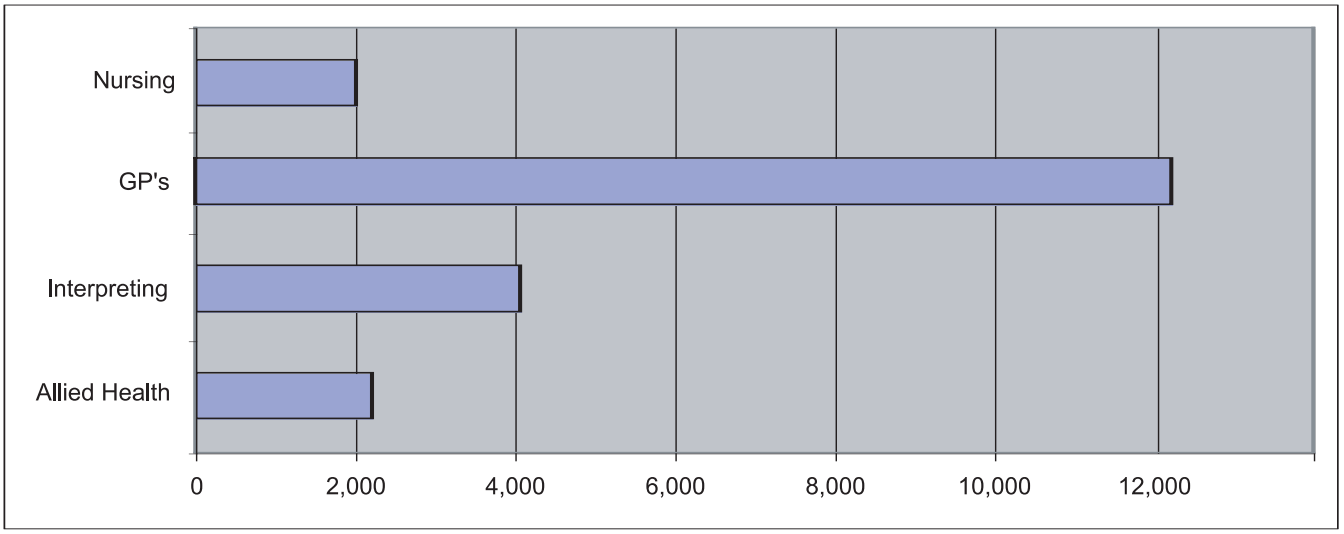
CLIENTS BY COUNTRY OF BIRTH



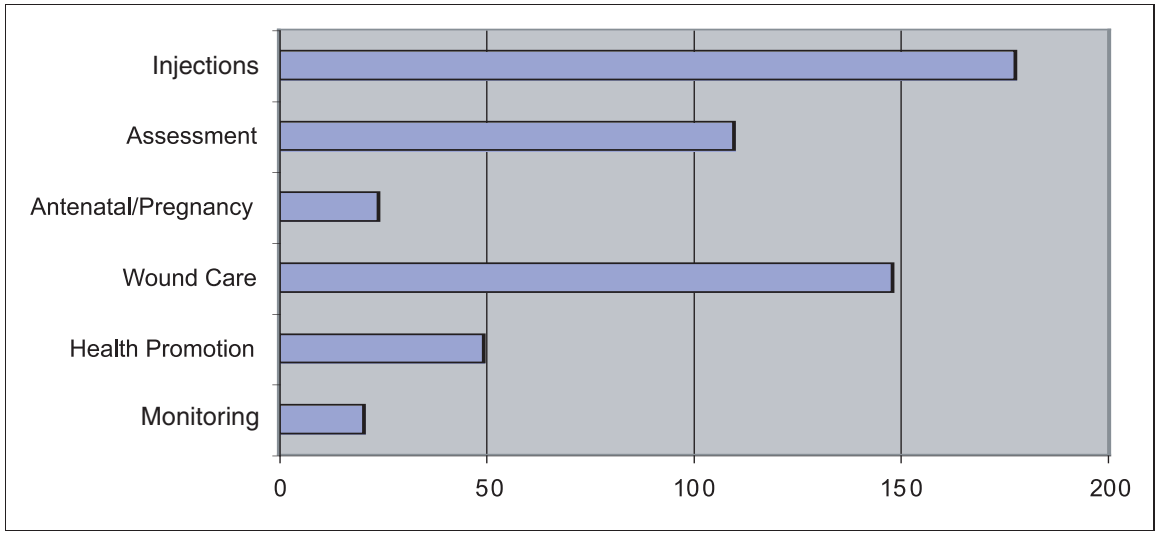
CLIENTS BY AGE



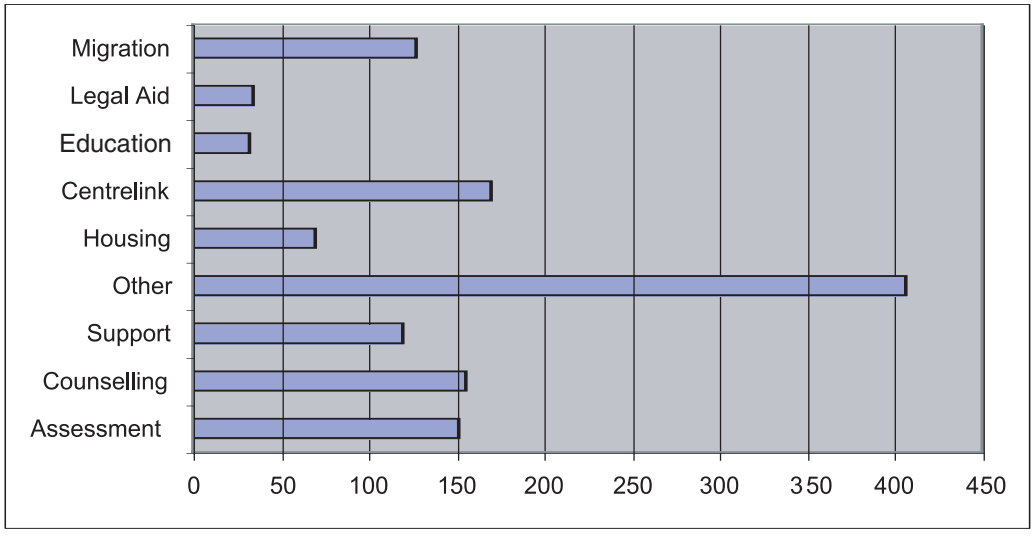
NUMBER OF CONTACTS



NURSING CONTACTS



SOCIAL WORK CONTACTS



STATEMENT OF FINANCIAL POSITION

At 30 June 2005

2003/2004		2004/2005	notes
	CURRENT ASSETS		
1,018,170	cash assets	797,561	[5]
280,818	receivables	208,991	[6]
8,000	inventories	8,000	[7]
202,000	investments	1,107,214	[8]
1,508,988	**total current assets**	**2,121,766**	
	NON-CURRENT ASSETS		
1,928,368	property, plant and equipment	1,863,645	[9]
1,928,368	**total non-current assets**	**1,863,645**	
3,437,356	**TOTAL ASSETS**	**3,985,411**	
	CURRENT LIABILITIES		
0	banks (overdrawn accounts)	867	[5]
336,073	payables	356,886	[10]
518,441	provisions	591,315	[11]
854,514	**total current liabilities**	**949,068**	
	NON-CURRENT LIABILITIES		
545,081	provisions	439,005	[11]
545,081	**total non-current liabilities**	**439,005**	
1,399,595	**TOTAL LIABILITIES**	**1,388,073**	
2,037,761	**NET ASSETS**	**2,597,338**	
	EQUITY		
2,190,266	accumulated funds at beginning of period	2,037,761	
(152,504)	result for year	559,577	
2,037,761	**total equity at end of period**	**2,597,338**	

STATEMENT OF FINANCIAL PERFORMANCE

For period from 01/07/2004 to 30/06/2005

2003/2004		2004/2005	notes
	INCOME		
4,008,865	Government grants	4,853,502	
250,967	Consultancy contracts	155,600	
91,616	Rental	74,730	
220,825	Client's fees	230,530	
46,041	Donations	31,300	
50,580	Interest	69,657	
82,591	Proceeds from sale/trade-in of fixed assets	81,267	
83,569	Other sources	73,370	
4,835,054	**total income**	**5,569,956**	[12]
	EXPENSES		
3,042,790	Personnel cost	3,049,210	
259,204	Agency staff and consultant	261,567	
571,422	Purchased care	638,176	
(20,415)	Movement in leave provisions	(33,202)	
172,310	Depreciation of fixed assets	170,416	
68,002	Residual value written-off on disposal of fixed assets	53,533	
894,245	Other recurrent costs	870,679	
4,987,558	**total expenses**	**5,010,379**	[13]
(152,504)	**RESULT FOR PERIOD**	**559,577**	
0	Changes in equity through direct credits and debits or transactions with owners	0	
(152,504)	**TOTAL CHANGE IN EQUITY**	**559,577**	

STATEMENT OF CASH FLOWS

For period from 01/07/2004 to 30/06/2005

2003/2004		2004/2005	notes
	CASH FLOWS FROM OPERATING ACTIVITIES		
5,072,585	Receipts from fund providers and clients	6,017,141	
(748,195)	Payments of GST and PAYG deductions to ATO	(821,630)	
(4,439,418)	Payments to suppliers and employees	(4,485,996)	
50,472	Interest received	52,182	
(64,556)	**Net cash provided/(used) by operating activities**	**761,697**	[17b]
	CASH FLOWS FROM INVESTING ACTIVITIES		
(238,459)	Fixed assets purchases	(159,226)	
0	Cash invested	(905,214)	
82,591	Proceeds on sale of fixed assets	81,267	
(155,868)	**Net cash provided/(used) by investing activities**	**(983,173)**	
(220,424)	**NET INCREASE/(DECREASE) IN CASH HELD**	**(221,476)**	
1,238,594	Cash held at 01/07/2004	1,018,170	
1,018,170	**Cash held at 30/06/2005**	**796,694**	[17a]

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED ON 30/06/2005

NOTE [1] - SIGNIFICANT ACCOUNTING POLICIES

These financial statements of the single entity, *North Richmond Community Health Centre Inc.*, are a special purpose financial report prepared in order to satisfy the accounts preparation requirements of the *Association Incorporation Act*. The committee has determined that the organisation is not a reporting entity as defined in *Statement of Accounting Concept 1 : Definition of Reporting Entity* and therefore there is no requirement to apply accounting standards in these statements, other than those of a prescribed associations as defined in the *Association Incorporation Act,* being :

- AAS 1 *Statement of Financial Performance*
- AAS 4 *Depreciation*
- AAS 5 *Materiality*
- AAS 6 *Accounting policies*
- AAS 8 *Events Occurring After Reporting Date*
- AAS 10 *Accounting for the Revaluation of Non-Current Assets*
- AAS 15 *Revenue*
- AAS 17 *Accounting for Leases*
- AAS 28 *Statement of Cash Flows*
- AAS 36 *Statement of Financial Position*
- AAS 37 *Financial Report Presentation and Disclosures*

The financial statements have been prepared on an accrual basis and under the historical cost basis, except where specifically stated otherwise.

The following is a summary of the significant accounting policies adopted in the preparation of the accounts

(a) Property, plant & equipment
Property, plant & equipment are included at cost or at independent or committee's valuation. The depreciable amount of all fixed assets, including buildings and capitalised leased assets, but excluding freehold land, is depreciated over each asset's useful life.

(b) Employee entitlements
Provision is made for the organisation's liability for employee entitlements arising from services rendered by employees to balance sheet date. Employee entitlements which could be expected to be settled within one year from balance sheet date are taken as *current liabilities*, whereas those which are payable later than one year from balance sheet date are considered to be *non-current liabilities.*

As ***sick leave*** entitlement is not paid out to employees upon termination or retirement, it has been decided to reduce this provision to 20% of its full value, as this amount would more accurately reflect the liability which the organisation could reasonably be expected to have to meet in any one financial year. This reduction will be effected in four yearly steps of 20 percentage points each, the last decrement occurring in 2005/2006. Therefore, the current provision represents 40% of the full value of the sick leave entitlement as at 30/06/2005, 10% being allocated to current liabilities and the balance allocated to non-current liabilities

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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 *HEALTH SUPER FUND* and charged as expenses when incurred. The following information regarding these contributions is provided in accordance with Regulations 32 of the *Annual Reporting (Contributory Income Sector) Regulations 1988* :

unfunded liability at 30/06/2005	$ 31,443	
total contributions for year 2004/2005	$ 264,752	
outstanding contributions at 30/06/2005	NIL	
rate used in calculating contributions :	*employer*	*employee*
guarantee levy	9.0%	NIL
contributory level 0	1.0%	0.0%
contributory level 1	6.0%	3.0%
contributory level 2	10.0%	6.0%

(c) Cash assets
For the purposes of these statements, *liquid assets* include cash on hand, cash held in bank and credit card accounts, as well as on-call bank deposits.

(d) Investments
For the purposes of these statements, *investments* include bank term deposits. These are stated at their face value and interests derived from them are taken into income on a accrual basis.

(e) Revenue
Revenue is recognised when the organisation controls them and it is probable that the organisation will benefit from the revenues. Grant revenue that is required to be spent in a particular period is recognised in that period.

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

(g) Cash
For the purposes of the *Statement of Cash Flows*, cash includes cash on hand at banks and on deposit.

(h) Impact of Adopting Australian Equivalents to International Financial Reporting Standards (AIFRS)
Australia is adopting Australian equivalents to International Financial Reporting Standards (AIFRS) for reporting periods beginning on or after 1 January 2005. North Richmond Community Health Centre Inc. will adopt these Standards for the first time for the year ended 30 June 2006.

AASB 1047 '*Disclosing the Impacts of Adopting Australian Equivalents to International Financial Reporting Standards*' requires disclosure of any known or reliably estimable information about the impacts on the financial statements had they been prepared using AIFRSs.

The information provided below discloses the main areas impacted due to the effects of adopting AIFRS. Management have determined the quantitative impacts using their best estimates available at the time of preparing the 30 June 2005 financial statements. These amounts may change in circumstances where the accounting standards and/or interpretations applicable to the first AIFRS financial statements are amended or revised.

The only significant potential accounting policy change relates to recognition of the of the Centre's share of the net surplus or deficit of defined benefit superannuation funds of which it is an employer-sponsor. Instead of recording any such balance as a note to the accounts and depending on government policy, the balance at each reporting date may need to be brought to account as an asset or a liability. The balance at June 30 2005 is set out at Note 1(b). This balance would be adjusted against the opening balance of retained earnings.

No other material impacts on the 30 June 2005 financial statements are expected from adopting AIFRS.

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NOTE [2] - PRINCIPAL ACTIVITY

The principal activity of the organisation is that of a *Community Health Centre.*
A total of 52.6 equivalent full-time employees were employed during the 2004/2005 financial year.

NOTE [3] - REGISTRATION

The entity is an association incorporated in Victoria, Australia.
The registered office/principal place of business is 23 Lennox St., Richmond North/Vic. 3121.
The *Australian Registered Body Number* of the association is *A0021519G*
The *Australian Business Number* of the association is *21820901634*

NOTE [4] - ECONOMIC DEPENDENCY

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

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2003/2004				2004/2005
	NOTE [5] - CASH ASSETS			
3,750	Cash on hand			5,150
199,047	Cash at bank - cheque accounts			81,734
0	Cash at bank - credit card accounts			(867)
815,373	Cash at bank - on-call deposits			710,677
1,018,170				**796,694**
	NOTE [6] - RECEIVABLES			
169,441	Trade & general debtors			50,321
89,284	Expected income			146,122
22,094	Prepaid expenses			12,548
280,819				**208,991**
	NOTE [7] - INVENTORIES			
8,000	Stock on hand represents materials and stationery purchased, but unused at balance sheet date, and is costed at the lower of cost or net realisable value.			**8,000**
	NOTE [8] - INVESTMENTS			
202,000	Bank term deposits (maturing within 12 months)			1,105,214
0	Bank term deposits (maturing beyond 12 months)			2,000
202,000				**1,107,214**
	NOTE [9] - PROPERTY, PLANT AND EQUIPMENT			
		original value	*depreciation*	
1,347,369	Building at cost	1,643,429	319,392	1,324,037
91,593	Office & computer equipment at cost	312,809	249,732	63,077
42,152	Dental & medical equipment at cost	129,607	70,111	59,496
70,367	Furniture at cost	138,709	76,043	62,666
56,901	Plant & machinery at cost	98,616	49,157	49,459
301,720	Motor vehicles at cost	421,196	135,164	286,032
18,266	Other equipment at cost	49,151	30,273	18,878
1,928,368		*2,793,517*	*929,872*	**1,863,645**
	NOTE [10] - PAYABLES			
172,767	Trade and general creditors			205,682
119,021	Accrued expenses			118,704
44,285	Income received in advance			32,500
336,073				**356,886**
	NOTE [11] - PROVISIONS			
	current			
255,807	recreation leave			274,994
39,330	sick leave (10%)			27,027
223,304	long service leave			289,294
518,441			*subtotal*	*591,315*
	non-current			
353,972	sick leave (90%)			243,248
191,109	long service leave			195,757
545,081			*subtotal*	*439,005*
1,063,522				**1,030,320**

2003/2004		2004/2005	notes
	NOTE [12] - INCOME		
	Projects and programs		
1,694,496	Community health service	1,902,672	[14]
52,376	Youth welfare service	51,101	
59,655	Vietnamese welfare service	61,140	
270,423	Arts & culture program	322,031	
569,993	Centre for culture, ethnicity and health	587,840	
942,841	Post-acute care program	940,688	
816,342	Dental health service	1,026,534	
115,178	Psychiatric disabilities program	119,987	
441,342	Drug safety program	723,250	
42,048	Young people's recreation & sport activities	42,326	
46,666	Path to employment program	0	
12,838	Sundry small projects	8,858	[15]
50,580	Interest on investments	69,657	
0	Buses - grants/proceeds from sale & trade-in	0	
973	Miscellaneous items	500	
5,115,751	***total income (non-consolidated value)***	**5,856,584**	
(280,697)	less internal recoveries of cross-subsidisation	(286,628)	
4,835,054	***total consolidated income***	**5,569,956**	
	NOTE [13] - EXPENSES		
	Projects and programs		
1,804,310	Community health service	1,896,714	[14]
33,377	Youth welfare service	38,154	
64,722	Vietnamese welfare service	60,681	
278,068	Arts & culture program	294,646	
658,562	Centre for culture, ethnicity and health	482,229	
1,003,998	Post-acute care program	736,387	
815,618	Dental health service	989,903	
114,814	Psychiatric disabilities program	118,608	
409,190	Drug safety program	642,118	
30,035	Young people's recreation & sport activities	12,655	
26,120	Path to employment program	0	
16,174	Sundry small projects	11,759	[15]
13,269	Buses - depreciation and change-over cost	13,153	
0	Miscellaneous items	0	
5,268,255	***total expenses (non-consolidated value)***	**5,297,007**	
(280,697)	less internal charges for cross-subsidisation	(286,628)	
4,987,558	***total consolidated expenses***	**5,010,379**	

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2003/2004		2004/2005	notes
	NOTE [14] - COMMUNITY HEALTH SERVICE		
	income		
1,173,698	Government grants	1,417,208	
200,951	Rental from various occupants	182,030	
119,805	Consultancy fees	88,100	
7,747	Client's fees	8,217	
159,256	Administration fees from other programs	169,063	
33,039	Miscellaneous income	38,054	
1,694,496	***total income***	**1,902,672**	
	expenses		
1,325,431	Personnel cost (incl. overhead cost)	1,322,836	
13,016	Variation in leave provisions	24,942	
16,812	Medical supplies and diagnostic facilities	9,323	
18,588	Power (gas and electricity)	20,101	
20,552	Linen, laundry and cleaning	22,760	
56,227	Repairs and maintenance	75,890	
9,865	Consultants' fees	30,022	
3,800	Auditor's fees	4,000	
635	Staff recruitment cost	2,276	
9,728	Membership dues and subscription	9,677	
31,053	Insurances	31,497	
44,293	Stationery, photocopying and computer supplies	53,733	
963	Books, audio-visual and health education materials	743	
46,799	Telecommunication cost (incl. ISP)	49,571	
5,593	Postage and courier services	4,256	
22,982	Motor vehicles cost	24,674	
8,829	Travelling cost	9,504	
15,703	Rent and rates (incl. equipment rental)	16,158	
13,389	Public relations	18,145	
20,407	Staff development cost	11,440	
2,596	Security and fire alarm system	8,033	
5,170	Translation and interpreting cost	16,673	
109,605	Depreciation of fixed assets (incl. write-down on disposa)	113,856	
1,040	Bad debts written off	15,052	
1,234	Miscellaneous expenses	1,552	
1,804,310	***total expenses***	**1,896,714**	
(109,814)	***result for period***	**5,958**	

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2003/2004			2004/2005
	NOTE [15] - SMALL PROJECTS		
	income		
2,164	Senior citizens' group activities		1,627
1,450	Social activities for residents		1,450
3,261	Timorese group activities		1,426
5,963	Vietnamese women's group activities		4,355
12,838		***total income***	**8,858**
	expenses		
3,366	Senior citizens' group activities		1,490
203	Social activities for residents		1,530
6,887	Timorese group activities		2,127
607	Turkish women's group activities		0
5,111	Vietnamese women's group activities		6,612
16,174		***total expenses***	**11,759**

NOTE [16] - LEASE

a) Commitments

45,182	Less than one year	48,707
98,791	One year to five years	62,848
143,973		**111,555**

b) Expenses

16,917	Office equipment	20,832
27,404	Office space	25,250
44,321		**46,082**

c) Description

The organisation leases property space at two different locations for some of its staff which cannot be accommodated in its own premises. Both leases are for a 2-year term, with the option to negotiate an extension of the terms at the expiration of the lease. It also leases a photocopier for a term of 5 years.

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2003/2004		2004/2005
	NOTE [17] - CASH FLOW INFORMATION	
	a) Reconciliation of cash	
1,018,170	Cash on hand and deposit	797,561
0	Bank overdraft	(867)
1,018,170		**796,694**
	b) Reconciliation of net cash used in operating activities with *Statement of Financial Performance*	
(152,504)	Result as per *Statement of Financial Performance*	559,577
	Non-cash flows in result :	
172,310	Depreciation	170,416
68,002	Fixed asset residuals written off	53,533
(82,591)	Result of non-operating activities	(81,267)
	Changes in assets and liabilities :	
(77,670)	(Increase)/Decrease in receivables	71,827
0	(Increase)/Decrease in inventories	0
28,312	Increase/(Decrease) in creditors	20,813
(20,415)	Increase/(Decrease) in provisions	(33,202)
(64,556)	**Net cash used in/provided by operating activities**	**761,697**

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NORTH RICHMOND COMMUNITY HEALTH CENTRE INC.

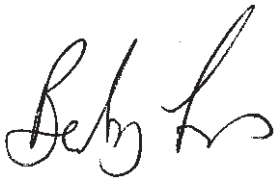
Statement by the Committee of Management

The Committee's members submit the financial report of the North Richmond Community Health Centre Inc. for the financial year ended on 30/06/2005.

In the opinion of the members of the Committee of Management, the financial report, together with its accompanying notes, present fairly the financial position of the organisation as at 30/06/2005 and the results of its operations and cash flows for the financial year ended on that date.

Further, there are reasonable grounds to believe that the organisation will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Committee of Management and is signed on its behalf by:



Beverly Lewis
President

Dated this 7th day of September 2005

david sauer

CHARTERED
ACCOUNTANT

Suite 3, 17 Carrington Road
PO Box 156
Box Hill Victoria 3128
Tel: 03 9890 4440
Fax: 03 9898 3375
Email: ds@davidsauer.com.au
Website: www.davidsauer.com.au

AUDITOR'S REPORT

INDEPENDENT AUDIT REPORT
To the members of North Richmond Community Health Centre Inc.

Scope

The financial report and the committee of management's responsibility

I have audited the special purpose financial report of North Richmond Community Health Centre Inc. ("the association") for the year ended 30 June 2005.

The financial report comprises the statement of financial position, statement of financial performance, statement of cash flows, accompanying notes to the financial statements, and the statement by committee for the year ended 30 June 2005.

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

Audit Approach

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

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

..../ 2

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

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

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

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

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

Independence

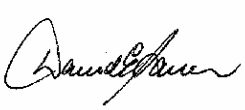
In conducting my audit, I followed applicable independence requirements of Australian professional ethical pronouncements. I have maintained my audit independence throughout the audit period to the date of this financial report.

Unqualified Audit Opinion

In my opinion the financial report presents fairly:

(a) the financial position of North Richmond Community Health Centre Inc. as at 30 June 2005; and
(b) the results of its operations and cash flows for the year then ended

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



David Sauer
Chartered Accountant

Opinions formed at Box Hill on 30 September 2005

north
richmond
community
health
centre

STRATEGIC PLAN 2003 – 2006

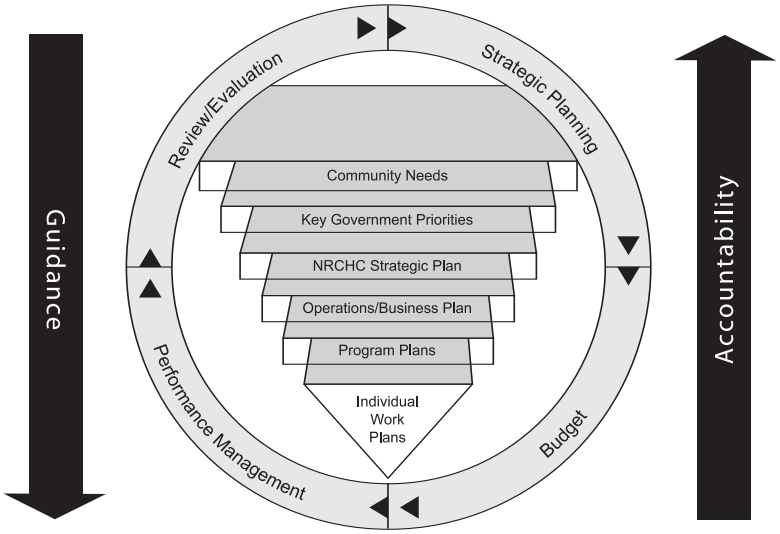
About this Plan

This Plan is an abridged version of the Centre's formal Strategic Plan. If you would like a copy of the full document, please contact the Executive Manager, Corporate Services on 9420 1348.

This strategic plan supports the "Statement of Purposes" of North Richmond Community Health Centre and provides direction, and a framework within which we will operate over the next three years to achieve our strategic goals. The Plan is designed to clearly show the issues, goals and key strategies for us, and how these support the our key priorities.

The current Plan was developed after consultation with staff, the community and key stakeholders. It forms part of the comprehensive planning cycle of the Centre and informs the strategic and operational directives of all NRCHC Programs. The Plan is a key tool for decision-making and policy development, providing a co-ordinated structure accessible by all stakeholders.

Link between community needs and our planning strategy



About Us

NRCHC offers a range of services to the diverse communities who live and visit the City of Yarra. The Centre mandates a philosophy of providing culturally appropriate primary and social services to disadvantaged individuals and groups, especially refugees and newly arrived communities. Through extensive planning and consultation processes, we are responsive to the changing needs of the community, providing programs that capture both marginalised and well-connected clients.

Maintaining a commitment to quality client care is central to our operations. We continuously strive to improve processes and practices that offer visitors, clients and staff Good Practice standards in health care.

Mission

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

Vision

To be an innovative organisation, responsive to and supportive of community needs and aspirations; open to change and challenges.

Values

Openness	ensuring transparency of process, structure and communication
Cooperation	working collaboratively and positively with others, including the community
Respect	acknowledging a person's dignity and different points of view
Integrity	being truthful, sincere, fair and following ethical principles
Compassion	being thoughtful and supportive of people's needs
Social & cultural equality	valuing people, respecting diversity and responsiveness in reducing inequalities in health
Innovation	creating forward-looking practices and policies
Development	growth and learning, empowering people and communities to achieve their goals
Accountability	ensuring staff conduct meets expected moral, ethical and funding obligations
Support	having trust and confidence in the professional ability of other staff, and supporting each other's aspirations and wellbeing
Diversity	valuing the opinions, perspectives and interests that come from differences based on race, language, ethnicity, religion, class, sexuality, age & disability
Flexibility & Responsiveness	ensuring internal systems allow for the timely creation of services that respond to the changing needs of the community

Principles

The following principles are fundamental to our success, and guide the development of strategies to provide quality, equitable and accessible health care.

- Continuous quality improvement
- Partnerships and collaborations
- Good communication
- Engaging communities
- Provision of services to those with highest need first
- Client and community focussed

Stakeholders

Due to the diversity of services we offer, it would be untenable to list all the stakeholders that we value. However, we recognise the importance of identifying these groups, organisations and individuals, and have developed a comprehensive list that will be used in our continuing efforts to ensure comprehensive and participatory planning processes are undertaken.

In relation to the development of this plan, it was agreed to identify the following five groups as our priority stakeholders.

- NRCHC Board of Management
- NRCHC staff
- Department of Human Services (Regional & Head office)
- City of Yarra
- North Central Metro Primary Care Partnership (NCMPCP)

Strategic Priorities

Our strategic priorities will guide the organisation over the next three years to achieve an integrated, responsive and innovative healthcare service, directed by strong values and principles.

The development of our priorities was based on areas of the organisation that are fundamental to our mission and vision. These important interests and assets, in no particular order, are:

- Our Community
- Our Staff and Volunteers
- Our Services
- Our Political Influence
- Our Financial & Organisational Viability
- Centre for Culture, Ethnicity & Health

Guided by the six critical areas listed above, we identified the following priorities that we will focus our activities and resources on in the ensuing three years.

1. *Increase community involvement in activities that promote better health and wellbeing*

   Current evidence and research supports the value of building the capacity of communities to participate in a range of activities that can improve their health and social wellbeing. Goals and strategies will focus on the delivery of effective health promotion and community development initiatives.

2. *Develop and support our people*

   We will continue to develop goals and strategies that recognise, support, train and safeguard our staff to ensure their continuing ability to provide excellent services to the community.

   Strategies will include actions that promote and value diversity, and ensure that the workforce is culturally representative of the community we serve.

3. *Enhance service development and delivery through innovation and continuous quality improvement*

   The integration of up to date findings of evidence-based research into our work practices has enabled us to make informed decisions about where to best place our efforts. In addition, the community's expectations of standards of service delivery are continually increasing. To meet these expectations we must develop flexible and responsive service delivery models and activities, particularly for socially and culturally diverse communities. We must also demonstrate excellence in our operations, planning and strategic abilities.

In addition, we will engage the community to develop more innovative and relevant ways to enhance and plan our services. Strategies will also include upgrading our communication practices and collaborating with a wide range of stakeholders, including other primary, community and acute health service providers in Victoria, to progress service system development agenda for expanding culturally responsive services locally and across the state.

4. *Increase Government recognition and consultation regarding health issues facing culturally and socially diverse communities*

   We provide a vast array of services to diverse communities. To continue to do this effectively, we must elevate our profile and become engaged in government health and community policy and planning matters. We must be recognised as a key community health service and a critical partner in community capacity building.

   To achieve this we will develop strategies which identify, establish and enhance relationships and collaboration with other agencies and stakeholders; create awareness across Government of our role and contributions to local and regional health planning; and become involved in forums where we can contribute our expertise.

5. *Attain long term financial and organisational viability*

   The political and funding environment that we operate within is dynamic. To ensure we can continue providing high quality health care to meet increasing demand, it is imperative that we plan strategically for growth. This includes making adequate provision for future accommodation and an innovative approach to financial management.

   We will focus on improving efficiencies within service delivery and administration, and diversifying our funding sources. We will also strengthen our profile and identity, therefore cementing the relevance and importance of our unique organisation.

6. *Centre for Culture Ethnicity & Health*

   The Centre for Culture Ethnicity and Health (CEH) is state-wide organisation that has been a part of NRCHC for a number of years. As a specialist state-wide service that works with health service providers to improve their responsiveness to ethnic clients and communities, CEH supports NRCHC in its culturally appropriate practice and draws on the good practice at the Centre to promote the initiatives of NRCHC to other Community health Centres across the state.

   The placement of CEH at NRCHC is valuable to both organisations and is an innovation that needs to be fostered at a strategic level for both organisations. To grow CEH's expertise both at a local and state-wide level we will focus on the strategic opportunities for NRCHC and CEH. A major part of this strategy will be to strengthen the profile of CEH, and in particular NRCHC as a major contributor to service system development to improve inclusive health service delivery across the state.

COMMITTEE OF MANAGEMENT AND STAFF AT NRCHC

President

- Ms Beverly Lewis

Treasurer

- Mr Stephen Kerr

Vice President

- Ms Sophia Panagiotidis

Members

- Bev Lewis
- Bernardo Duarte
- Gavin Ryan
- John Ryan
- Lyn Dixon
- Sophia Panagiotidis
- Stephen Kerr
- Sue Corby
- Susana de Pedro

Staff

- Rena BAHDUS
- Annabel BARBARA
- Fiona BEALE
- John BELFRAGE
- Michel BEUCHAT
- Thuy Vinh BUI
- Muhannad BUNNI
- Soh Kuan CHEN YI MEI
- Carla CHUNG
- Czeslawa CIERESZKO
- Wendy CLAY
- Robyn CORSER
- Colin COXHEAD
- Kim DAO
- Elsa DEMETRIOU
- Helena DIONYSIOU
- Trinh DU
- Fay EDEBOHLS
- Carol FATOUROS
- Giulia FODDANU
- Gaylene FORD
- Vivien FOX
- Melissa GABB
- Etervina GROENEN
- Martin HALL
- Nicola HARMAN
- Rosalie HASTWELL
- Wendi HOBBINS
- Lidia HORVAT
- Qiong HUANG
- Judy I
- Ana IVANOVIC
- Nicole JAMIESON
- Bronwyn JONES
- Danielle JOY
- Eleni KARANTZAS
- Amy KIRWAN
- Jiin KONG
- Demos KROUSKOS
- Sim Fa LAI
- Mei Tim LAU
- Renee LEE
- Lisa LI
- Paulo LI
- Roger LINDENMAYER
- Gillian LOWE
- Catherine LUKACS
- Beth LYON
- Quim Lim MAC
- Mary McGOWAN
- Michal MORRIS
- Kylie MORRISON
- Louise MORRISON
- Jayson MYLES
- Rachanee NAKSUK
- Binh NGO
- Huong NGO
- Thi Cong NGUYEN
- Matthew O'DONNELL
- Benjamin OPIE
- Georgina PAPAGIANNIS
- Wendy PATTENDEN
- Jennine PERRY
- Trang Thi PHAM
- Lyndy Kieu PHAN
- Louise PHILPOTT
- Jane PRICE
- Lisa REGAN
- Lucinda RICHES

- Nancie-Lee ROBINSON
- Sandra ROPKAS
- Simone RUBAS
- Julie RUBIRA
- Nura SAID
- Stephen SCHMIDTKE
- Alina SCHOR-ENEA
- Monika SCHWARZ
- Susan SENEWIRATNE
- Halima SHEIK-EL-DIN
- Melina SIMMOND
- Kavitha SIVASITHAMP.
- Russell SMITH
- Jennifer STANLEY
- Jennifer STEWART-W.
- Li Sung SUNG
- Majida TALEB
- Isabel TAN
- Helen TAYLOR
- Fi Fong THONG
- Mihaela TODOROVIC
- Donna TOMESKI
- Sabina TRESISE
- Louise UCHAZ
- Chris UREN
- Thanh Minh VO
- Fi Sung VONG
- Vinh Duc VU
- Lan Cam VUONG
- Felicity WADE
- Fernanda WADHOOMALL
- Lesa WALTROWICZ
- Madeleine WARD
- Sharon WATKINS
- Elisabeth WEISSER
- Megan WILLIAMS
- Michael WOOLARD
- Cigdem YILAN
- Elizabeth YOUNG

Medical Practitioners

- John FURLER
- David ISAAC
- Gloria MOSCATTINI
- Teresa RUSSO
- Libby SEGAL

Co-located Staff

- Daryl EFRON
- Swee Kiong LAW
- Paolo LI
- Debbie LIN*
- Keirra MIDDLETON
- Sasha FINLAY*

Consultants

- Yan BRUSHIN
- Ben OPIE*

* Staff who have left the Centre during the year

Health and Community Support Services

Medical Clinic

By appointment Ph: 9429 5477

- Monday to Thursday 9.00am - 8.00pm
- Friday 9:00am - 6:00pm
- Saturday 9am - 11am
- Home visits available
- After hours locum service Ph: 9429 5677

Shared Ante and Post Natal Care

- By appointment with doctor or midwife

Nursing Services

Nursing Clinic by appointment or drop-in Ph: 9429 5477

- Mon, Tues, Thurs, Fri 9:30am - 3:00pm
- Wed, Fri 11.00am - 3:00pm

Asthma Education

- By appointment Ph: 9429 5477

Diabetes Education

- By appointment Ph: 9429 5477

Women's Health and Midwifery.

- By appointment Ph: 9429 5477

Dental Program

By appointment Ph: 9420 1302

- Monday to Thursday 9:00am - 8:00pm
- Friday 9:00am - 4:30pm

Other Programs and Services

By appointment Ph: 9429 5477

- Arts and Culture Program
- Dietician
- Drug and Alcohol Counsellor
- Drug Safety Program
- Hospital Admission Risk Program
- Inner Melbourne Post Acute Care
- Interpreting & Language Services: In-house Hakka, Mandarin, Turkish, and Vietnamese interpreters available
- Legal Aid
- Mental Health Living Skills Program
- Multicultural Health and Support Service
- Needle and Syringe Program
- No Limits - Psychiatric Support Service
- Paediatrics
- Refugee and Asylum Seeker Health Network
- Social Workers
- Speech Pathology
- Timorese Social Support Workers
- Turkish Social Support Worker
- Vietnamese Social Worker
- Volunteer Program
- Youth Workers

Regular Groups and Activities

- Community lunches/celebrations/ day trips
- Home Work Group
- Hydrotherapy
- Richmond Chinese Elderly Group
- Richmond Vietnamese Women's Group
- Richmond Young Mother's Group
- Richmond Youth Recreation Program
- Timorese Middle and Aged Support Group
- Tai Chi
- Vietnamese Youth Association
- Walking Group
- Yarra Vietnamese Parents' Support Group
- Yoga
- English Classes
- Diabetes Education
- Elderly Gentle Exercise
- Swimming Lessons
- Health Promotion
- Health Forum

Donations / Membership Forms

Donations

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

Donations of $2 and over are tax deductible.

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

I enclose a donation of $ _____

(Please send cheque or money order only)

My donation is for: ☐ the overall Health Centre

☐ .....

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

Name: .....

Address: .....

.....

Phone: .....

I would like to remain anonymous ☐

Please indicate if a receipt is required ☐

Signature: .....

Date: .....

Membership

MEMBERSHIP IS FREE

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

I, ...

of.....

..... Postcode .....

Phone: .....

Email: .....

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

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

Signature: .....

Date: .....

Donations Form

Membership Form

See other side for details.