

Community Empowerment

Working together for positive change



north richmond
community health
Wulempuri - Kertheba

Annual Report
2022-2023

We respectfully acknowledge the Traditional Custodians of the land on which we work and meet, the Wurundjeri Woi-wurrung people of the Kulin Nation.

We recognise their ongoing connection to the land and value their unique contribution to North Richmond Community Health and wider Australian society.



We honour and pay our respects to their unique roles in the life of this region, and in doing so, acknowledge all Elders past, present and emerging.

Contents

A note from the Board Chair and CEO.....	4	Allied Health.....	24
Oral Health.....	5	Counselling and Casework.....	26
Medically Supervised Injecting Room.....	7	Medical and Nursing Services.....	28
Centre for Culture, Ethnicity and Health (CEH).....	11	Language Services.....	30
Community Empowerment and Development (CED).....	14	Quality and Safety.....	31
Inner Melbourne Post Acute Care (IMPAC).....	16	Information Communications Technology.....	32
Healthy Communities.....	18	Directors and Financial Report.....	33
Communications and Community Engagement.....	22		

Mission

Build healthier communities by making healthcare more accessible and culturally relevant.

Vision

Healthcare that builds community.

Values

- Innovation
- Embracing diversity
- Equity of access
- Organisational learning
- Respect for others
- Openness
- Connectedness with our community



A note from the Board Chair and CEO



Sally Mitchell,
Board Chair



Simone Heald,
CEO

On behalf of the Board, we are pleased to be able to present the Annual Report for 2022/23, which documents our activities and achievements for the year.

North Richmond Community Health (NRCH) staff have once again demonstrated their commitment to the community and capacity for innovation to achieve the best outcomes for the community.

NRCH has a long history of community engagement and community and consumer input into the way our services and activities are provided. This year has seen a growth in opportunities for input from the community including the increasingly popular monthly community lunches. It is wonderful to see such a diverse representation of our community and client group come together to engage in conversations over a meal and to connect with NRCH staff.

The North Richmond Community Hub at 110 Elizabeth St is providing a new home for the activities of the Community Empowerment and Development Team. This is a much more comfortable space than the tent (White House) which was used throughout the COVID-19 pandemic and allows for a breadth of activities to meet the diverse interests of community members.

The review of the Medically Supervised Injecting Room (MSIR) was presented to the Victorian Government in February 2023. The report included a recommendation that the MSIR should become a permanent service. In May, the Victorian Government passed Legislation to allow the MSIR to become an ongoing service with an expanded model of care. This is testament to the health and wellbeing benefits for the clients of the unique MSIR model and the commitment of its staff.

In April, we farewelled Patricia Collocott as Chief Executive Officer. Trish led NRCH through the challenging years of the COVID-19 pandemic with a strong commitment to ensuring that the community was well supported, and that staff and other resources were used innovatively to keep the community healthy and maintain individual, community and staff wellbeing. We wish her all the best.

Paul Geyer's appointment as an Interim Chief Executive Officer provided strong leadership through the period of transition ensuring that NRCH continues to run smoothly and develop during this time.

The Board welcomed Roberto Colanzi and Trang Du to the Board at our Annual General Meeting in 2022. They bring a wealth of experience and knowledge about our local community and new energy to the Board.

I thank the Board and Executive Team for their leadership in 2022/23 and look forward to continuing to work with you. On behalf of the Board, our thanks to all NRCH staff and volunteers for their dedication and commitment to high quality services and their creativity and innovation in ensuring best outcomes for all clients and community members accessing services and activities.

Finally, thanks to all the community members and partner organisations who actively participate in NRCH activities and encourage us to reach greater achievements.



Oral Health

Ensuring access to public dental health within the Oral Health program at NRCH continues to be a cornerstone of our commitment to comprehensive dental care for the community.

Throughout the past year our Oral Health Program has made significant strides in enhancing accessibility to dental services, ensuring our community can access dental care, maintain their own oral health and overall well-being with our support.

There was a focus on reducing its public dental waitlists during this period, and the Oral Health program was able to reduce the denture and priority denture waiting lists, with some clients having been on this list since 2016.

This is an incredible achievement while the number of Priority Access clients we needed to see, increased from 57% up to 62% in the last twelve months.

Many of the clients in our community experience marginalisation and discrimination, and have complex needs which require additional support through Language Services, training in Cultural Safety, Continuing Clinical Education, and access to Specialist Services.

Our aim in 23/24 will be to:

- reduce the general waiting list and align with the Departments Statement of Priorities (SoP) Target of 23 months
- eliminate the denture waitlist and ensure all clients who complete a general course of care are provided with denture/s within 3 months of being placed on the priority denture waiting list.



Access Performance

	At the end of 2021/22	At the end of 2022/23
General wait list clients waiting	1655	1659
Denture wait list clients waiting	168	29
Priority Denture wait list clients waiting	70	53
Individuals Treated	6893	7080
New Individuals Treated	843	1234
Priority Access Clients	57%	62%



NRCH's partnership with Murray Valley Aboriginal Cooperative


In March 2023, the team returned to Murray Valley Aboriginal Cooperative (MVAC) to support the dental needs of the Robinvale Community.

Access to dental care for the Robinvale community is limited with the closest Community Health clinic or Private Dental Practice located 85km away in Mildura.

Our team visits MVAC once a month and aims to make ten trips each year.

Achievements in the first three months since returning to MVAC:

 **41 individuals seen**

 **312 dental treatments provided**
Ranging from dental examinations, teeth cleaning, fluoride application, decay removal, and pain management

 **Expedited referrals for dentures**
(false teeth) and complex dental care.

We aim to continue this outreach service and increase our dental service in the Robinvale Community in the years ahead.



Pearly Whites Mobile Aged Care Dental Program

The Pearly Whites aged care dental program has been a NRCH initiative since 2014. The service aims to improve the oral health of residents, to reduce the need for pain management, provide dental care to support residents to chew food, communicate and sleep comfortably and facilitate referral pathways for more complex dental treatment, as required.

Over the last year, our Pearly Whites team provided oral health assessments and preventative treatment to **1,239 residents over 49 visits**, operating two weekly visits to residential aged care.

In 2019, NRCH secured philanthropic funding to redevelop the program and the Model of Care to ensure comfort, function and education to residents and aged care teams, as well as conducting research and student placements which will educate and inform decision makers on the importance of oral health in residential aged care facilities in the future.

Due to COVID-19 the project was delayed and recommenced in December 2022, and has since acquired:

- portable dental equipment and instruments
- a mobile dental vehicle
- engaged with new residential aged care facilities in addition to the existing ten facilities and is planning to increase the service to 5 days a week.





1,460 overdoses managed
by MSIR staff inside the facility during
a 12-month period

Medically Supervised Injecting Room

2022–23 marked the fifth year of the Victorian Government's MSIR trial at NRCH.

In February 2023, an independent panel chaired by Mr John Ryan delivered the second independent review of the MSIR (the Ryan Review), outlining 10 recommendations for the Minister for Mental Health.

Since its establishment on 30 June 2018, the review found that the MSIR has succeeded in achieving the trial's central objective of saving lives, with modelling as part of the report indicating **the prevention of at least 63 deaths.**

Importantly, this review recommended the MSIR continue its service, expand support for clients, and address safety and amenity through stronger collaboration between agencies.

It was also recommended that more be done to provide access to integrated treatment, care, and support for vulnerable client groups.

On 4 May 2023, the Victorian Government passed legislation to establish the MSIR as a permanent service, which is testament to the hard work and dedication of the MSIR and all supporting stakeholders involved in the development of the MSIR.





92,306 visits to MSIR

including 85,463 supervised injecting visits during this 12-month period.

- Over the five-year trial period up until 30 June 2023 there were a total of 414,657 visits to the MSIR, including 393,398 supervised injecting visits.



1,460 overdoses managed

by MSIR staff inside the facility in a 12-month period

- The vast majority of all overdose events were managed on-site with only 1.4% requiring ambulance attendance and transport to hospital.
- Over the five-year trial period, staff at the MSIR managed 7,545 overdose events in total.
- There have been no overdose-related deaths from any of the overdoses managed in the MSIR in either the last 12 months or during the five-year trial period.



28,969 services received

by clients from both MSIR staff and co-located 'gateway' services

- MSIR staff made 461 referrals to external services and other NRCH program areas.
- In addition to these external referrals, there were 1,102 referrals made for clients who were accessing the MSIR to on-site clinics and services provided in the Consulting Area clinic.



711 new clients

registered to access the MSIR, in addition to 167 new clients registered to access the Consulting Area clinic (but not the MSIR).

- Over the five-year trial period up until 30 June 2023 a total of 6,891 clients have registered to access the MSIR.

Client experience story

Tim* is a man in his fifties who started injecting drugs in his early teens.

He first registered as an MSIR client in 2018–19 when he was injecting heroin daily, having visited the service on over 300 occasions.

Tim has a history of homelessness and complex post-traumatic stress disorder, which is not uncommon in the MSIR client population.

In 2022–23, Tim decided to stop heroin use and engaged with the Consulting Area for opioid dependence treatment, seeing a Nurse Practitioner prescriber for long-acting injectable buprenorphine.

Tim enjoys visiting the Consulting Area and has developed a strong therapeutic bond with his prescriber.

Recently, Tim found out that he had been accepted into permanent housing after 20 years on a wait list living in various rooming houses across Melbourne.

Tim contributes to the MSIR community by regularly chairing his own activity with the support of MSIR staff in the Activities Team.

*Name has been changed to protect client confidentiality.



Hep C Point-of-Care (POC) screening and treatment in the MSIR

	Jul-Sep-22	Oct-Dec-22	Jan-Mar-23	Apr-Jun-23	2022-23
Screened using POC	103	149	155	141	548
HCV PCR positive	19	25	25	24	93
Commenced HCV treatment	16	9	21	15	61

MSIR OAT clinic treatment initiations

	Jul-Sep-22	Oct-Dec-22	Jan-Mar-23	Apr-Jun-23	2022-23
Clients commencing OAT	97	59	50	47	253
Long-acting injectable buprenorphine	61	35	31	36	163
Methadone	14	19	14	8	55
Buprenorphine-naloxone	22	5	5	3	35

MSIR OAT clinic

	Jul-Sep-22	Oct-Dec-22	Jan-Mar-23	Apr-Jun-23	2022-23
Pharmacotherapy services provided	1,035	1,000	905	786	3,726
Unique clients seen	178	200	188	179	361
Clinics/days onsite	84	82	80	86	332

Launch housing clinic

	Jul-Sep-22	Oct-Dec-22	Jan-Mar-23	Apr-Jun-23	2022-23
Launch services provided	187	86	98	76	447
Unique clients seen	70	49	58	48	167
Clinics/days onsite	40	38	41	34	153

MSIR care coordination

	Jul-Sep-22	Oct-Dec-22	Jan-Mar-23	Apr-Jun-23	2022-23
Care coordination services provided	511	626	668	310	2,115
Unique clients seen	97	101	92	61	200
Clinics/days onsite	57	52	49	33	191



Alcohol and Other Drugs (AOD)

Program Needle and Syringe Program

The Needle and Syringe Program (NSP) is a free and anonymous service for people who inject drugs that aims to minimise the spread of blood borne viruses like HIV, hepatitis C and hepatitis B through the provision of sterile injecting equipment.

At NRCH, the NSP is co-located with the MSIR, allowing people to walk in and get equipment, information, education, and advice in a confidential space. The NSP team is on hand to connect people with health, housing and other support services when needed.



Proactive Overdose Response Initiative (PORI)

PORI works to support people who have experienced or are at risk of experiencing opioid overdose, with the goal of preventing future overdoses and reducing overdose related harm.

The initiative connects people with a range of services and educational programs including take-home naloxone training, information, advice, and education on overdose and safer drug use, as well as post-overdose incident care.

PORI also refers clients and community to AOD services, opioid dependence treatment, and other health and social services and can train anyone to effectively respond to opioid overdose.

	NSP client contacts	NSP syringes out	PORI training contacts
Jul-Sep-22	3,156	153,988	126
Oct-Dec-22	1,925	171,024	102
Jan-Mar-23	1,566	145,603	77
Apr-Jun-23	2,514	142,047	75
2022–23	9,161	612,662	380





Centre for Culture, Ethnicity and Health (CEH)

Improving the health and wellbeing of people from refugee and migrant backgrounds.

The Centre for Culture, Ethnicity and Health (CEH) help organisations to provide high quality services to clients from refugee and migrant backgrounds through the provision of training and supports to build capacity.

The training modules include:

- Cultural Competence
- Health Literacy and;
- Trauma Informed Care.

We offer face to face, online, and eLearning options to other professionals seeking to improve their response to people from refugee and migrant backgrounds.

CEH is proud to be profiled in the Australasian College of Health Service Management's online TV series, *Health Leader TV*, showcasing our expertise in delivering tailored health community services to Australia's cultural diverse communities.

[Watch the video here](#) or visit ShortURL.at/gnCT0

Our Achievements

In 2022/23, CEH was able to have a bigger impact than ever through a number of projects, initiatives and partnerships. Some of the highlights include:



Long COVID Help website

With funding from the Department of Health, we created a website - **Long COVID Help** – specifically for people whose first language is not English.

It is a valuable resource bringing together the latest research and medical advice about long COVID, to support patients to gain a better understanding of the condition and make informed decisions about their health.

www.longcovidhelp.org.au

Multicultural Health and Support Service (MHSS)

MHSS works with migrant and refugee communities, as well as international students, on providing information on sexual health, sexually transmissible infections (STIs), blood borne viruses (BBVs), consent and healthy relationships.

It also works with health and community organisations on how best to engage, deliver services and talk about sensitive issues to multicultural communities.

In the last year, MHSS continued to build partnerships for a more coordinated response to prevent transmission of sexually transmitted infections and blood borne viruses.

Key partnerships included Melton City Council, LiverWell, St Vincents Hospital, Gen West, WHISE, and Cancer Council Victoria.

MHSS delivered more than 50 education sessions reaching 700 community members and 500 workers.

MHSS's **TalkTestTreat** website continues to grow and develop, providing a safe and accessible online entry point to information around sexual health.

www.talktesttreat.org.au



Project .05

Funded by VicHealth, the project brought together African young people, living in the high rise estates, to raise awareness of the harmful acts of alcohol on their peers.

Events were organised and young people learnt to produce their own videos and design their own promotional t-shirts.





Health Translations

Health Translations successfully secured funding from the Department of Health for another three years. The funding will allow Health Translations to continue to provide high-quality, translated health information to people from culturally and linguistically diverse communities.

The catalogue increased to:

 **28,000+ resources**

 **100 languages**

 **130 topics**

 **89,464 users**

"We use your translation library at RMIT all the time! Especially in our translation classes and with students from newer and emerging languages! It is a superb resource."

- Dr. Erika Gonzalez Garcia, Associate Professor & Program Manager - RMIT University

Capacity Building Through Training

CEH has long provided practical and specialist training to help organisations, staff and systems to be more responsive to clients from a migrant and refugee background.

In 2023, CEH was able to provide training to 2017 participants from over 50 different organisations through workshops, eLearning and webinars.

Training courses offered included:

- Cultural Competence
- Health Literacy
- Language Services (communicating with clients with limited English)
- Working Across Cultures in the Disability Sector
- Trauma-Informed Care

For more information, visit www.ceb.org.au/training



New Views on Best Practice with Migrant and Refugee Communities

CEH embarked on an exciting project researching 'what new approaches agencies are taking, or considering, to improve access to, and quality of, health and human services to migrants and refugees in Victoria?'

After a literature review and engaging with other specialist agencies, CEH updated the ways we engage with diverse communities. This process has enhanced our many service offerings.



Community Empowerment and Development (CED)

The Community Empowerment and Development Program (CED) proudly opened its doors on the 1st of July 2022, following the decommissioning of the High Risk Accommodation Response (HRAR) Program and subsequent Community Connectors program funded by the Department of Families, Fairness and Housing (DFFH).

Over the nearly two-year duration of this program, we learnt to listen, walk, and talk with our local, diverse communities, and through this process, we built high levels of trust.

We learnt that community were deeply concerned about the impact of COVID-19, but that there were also many other challenges that they faced around housing, food security, education, training, employment, social isolation, and health care.

We knew that we had to keep our service open following the end of HRAR, and so we worked closely with community, NRCH programs, and partner organisations, to co-design the CED Program, which is modelled around the social determinants of health.

We initially ran our program from the 'white tent' on the Richmond Housing Estate, while we worked closely with the DFFH, to secure use of the 110 Elizabeth St Community Hub. We opened operations at the Community Hub in December of 2022.

Each week, we engage with community, support referral pathways, conduct health assessments, activate the Community Hub, and support community to book the Community Hub for their own programs.





Our Key Partners

- Carringbush Adult Education
- Reclink
- Jesuit Social Services
- Department of Families, Fairness and Housing
- Belgium Avenue Neighbourhood House.

Our Activities and Services

The Community Hub at 110 Elizabeth St Richmond, is open Monday to Friday, 10am to 4pm. Our team proudly support community with several codesigned activities, designed to build trust and engagement so that we can then help community with other supports and services:

- Zumba
- Fun, Exercise and Nutrition class, with support of the NRCH Dietitian.
- English for Everyone Class (beginners and intermediate), in partnership with Carringbush Adult Education
- Body Confidence, in partnership with Reclink
- Outdoor Gym Class, in partnership with Reclink.
- Employment Drop in, in partnership with Jesuit Social Services.
- Housing support, in partnership with the DFFH
- Health and Wellbeing Care Coordinator Nurse
- Social Prescribing Program
- Outreach

Our Achievements

An average month at the Hub and in our local North Richmond Community the team provides up to:



1300 engagements



140 first time engagements



288 referrals to internal, external and community-based programs



45 nursing referrals



85 bookings at the Community Hub



28 activities co-designed with the community at the Community Hub



5 referrals to the Social Prescribing Program



5 homeless clients supported to housing



18 employment support service appointments



Inner Melbourne Post Acute Care (IMPAC)

IMPAC provides short term supports to assist clients to recuperate at home following a stay in a public hospital.

The program aims to:

Support a client's return to independence

Provide a gap service until other community services can start

Support clients who are considered vulnerable (due to age and frailty, disability and social disadvantage, such as homelessness)

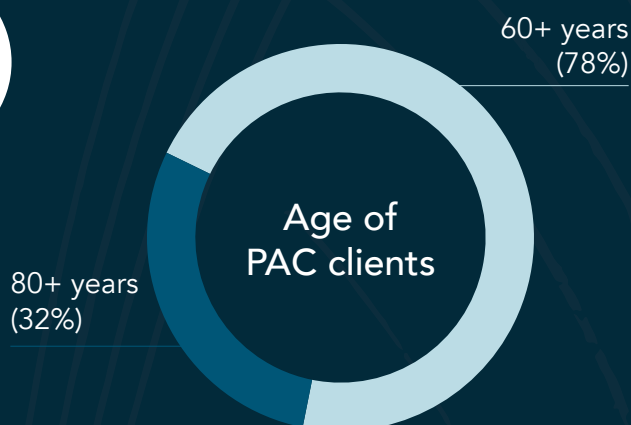
Reduce the risk of readmission to hospital

IMPAC is staffed by five care coordinators – nurses, psychologist and physiotherapist, a discharge support worker, receptionist, finance/administration officer, seven community care workers and manager.

The team provides short term care coordination and purchases a wide range of in-home support service that are tailored to meet each client's individual needs.

The program covers the council areas of Boroondara, Yarra, Melbourne (north of the Yarra River) and the southern suburbs of Darebin (Fairfield, Northcote, and Thornbury).

The IMPAC program also provides in-home supports for admitted patients on a fee for service basis for St Vincent's Hospital in the Home, GEM@home program and the new Rehab@home program.



Our Achievements

In 2022-23, IMPAC supported 1542 Post Acute Care (PAC) clients and 254 clients for St Vincent's home based services:

Client services*	Number of home visits
Care co-ordinators	3,435
PAC discharge support worker	190
Nursing	666
Allied Health/Physiotherapy	1,043
Personal care	1,411
Home care	829
Meal delivery	417

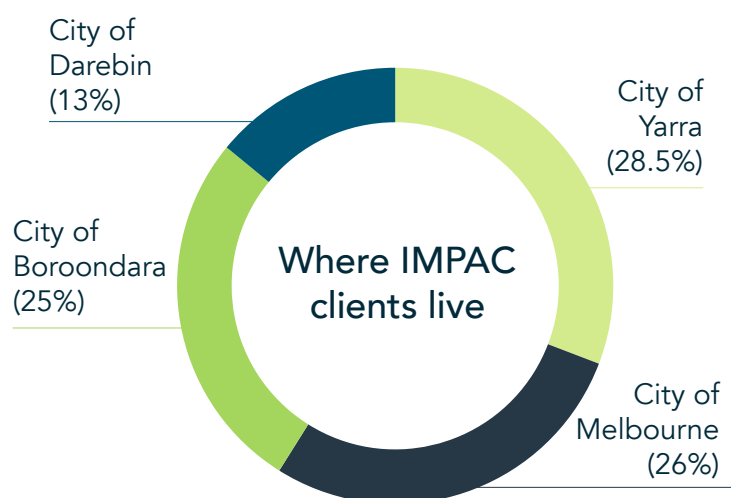
*Provided by PAC staff or purchased by our service providers





"We are very grateful for the services we have been offered and they really do make a huge difference to recovery, but also for the mental health of both the patient and family members. I just wanted to thank you and the PAC team for all the support that has been provided to us."

"I can't imagine how much more difficult life would have been without this support. I am deeply grateful for your kind assistance and truly hope the government continues to support such essential services. Thank you again."



Data represents the 1542 PAC clients and 254 St Vincent's clients supported in 2022-23

1,411 home visits
provided for personal care

52 nights
of emergency
accommodation provided

Our Community Care Workers

The shortage of care workers in our catchment continues to impact on the IMPAC program's ability to provide the care our clients need. The shortage is affecting all sectors including My Aged Care and NDIS.

The IMPAC program has now recruited qualified community care workers who live in the inner-city area to provide in home care to our PAC and St Vincent's clients. The Community Care Workers help clients with showering and dressing, cleaning their home and to shop for food and groceries.



Healthy Communities

Our Healthy Communities team aims to create healthy environments for all by creating programs together with those who will benefit from them.

Healthy Communities comprises of the following services/programs:

- Health Promotion
- Mental Health First Aid (MHFA) in the workplace
- Yarra Public Housing Mental Health Project
- Aboriginal Health and Reconciliation
- Volunteering Services
- The Social Inclusion Program
- Meeting Place Café and Catering Social Enterprises



Health Promotion

Focusing on Healthy Eating, Active Living, Reducing Tobacco Related Harm and improving Mental Health and Wellbeing, the team achieved considerable success across these priority areas for the organisation and community.

- | | |
|---|---|
|  3 community-led festivals across the Yarra Housing Estates to celebrate culture and food |  5 community co-design sessions delivered in partnering with QUIT Victoria and residents to create a model for reducing tobacco harm in public housing |
|  40 family members attended after-school physical activities programs |  20 women attended culturally safe exercise programs |
|  500 community gym memberships sold in the last financial year | |
|  5 school nutrition sessions delivered in partnership with the NRCH Dietician | |





Yarra Public Housing Mental Health Project

In the last year, two local public housing residents and one coordinator supported their communities to increase resident-led wellbeing activities across the City of Yarra and to improve the cultural safety and accessibility of local mental health services.

-  **3 new resident-led social engagement activities**
-  **5 local mental health services were engaged to strengthen referral pathways**
-  **30 clients living in public housing or transitioning to public housing received case management**
-  **19 successful referrals to mental health and social services**
-  **100 mental health service information booklets were shared in the top 8 languages spoken**
-  **18 community leaders were enrolled in MHFA training**

Mental Health First Aid (MHFA) in the workplace

The Health Promotion team supported staff and community wellbeing through MHFA.


-  **8 staff became MHFA Instructors to provide in-house MHFA training**
-  **7 courses delivered**
-  **68 staff and community members received MHFA training**
-  **90% of community participants reported an increase in mental health literacy and confidence to support one another after training**
-  **The Health and Wellbeing Working Group delivered two wellbeing events, supported weekly massages**
-  **Access to the Headspace App for all staff**







Aboriginal Health and Reconciliation

North Richmond is home to one of the largest gatherings of Aboriginal people in Melbourne, which provides great opportunities for engagement and reconciliation.

 **NRCH Reflect Reconciliation Action Plan (RAP) is endorsed by Reconciliation Australia and all actions delivered.**

 **First Nations Cultural Competency training is now mandatory for all staff and volunteers.**

 **7 activities and events were delivered to mark days of significance, including Closing The Gap, NAIDOC, and National Reconciliation Week.**


A RAP working group will continue this work as we progress to an Innovate RAP over the coming year to develop and strengthen relationships with Aboriginal and Torres Strait Islander people, engaging staff and stakeholders in reconciliation, and piloting innovative strategies to empower Aboriginal and Torres Strait Islander people.


Volunteering Services

Volunteers are integral to our work, community and support services across the organisation, including engagement activities, homework program, specialist health services, event support, exercise programs, visitor information and support, administration, communications, and project management.

 **75 candidates interviewed**

 **34 new volunteers recruited**

 **9 new roles created across three teams**

 **90% of volunteers strongly agreed or agreed that volunteering has improved their emotional well-being**

"Volunteering has provided me with a community, and I feel connected and valued and respected as a result. I have the opportunity to work with people from different cultures and backgrounds which provides me with the opportunity to always learn and always increase my worldview. I find it uplifting, stimulating, and very rewarding."

Feedback from an NRCH volunteer about their experience.



"[The client] said the impact the volunteer had on their life was immeasurable, they recognised that they had grown in confidence simply due to the volunteer's support and encouragement."

The Social Inclusion Program (SIP)

SIP was revised and re-launched by the Volunteer Services Program this year to support clients who are socially isolated.

This program has successfully matched five clients with volunteers for one-on-one social support, as well as supporting the Companion Animal Program.




"Thank you so much. The client sounds very happy with your support. I love the way you really seem to take care of them, which is so important [for] people who have limited support."




Café and Catering Social Enterprises

Cultural Catering was re-launched and expanded to provide more employment and training opportunities to local community members.

This enterprise was delivered in partnership with Belgium Avenue Neighbourhood House (BANH) and supported by the Department of Jobs, Skills, Industries and Regions.

 **6 public housing residents gained employment in the social enterprises**

 **9 public housing residents completed foundations in hospitality training**

 **Our services were approved by the Healthy Eating Advisory Service**

 **The Cultural Catering website and social media pages were launched**

www.culturalcatering.org.au





Communications and Community Engagement

Communicating for Social Change

In alignment with our mission to 'build healthier communities by making healthcare more accessible and culturally relevant,' the Communications and Community Engagement Program is a key component reporting directly to our CEO and the Executive Manager of Community Services and Consumer Empowerment.

Our approach to communication is distinct, as it embraces the principles of 'communications for social change.'

This strategy involves a deep understanding of the needs, interests, values, and behaviours of our diverse audience, encompassing service users, stakeholders, partners, and community groups.

This strategic communications approach has played a significant role in our efforts over the past years in shifting the attitudes, behaviours, and knowledge within individuals, communities and organisations. It highlights our commitment to fulfilling our mission and driving positive change in the communities we serve.

At present, NRCH employs a mix of external and internal communication channels, skilfully managed by our dedicated team of Communications and Community Engagement professionals.

These channels serve as the key tools for daily interactions, informing and actively engaging with our diverse audiences.



Our Achievements

In the past year, our monthly **Community Health Talks and Meals** have continued to experience significant growth in participation, largely attributed to our effective promotion through various communication channels and positive word-of-mouth referrals.

This expansion has not only resulted in increased numbers but has also drawn a more diverse range of community groups, allowing us to nurture and strengthen our relationships with the community.

In June 2023, we launched the **'NRCH Welcomes Refugees and Asylum Seekers' banner** in celebration of Refugee Week. NRCH recognises that refugees and asylum seekers are among the most vulnerable members of our community.

The presence of this banner boldly emphasises that NRCH is a safe space for refugees and asylum seekers, reinforcing our active encouragement for them to access our services and supports.

This banner is prominently displayed both inside and outside our building, serving as a strong testament to NRCH's commitment to inclusivity and support for individuals from all walks of life.





"My world is brighter and more beautiful because of you!"

Allied Health

Over the past year, both the Child Health and Development (CHAD) program and the Ageing Well Service (AWS) experienced continuous growth and progress.

The CHAD team provides Speech Pathology (SP), Occupational Therapy (OT) and Dietetics services to children aged 0-12. Funding for service comes from the State Government's Community Health Program (CHP) and the National Disability Insurance Scheme (NDIS).

The Ageing Well Service provides allied health services to adult community members, particularly those aged 65 years and above. Services include Occupational Therapy, Physiotherapy, Podiatry and Dietetics with team members supported by an Allied Health Assistant.

Our Achievements

It has been fantastic to move past COVID-19 and get back to doing what we are passionate about – providing timely, high quality and effective care for our community. The highlights for the year include:

- Increased our on-site physiotherapy service
- Introduced a balance and general strength group
- Additional funding for two new Occupational Therapists
- Increased developmental screening assessments in partnership with local kindergartens and childcare centres
- Conducted school readiness programs at a local kinder utilising State Government School Readiness funding
- Implemented a Therapy Resource Library, enabling access to therapeutic materials, books and toys for families
- New social skills groups for children

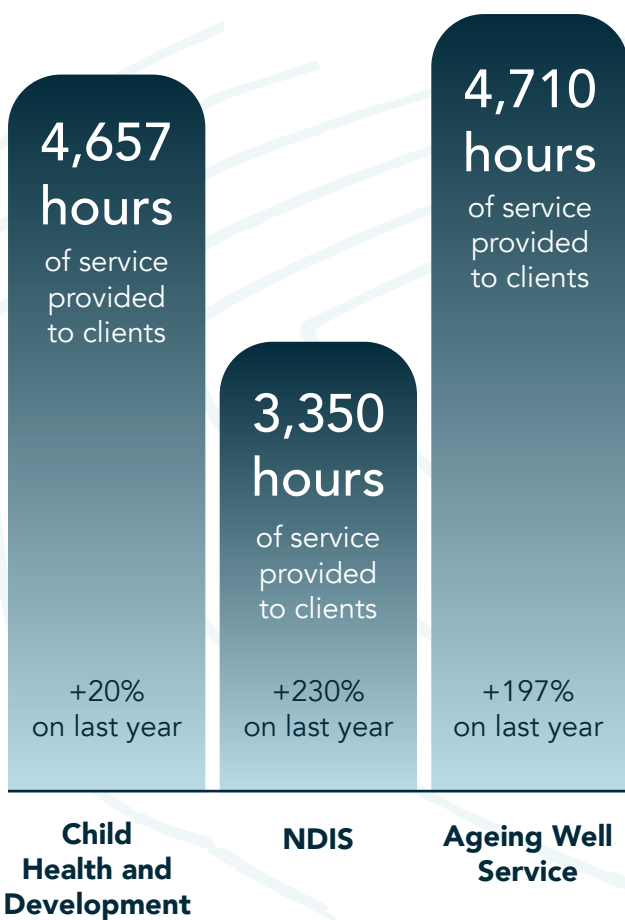


2022/2023 Service Outputs

With our additional staffing and an additional one-off COVID Recovery Grant our CHAD team provided 4657 hours of service to clients utilising Community Health Program Funding – 20% more than the previous year.

In the same period the team provided 3350 hours of service to NDIS clients, an increase of **230%** from the previous year which is a significant achievement.

Similarly, positive outputs were recorded by the Ageing Well Service, who provided 4710 hours of support to those over the age of 64, an increase of **197%**



"Thank you so much for your persistence in searching for a suitable bath seat option for our client. Mercy Health have let me know they have had her first shower for five months. Great result."

"You make me feel so comfortable and connect with my son. The clinician is so calm and friendly and understands people and treats everyone the same. She is so good at understanding the cultural barrier."





"I won't be here without your support."

For all the support that I got from you and [am] still getting, I would like to say thank you from the bottom of my heart."

Counselling and Casework

The Counselling and Casework Program supports individuals and their families on low income and living in the City of Yarra.

Services provided include:

- Short and medium-term counselling
- Casework support
- Post-crisis counselling
- Weekly duty social appointments
- Support for people impacted by family violence
- Children's counselling at Richmond West Primary School (RWPS)
- Group work programs on topics related to wellness, well-being and women's health

This year we bid farewell to our previous family violence counsellor and welcomed a new addition to our team of five.

The new counsellor has brought in years of experience in supporting women and has broad connections with the service networks.

Our family violence support provided ranges from advocating for services access to casework and post-crisis counselling.





NRCH supported the 16 Days of Activism against Gender-Based Violence with a local walk to stand up against domestic and family violence, and violence against women.

Our Achievements

- 2837 hours of service
- 43 women supported who had experienced family violence
- Counselling services provided at Richmond West Primary School
- Advocating for clients to receive funding to address their financial and material needs
- Partnered with Services Australia to run weekly onsite sessions for clients with complex needs
- Fortnightly meetings with Richmond Housing Office to support case management of clients living in public housing
- Week Without Violence events including a pop-up stand on North Richmond Public Housing Estates and a stall at Community Safety and Wellbeing Expo, to provide information on safety and security
- NRCH supported the 16 Days of Activism against Gender Based Violence with local Walk to stand up against domestic and family violence, and violence against women
- NRCH community podcast to raise awareness of mental health.

"There are still times that I feel discouraged or lonely, but with the insights I have learned from our sessions, I know my life is better each day. Thank you so much for supporting me and being there when I needed the most."

2837 hours
of support provided
to the community





"I've introduced many people here, my skin problems have been resolved by NRCH. I saw three doctors outside, they still had not resolved my health issues. Then I came to see Dr Gloria and [she] solved my ongoing itching skin problems."

Medical and Nursing Services

NRCH's Medical Services Program at North Richmond is a long established multi-disciplinary primary care program providing General Practice, nursing and specialist medical care.

Some of our GPs have been serving the North Richmond community for close to **40 years**. The medical team is strongly supported by hard-working reception and administration staff and a committed nursing team.

We pride ourselves on delivering innovative, client-centred and culturally safe care to our patients with a focus on reducing access barriers, which helps address healthcare inequities experienced by some disadvantaged and/or marginalised communities.

Our practice team aims to provide integrated care in collaboration with other important programs at North Richmond and external partners. Cross referrals from the medical practice link patients with services such as physio, podiatry and diabetes education, dental care, counselling and case work services, the Community Hub and the Medically Supervised Injecting Room (MSIR).

We continue to provide an important accessible children's specialist services with 2 paediatricians (Dr Debbie and Dr Tammy) as well as a visiting Paediatric Fellow from the Royal Children's Hospital (Dr Elyse). The Paediatric specialists work closely with the Child Health and Development team at North Richmond.





5,166

active clients
accessing medical
care at North
Richmond

23,338

client appointments
provided
with an average of 1,945
appointments per month

Our Achievements

- 11 GPs working NRCH, all part-time but equivalent to 5 full time.
- Dr Jessie stayed on following her GP Registrar placement
- We welcomed Elizabeth to our team as our new Diabetes Nurse Educator.
- Growth in the nursing team, from three nurses to six.
- A focus on chronic disease care (for example Care Plans for people with diabetes and Health Assessments for older people)
- Increased preventive care (e.g. vaccinations and cervical screening tests)
- Provided important triage and easy access to people with acute illness.

We are fortunate to boast a linguistically diverse reception and administration team that support clients with communication, coordination of appointments, referrals and much more.



1,000+

people recalled for
systematic chronic
disease care and
preventive care

590

new clients
accessing our
medical services

*"Dr Matt Penn is fantastic.
I've had some other
negative experiences
with doctors dismissing
symptoms and putting
health issues down to stress
instead of testing and
considering other issues."*

Services delivered

- 843 doses of flu vaccine administered
- 158 doses of COVID vaccine administered
- Chronic Disease Management: 1,823
- Aged Care visits: 48
- Home visits: 71
- Mental Health Care plans: 572
- Women's health: 88

Pediatrician Services

- Active Paediatric patients: 160
- Paediatrician visits: 340
- 91 new referrals

Diabetes Education

- Active patients: 60
- Visits: 60
- New Referral to service: 80





Language Services

The provision of interpreting and translating services is pivotal to NRCH’s commitment to delivering accessible health and support services to diverse communities.

NRCH takes great pride in offering in-house interpreters proficient in Vietnamese and Hakka. These interpreters not only provide language support, but they are integral members of our healthcare team, bridging communication gaps and fostering a deeper understanding between clients and healthcare providers.

In addition to its in-house interpreting services, NRCH brings in language support when needed, ensuring that every individual who walks through our doors receives the high-quality care they deserve, in a language that best meets their needs.

In-House Interpreting Services

	Number of clients receiving care	Total hours of support provided
Vietnamese	201	2,394
Hakka	155	931.75

NRCH engaged external language services to support clients with interpreting for a total of 2972 hours.

Top 10 languages other than English represented by our clients:

Persian **Cantonese**
Oromo **Hakka**
Mandarin Arabic
Turkish Somali **Greek**
Vietnamese



Quality and Safety

NRCH is committed to providing high quality and safe services for all.

Accreditation is when an external auditing team visits NRCH to assess the performance and quality standards at the organisation based on the following criteria:

- Delivering a safe service for clients
- Focusing on the needs of clients
- Constantly improving the service
- Involving our clients in the design of our services
- Identifying any gaps and quality improvement opportunities for the service.

✓ **National Safety Quality Health Service (NSQHS)** Achieved in June 2023

✓ **Health and Community Services (QIC)** Achieved in October 2022

✓ **Australian General Practice (AGPAL)** Achieved in March 2022

✓ **NDIS (Mid-Cycle)** Achieved in Feb 2023

✓ **Aged Care Quality** Achieved in March 2023

✓ **Diagnostic Imaging Practice Standards** Achieved in April 2023



Client Feedback

NRCH has a comprehensive guideline and approach to client feedback which includes Complaints, Compliments and Suggestions.

NRCH proactively promotes feedback as an opportunity for clients, carers, and visitors to provide us with information about their experience. This supports NRCH to review and improve our services.

www.nrch.com.au/give-us-feedback



"NRCH staff are very friendly and caring. Very compassionate and helpful towards the elderly groups. We appreciate the ongoing and monthly events and activities provided to the local community. We feel connected and welcome."












3000+ support requests
logged and resolved
through our Helpdesk system

Information Communications Technology (ICT)

NRCH's Information Technology (IT) department is dedicated to delivering a secure and dependable network infrastructure. In the past year, the ICT department has achieved the following:

-  Supported over 400+ staff both onsite and remotely.
-  Implemented new Patching Software to increase security
-  Completed over 3000 jobs logged to the Helpdesk System
-  Participating in Audits for a variety of IT requirements
-  Implemented Regular Proofpoint Phishing Campaigns with the support and funding of DFFH
-  Updated the Network Link for critical applications.
-  Installation of new Firewall, thanks to funding from DFFH





north richmond
community health

Wulempuri - Kertheba

North Richmond Community Health Limited

ABN 21 820 901 634

Annual Report - 30 June 2023

NORTH RICHMOND COMMUNITY HEALTH LIMITED
ACN 135 411 504

Contents
30 June 2023

Pages

Directors Report	3 - 9
Directors' declaration	10
Auditor-General's Independence Declaration	11
Statement of profit or loss and other comprehensive income	12
Statement of financial position	13
Statement of changes in equity	14
Statement of cash flows	15
Notes to the financial statements	16 - 23
Independent auditor's review report to the members of North Richmond Community Health Limited	

General Information

The financial statements cover North Richmond Community Health Limited as an individual entity. The financial statements are presented in Australian dollars, which is North Richmond Community Health Limited's functional and presentation currency.

North Richmond Community Health Limited is a not-for-profit unlisted public company limited by guarantee.

The financial statements were authorised for issue, in accordance with a resolution of directors, on 31 October 2023. The directors have the power to amend and reissue the financial statements.

Directors' Report Year Ending 30 June 2023

The directors present their report, together with the financial statements, on the company for the year ended 30 June 2023.

The following persons were directors of the company during the whole of the financial year and up to the date of this report, unless otherwise stated:

Sally Mitchell (Chair)
Tim O'Leary (Deputy Chair)
Terri Jackson (Immediate Past Chair) [ceased 2022 AGM (22/11/2022)]
Natalie Savin
Richard Wong
Hatice Yilmaz [ceased 2022 AGM (22/11/2022)]
Tim Woodruff
Jane Herington
Andrew Cresswell
Roberto Colanzi [appointed 2022 AGM (22/11/2022)]
Trang Du [appointed 2022 AGM (22/11/2022)]

Objectives

The objectives of the company are:

- a) to deliver culturally appropriate, high-quality health and social services:
 - I. using a social model of health that recognises the needs of individuals and families who cannot readily access the health and welfare system;
 - II. focussing on individuals and families who are from socially, culturally and linguistically diverse communities so as to reduce the social and health inequalities experienced by those individuals and families; and
 - III. giving priority to individuals and families who, aside from illness, are experiencing distress, misfortune, helplessness or poverty;
- b) to develop and deliver culturally appropriate programs to improve the health and welfare, and the access to services, of the community; and
- c) to undertake research relevant to these objectives.

In pursuing its objectives, the company must not discriminate except on the basis of need.

Strategy for achieving the objectives

- a) ensuring NRCHL has efficient and effective governance structures and processes to allow it to pursue its strategic objectives and fulfil its purpose
- b) approving significant organisational policies to ensure that the Organisation operates within the legal, regulatory and social requirements of its environment
- c) establishing and monitoring control and accountability systems within the Organisation's operations to conform to the legal and regulatory requirements of the environment in which it operates and to meet the needs and expectations of all its stakeholders
- d) monitoring organisational culture, and identifying and capturing improvement opportunities and ensuring that they are acted on
- e) ensuring Succession Planning for the Board's Composition including nominations and appointments to the Board, Board-committees, Chair and Deputy Chair
- f) appointing Officers as per the Constitution:
 - I. Chief Executive
 - II. Company Secretary
 - III. Auditor
- g) setting the CEO's performance objectives Strategic plans and objectives
- h) approving the strategic plan and objectives
- i) monitoring performance against strategy
- j) regularly reviewing the strategic plan
- k) ensuring risks are properly identified and managed in line with strategic and operational objectives
- l) reviewing strategic risks

Principal Activities

NRCHL's principal activities continue to be the delivery of community health and related wellbeing services for our community.

These include a comprehensive suite of medical, nursing, allied health, dental, harm reduction, counselling, diabetes education, language services including interpreters and translation, health promotion, and community programs. State-wide training and resources for the sector are provided by the Centre for Culture, Ethnicity and Health (CEH).

After five years of trial service in harm reduction, during the 2022-2023 period the Medically Supervised Injecting Room (MSIR) was legislated as an ongoing service following a Victorian government-commissioned review of the Medically Supervised Injecting Room, (known as the Ryan Review - released in March 2023). Recommendation 1.a of the Ryan Review was for the provision of services to be subject to a recommissioning process to source the best service provider to deliver an expanded model of care. The recommendation

outlined a preference for a tertiary health service to be involved as either the lead provider or a member of a consortium. The Victorian Government announced in March 2023 that the North Richmond MSIR would be made ongoing at its current location and that a recommissioning process would be undertaken to identify a service provider to deliver an enhanced model of care. NRCHL has and will continue to operate the North Richmond MSIR under the licence to do so which was extended from 29 June 2023 until 30 June 2024. During August 2023 a select group of organisations (including NRCHL) was invited to participate in the recommissioning process and NRCHL has submitted a compliant bid to the recommissioning process in early October 2023. The outcome of the recommissioning process is expected to be revealed during December 2023 with service commencement by the successful service provider scheduled to commence by 1 July 2024.

Performance measures

Performance goals of NRCHL are determined by the executive management team in accordance with the NRCHL Strategic Plan. These are supported by relevant business and operational plans within NRCHL. NRCHL has proudly achieved continued successful external accreditation against Quality Improvement Council (QIC), National Safety and Quality Health Service Standards (NSQHSS), Home and Community Care (HACC), and Australian General Practice Accreditation Limited (AGPAL). NRCHL is also a registered National Disability Insurance Scheme (NDIS) provider.

Information on Directors

Name: **Sally Mitchell**
 Title: **Chair**
 Experience and Expertise: Sally has worked with community health services across inner Melbourne in a range of positions. An experienced executive manager and board member, she has supported organisations through periods of growth and change. Sally has been a resident of Richmond for many years.
 Special Responsibilities: **Chair Governance, Remuneration and Nomination Committee (GRAN)**

Name: **Tim O’Leary**
 Title: **Deputy Chair**
 Experience and Expertise: Tim has experience as a CEO, board director and policy consultant in community and public health, acute hospitals, psychiatric services and local government.
 Special Responsibilities: **Chair Community & Consumer Advisory Committee (CCAC)**

Name: **Terri Jackson**
 Experience and Expertise: Terri is an adjunct associate professor at the Melbourne Institute for Applied Economic and Social Research, and in the School of Population and Global Health, at the University of Melbourne. Prior to her academic work, Terri was a community health manager and activist. She served as inaugural chief executive of the Fitzroy Community Health Centre. Terri resigned from the Board of Directors during November 2022

Name:	Natalie Savin
Experience and Expertise:	Natalie is an experienced executive manager and has worked in both local and state government as well as in the not for profit sector. She is currently a director and company secretary of Alola Australia Ltd. Natalie is also a member of the Australian Institute of Company Directors and the Public Health Association of Australia.
Name:	Richard Wong
Experience and Expertise:	Mr. Wong is an expert in language services and a NAATI Accredited Professional Translator and Interpreter. Mr. Wong is a member of several Chinese community organisations across Victoria.
Name:	Hatice Yilmaz
Experience and Expertise:	Qualified electrician, Office of Housing Community Liaison Committee, volunteer for numerous community groups. Ms Yilmaz resigned from the Board of Directors effective from the end of the previous AGM.
Name:	Tim Woodruff
Experience and Expertise:	Dr. Tim Woodruff is a long-term resident of Richmond, a practising medical specialist in private practice, and a long-term advocate for health reform with a particular emphasis on equity of access and tackling social determinants.
Special Responsibilities:	Chair Clinical Governance & Quality Committee (CG&Q)
Name:	Jane Herington
Experience and Expertise:	Jane has experience in both the Victorian and Tasmanian public services and local government, Housing, Children and Family Services and Ageing & Aged Care. Jane has been awarded a Public Service Medal for her contribution to public administration. She is a long time resident of the City of Yarra.
Name:	Andrew Cresswell
Experience and Expertise:	Andrew is a Senior Finance Professional with a unique blend of Finance, IT & Operational skills moulded through a diverse career within multiple industries & The Victorian Public Service. He is a Fellow of The Institute of Chartered Secretaries & Administrators and Governance Institute of Australia and a retired Fellow of CPA Australia.
Special Responsibilities:	Chair Finance, Audit & Risk Management Committee (FARM)

Name: **Roberto Colanzi**
Experience and Expertise: Roberto was a Councillor and Mayor with the City of Yarra Council from 2015 to 2016, and had a very good working relationship with, and understanding of the wide-ranging community health work provided by NRCH. He has a long-term commitment to local community affairs and organisations. He has strong board governance experience, more recently as a Board Member of INLLEN, which develops partnerships and strategies to support young people across Darebin, Merri-bek, and Yarra, to successfully move from school to further education, training, and employment.

Name: **Trang Du**
Experience and Expertise: Trang grew up in the Richmond Housing Estate (RHE) and has a deep understanding of the social, health, and economic challenges facing local residents. She is a service designer and the founder of social enterprise Two Square Pegs that builds inclusive local business communities. Two Square Pegs provides enterprise training and mentoring support to turns ideas into self-employment opportunities. She has coordinated since 2021 the Women's Health and Economic Inclusion (WHEI) project.

Meetings of Directors

The Board convened fourteen (14) times during this financial year. Directors also sit on several Board Committees. The table below provides a list of Directors during the 2022 - 2023 financial year, including dates of appointment and/or resignation together with Director attendance at Board and Board Committee meetings.

Name of Director & Office Held	Appointed / Resigned	Board Meetings Eligible to attend	Meetings Attended	Leave of absence granted	Committee Meetings Attended
Sally Mitchell Board Chair	April 2020 October 2021 to Current	14	13	1	CG&Q:4 GRAN: 5 (Chair) CCAC:3 FARM: 9
Tim O'Leary Deputy Chair	November 2016 October 2021 to Current	14	13	1	FARM: 5 CCAC: 3 (Chair)
Terri Jackson Past Board Chair	August 2019 June 2021 to October 2021 Ceased November 2022	5	2	0	GRAN: 2 FARM: 1

Natalie Savin	August 2019	14	14	0	FARM: 11 GRAN: 5 CCAC: 4
Richard Wong	December 2019	14	13	1	CG&Q:1 CCAC: 2
Hatice Yilmaz	December 2012 Ceased Nov 2022 (AGM)	5	5	0	N/A
Tim Woodruff	September 2020	14	13	1	CG&Q: 4 (Chair) CCAC: 1
Jane Herington	October 2021	14	14	0	CG&Q:3
Andrew Cresswell	October 2021	14	14	0	FARM: 10 (Chair)
Roberto Colanzi	November 2022 (single year term)	9	9	0	GRAN: 2 FARM: 4
Trang Du	November 2022 (3-year term)	9	4	5	CCAC: 2

Key to Board Committee Meetings:

CG&Q = Clinical Governance & Quality

CCAC = Community & Consumer Advisory Committee

FARM = Finance, Audit & Risk Management

GRAN = Governance, Remuneration & Nominations Committee

Contributions on winding up

As a Company Limited by Guarantee, the liability of the membership is limited. Every member undertakes to contribute up to \$1.00 to the company's property if it is wound up while they are a member, or within one year afterwards of the time of current membership.

Current membership numbers as 30 June 2023 totalled 9, therefore, the maximum total amount that members of the company were liable to contribute at that date was \$9.

Indemnification of Officers and Auditor

The company indemnifies its directors and company secretary against any liability (other than to the company or a related body corporate), which may arise under civil or criminal proceedings involving them acting in that capacity, unless the liability did not arise out of conduct in good faith. The company has an insurance policy in-place providing officers cover for the costs of defence of such proceedings.

The company has not offered the auditor any indemnity against their liability, which may arise under civil or criminal proceedings involving them acting in that capacity, and has not paid for any insurance policy providing the auditor cover for the costs of defence of such proceedings.



north richmond
community health
Wulumpu - Kurraba

North Richmond Community Health Limited
ACN 135 411 504 | ABN 21 820 901 634

Auditor's Independence Declaration

The auditor's independence declaration is set out as part of the accompanying financial statements and is part of the overall Financial Report for the financial year ending 30 June 2023.

This report is signed in accordance with a resolution of the directors.

Sally Mitchell
Chair

Andrew Cresswell
FARM Chair

Dated at Richmond this 31st October, 2023

Statement by the Board of Directors

In accordance with a resolution made by the Directors of North Richmond Community Health Limited on 31st October 2023, we state that in the opinion of the Directors:

- a) The financial statements and the notes of the company are in accordance with the *Australian Charities and Not-for-profits Commission (ACNC) Act 2012*, including:
 - i) Giving a true and fair view of the company's financial position as at 30 June 2023 and of its performance and cash flows for the year ended on that date; and
 - ii) Complying with Accounting Standards – Simplified Disclosures Requirements, the Corporations Act 2001, the Australian Charities and Not-for-profits Commission (ACNC) Regulation 2012 and Victorian legislation and Fundraising Act 1998 and associated regulations, the Corporations regulations 2001 and other mandatory professional reporting requirements.
- b) There are reasonable grounds to believe that the company will be able to pay its debts as they become due and payable.

Signed on behalf of the Board by:



Sally Mitchell
Chair



Andrew Cresswell
FARM Chair

Auditor-General's Independence Declaration

To the Board of Directors, North Richmond Community Health Limited

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General, an independent officer of parliament, is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised.

Under the *Audit Act 1994*, the Auditor-General is the auditor of each public body and for the purposes of conducting an audit has access to all documents and property, and may report to parliament matters which the Auditor-General considers appropriate.

Independence Declaration

As auditor for North Richmond Community Health Limited for the year ended 30 June 2023, I declare that, to the best of my knowledge and belief, there have been:

- no contraventions of auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit.
- no contraventions of any applicable code of professional conduct in relation to the audit.

MELBOURNE
10 November 2023



Sanchu Chummar

as delegate for the Auditor-General of Victoria

NORTH RICHMOND COMMUNITY HEALTH LIMITED
ACN 135 411 504

**STATEMENT OF PROFIT OR LOSS
AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2023**

	Note	2023 \$	2022 \$
REVENUE AND INCOME			
Revenue and Income	[3]	25,139,769	27,677,003
Interest revenue		375,632	33,341
Total Revenue and Income		25,515,401	27,710,344
EXPENSES			
Employee benefits expenses		(21,726,423)	(20,488,464)
Agency staff and consultants		(1,797,846)	(1,819,740)
Depreciation expense		(154,706)	(169,324)
Domestic charges		(1,291,686)	(1,666,364)
IT and Telecommunication charges		(809,508)	(673,201)
Facilities management costs		(442,630)	(419,689)
Other Program Specific costs		(596,683)	(589,489)
Other expenses		(534,707)	(407,966)
Total Expenses		(27,354,189)	(26,234,237)
(Deficit)/Surplus for the year		(1,838,788)	1,476,107
Other comprehensive income for the year		-	-
Total comprehensive income for the year attributed to the members of NRCH		(1,838,788)	1,476,107

NORTH RICHMOND COMMUNITY HEALTH LIMITED
ACN 135 411 504

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2023

	Note	2023 \$	2022 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	[5a]	1,248,367	15,510,878
Trade and other receivables	[6]	824,999	267,664
Other assets	[7]	215,604	168,524
Other financial assets	[5b]	11,391,489	-
Total current assets		13,680,459	15,947,066
NON-CURRENT ASSETS			
Right of use asset	[11a]	23,638	25,384
Property, plant and equipment	[8]	476,324	415,849
Total non-current assets		499,962	441,233
TOTAL ASSETS		14,180,421	16,388,299
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	[9a]	1,714,561	1,986,789
Contract liabilities	[9b]	881,002	1,163,434
Employee benefits	[10]	2,348,347	2,269,071
Lease Liability	[11b]	23,667	26,572
Total current liabilities		4,967,577	5,445,866
NON-CURRENT LIABILITIES			
Lease Liability	[11b]	-	-
Employee benefits	[10]	534,201	425,002
Total non-current liabilities		534,201	425,002
TOTAL LIABILITIES		5,501,778	5,870,868
NET ASSETS		8,678,643	10,517,431
EQUITY			
Accumulated Surplus		8,678,643	10,287,431
Capital reserves		-	230,000
TOTAL EQUITY	[12]	8,678,643	10,517,431

NORTH RICHMOND COMMUNITY HEALTH LIMITED
ACN 135 411 504

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2023

	Accumulated Surplus \$	Capital Reserves \$	Total Equity \$
Balance at 1 July 2021	8,811,324	230,000	9,041,324
Surplus/(Deficit) for the year	1,476,107	-	1,476,107
Other comprehensive income for the year	-	-	-
Balance at 30 June 2022	10,287,431	230,000	10,517,431
Balance at 1 July 2022	10,287,431	230,000	10,517,431
Surplus/(Deficit) for the year	(1,838,788)	-	(1,838,788)
Other comprehensive income for the year	-	-	-
Transfer from capital reserves to accumulated surplus	230,000	(230,000)	-
Balance at 30 June 2023	8,678,643	0	8,678,643

NORTH RICHMOND COMMUNITY HEALTH LIMITED
ACN 135 411 504

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2023

	Note	2023 \$	2022 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customer (Inclusive of GST)		24,839,094	28,542,873
Payments to suppliers and employees (Inclusive of GST)		(27,854,382)	(26,075,635)
Interest received		375,606	33,341
Net cash (used in)/from operating activities		(2,639,682)	2,500,579
CASH FLOWS FROM INVESTING ACTIVITIES			
(Payments)/Proceeds for investments		(11,391,489)	7,968,380
Payments for property, plant and equipment		(215,181)	(265,207)
Proceeds from sale of property, plant and equipment		-	-
Net cash (used in)/from investing activities		(11,606,670)	7,703,173
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayments of lease liabilities		(16,159)	(27,807)
Net cash (used in)/from financing activities		(16,159)	(27,807)
Net (decrease)/increase in cash and cash equivalents		(14,262,511)	10,175,945
Cash and cash equivalents at the beginning of the financial year		15,510,878	5,334,933
Cash and cash equivalents at the end of the financial year		1,248,367	15,510,878

NORTH RICHMOND COMMUNITY HEALTH LIMITED
ACN 135 411 504
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

NOTE [1] - SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

New or amended Accounting Standards and Interpretations adopted

The company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Basis of preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures Requirements and Interpretations issued by the Australian Accounting Standards Board ('AASB'), the Australian Charities and Not-for-profits Commission Act 2012 and Victorian legislation the Fundraising Act 1998 and associated regulations and the Corporations Act 2001, as appropriate for not-for-profit oriented entities.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Critical accounting estimates

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgment in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity or areas where assumptions and estimates are significant to the financial statements are disclosed in note 2.

The financial statements have been prepared on a going concern basis.

(a) Currency and rounding

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

(b) Revenue recognition

The company recognises revenue as follows:

Revenue from contracts with customers

To recognise revenue, North Richmond Community Health Limited assesses whether there is a contract that is enforceable and has sufficiently specific performance obligations in accordance with AASB 15:

Revenue from Contracts with Customers.

When both these conditions are satisfied, the health service:

- identifies each performance obligation relating to the revenue;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations, at the time or over time when services are rendered.

NORTH RICHMOND COMMUNITY HEALTH LIMITED
ACN 135 411 504
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

NOTE [1] - SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Where the contract is not enforceable and/or does not have sufficiently specific performance obligations, the community health service:

- recognises the asset received in accordance with the recognition requirements of other applicable Accounting Standards (for example, AASB 16 or AASB 116);
- recognises related amounts (lease liabilities, provisions, revenue or contract liabilities from a contract with a customer); and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount in accordance with AASB 1058.

In contracts with customers, the 'customer' is typically a funding body, who is the party that promises funding in exchange for North Richmond Community Health Limited's goods or services. North Richmond Community Health Limited's funding bodies often direct that goods or services are to be provided to third party beneficiaries, including individuals or the community at large. In such instances, the customer remains the funding body that has funded the program or activity, however the delivery of goods or services to third party beneficiaries is a characteristic of the promised good or service being transferred to the funding body.

Revenue and income from consultancy and training activities is recognised at the time services are provided & control of product passes to the client.

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

Donations are recognised at the time the pledge is made.

Service fees being fees charged to service deliverers for provision of facilities, are recognised as revenue at the time services are provided.

Client fees are recognised as revenue at the time invoices are raised.

Interest income is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

(c) Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

(d) Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

NORTH RICHMOND COMMUNITY HEALTH LIMITED
ACN 135 411 504
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

NOTE [1] - SIGNIFICANT ACCOUNTING POLICIES (cont'd)

(e) Trade and other receivables

Receivables consist predominantly of debtors in relation to grants and services, advances, accrued investment income and GST input tax credits recoverable. Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

(f) Inventories

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

(g) Other financial assets

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

(h) Plant & equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items. Depreciation is calculated on a straight-line basis to write off the net cost of each item of plant and equipment over their expected useful lives as follows:

Office equipment	3 to 15 years
Dental and medical	5 to 10 years
Furniture	10 to 20 years
Plant and equipment	3 to 20 years
Motor vehicles	6 to 10 years
Other equipment	5 to 25 years

(i) Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the assets or cash-generating unit to which the assets belongs. Assets that do not have independent cash flows are groups together to form a cash-generating unit.

(j) Trade and other payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

NORTH RICHMOND COMMUNITY HEALTH LIMITED
ACN 135 411 504
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

NOTE [1] - SIGNIFICANT ACCOUNTING POLICIES (cont'd)

(k) Contract liabilities

Contract liabilities represents the company's obligations to transfer goods or services to a customer and are recognised when a customer pays consideration or when the company recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the company has transferred the goods or services to the customers.

(l) Employee benefits

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by the employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wages and salary levels, experience of employee departure and periods of service. Expected further payments are discounted using markets yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

(m) Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

(n) Income tax

As the company is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

Note 2. CRITICAL ACCOUNTING ESTIMATES AND JUDGEMENTS

The preparation of the financial statements require management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgement and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below:

NORTH RICHMOND COMMUNITY HEALTH LIMITED
ACN 135 411 504
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

NOTE [2] - CRITICAL ACCOUNTING ESTIMATES AND JUDGEMENTS (cont'd)

(i) Estimation of useful lives of assets

The company determines the estimated useful lives and related depreciation and amortisation charges for its plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event.

The depreciation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

(ii) Employee benefits provision

As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

(iii) Contract liabilities

Depending on the nature of the agreement, some grant payments will be required to be recognised as contract liabilities until grant conditions are satisfied. There is some element of judgement in determining partial completion of some grant conditions.

	Note	2023 \$	2022 \$
NOTE [3] – REVENUE AND INCOME			
Grant income			
Operating grants		683,118	673,023
Revenue from Operating Activities			
Government grants		22,348,552	24,989,143
Client's Fees		994,312	642,504
Consultancy Contracts		217,338	304,145
Service Fees		310,754	457,353
Rental		186,202	172,083
Other income			
Donations		-	-
Government stimulus package income		-	-
Other sources		399,493	438,752
Revenue		25,139,769	27,677,003
Disaggregation of revenue			
Recognised at a point in time		23,342,864	25,662,166
Recognised over in time		1,796,905	2,014,837
		25,139,769	27,677,003
NOTE [4] – EXPENSES			
<i>Superannuation expense</i>			
Defined contribution superannuation expense		6,615	12,195
		6,615	12,195
NOTE [5A] - CASH AND CASH EQUIVALENTS			
Cash on hand		5,200	7,700
Cash at bank		1,243,167	7,504,692
Cash on deposits		-	7,998,486
		1,248,367	15,510,878

NORTH RICHMOND COMMUNITY HEALTH LIMITED
ACN 135 411 504
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

	Note	2023 \$	2022 \$
NOTE [5B] – OTHER FINANCIAL ASSETS			
Other financial assets		11,391,489	-
		11,391,489	0
NOTE [6] – TRADE AND OTHER RECEIVABLES			
Trade debtors		368,251	244,710
Accrued income		456,748	22,954
		824,999	267,664
NOTE [7] – OTHER ASSETS			
Prepayments		120,979	90,231
Inventories		94,624	78,293
		215,604	168,524
NOTE [8] - PLANT & EQUIPMENT			
Office & computer equipment at cost		1,654,326	1,519,809
Less accumulated depreciation		(1,478,299)	(1,386,012)
		176,027	133,797
Dental & medical equipment at cost		433,297	425,863
Less accumulated depreciation		(346,356)	(323,263)
		86,941	102,600
Furniture at cost		471,802	455,001
Less accumulated depreciation		(446,666)	(439,901)
		25,136	15,100
Motor vehicles at cost		739,585	689,759
Less accumulated depreciation		(674,028)	(658,773)
		65,557	30,986
Other equipment at cost		247,906	241,303
Less accumulated depreciation		(125,243)	(107,937)
		122,663	133,366
		476,324	415,849

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

	Balance 1 July 2022	Additions	Disposals	Depreciation	Balance 30 June 2023
Office equipment	133,797	134,516	-	(92,286)	176,027
Dental & medical	102,600	7,434	-	(23,093)	86,941
Furniture	15,100	16,801	-	(6,765)	25,136
Motor vehicles	30,986	49,827	-	(15,256)	65,557
Other equipment	133,366	6,603	-	(17,306)	122,663
Total	415,849	215,181	-	(154,706)	476,324

NORTH RICHMOND COMMUNITY HEALTH LIMITED
ACN 135 411 504
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

	Note	2023 \$	2022 \$
NOTE [9A] – TRADE AND OTHER PAYABLES			
Trade and general creditors		189,475	227,206
ATO Payables		602,956	909,148
Accrued expenses		922,130	850,435
		1,714,561	1,986,789
NOTE [9B] – CONTRACT LIABILITIES			
Unearned income (including grants received in advance)		881,002	1,163,434
		881,002	1,163,434
NOTE [10] – PROVISIONS			
<i>Current</i>			
Annual leave		1,254,061	1,331,905
Long service leave		1,094,286	937,166
Total current provisions		2,348,347	2,269,071
<i>Non-current</i>			
Long service leave		534,201	425,002
Total non-current provisions		534,201	425,002
Total provisions		2,882,548	2,694,073
NOTE [11] - LEASES			
a) Right of use Asset			
At Cost		23,638	53,079
Accumulated depreciation		-	(27,695)
		23,638	25,384
b) Lease Liability			
Current lease liability		23,667	26,572
Non-Current lease liability		-	-
		23,667	26,572

The weighted average interest rate implicit in the lease is 3% (2023: 3%)

The company has a lease agreement with the Victorian Department of Health to occupy the premises located at Lennox Street, North Richmond. The lease is a peppercorn arrangement whereby nominal annual payments of \$1 are made to the Victorian Department of Health. The lease expires on 5 April 2050. The Board have elected to value the peppercorn arrangement at cost as permitted under Australian Accounting Standards AASB 16 Leases and AASB 1058 Income of Not-for-Profit Entities.

	Note	2023 \$	2022 \$
NOTE [12] – EQUITY- RETAINED SURPLUS			
Retained surplus at the beginning of the financial year		10,571,431	9,041,324
(Deficit)/Surplus for the year		(1,838,788)	1,476,107
Retained Surplus at the end of the financial year		8,678,643	10,517,431
NOTE [13] - KEY MANAGEMENT PERSONNEL COMPENSATION			
The aggregate compensation paid to key management personnel during the year was:			
Aggregate compensation		292,304	282,583

NORTH RICHMOND COMMUNITY HEALTH LIMITED
ACN 135 411 504
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

NOTE [14] - RELATED PARTY TRANSACTIONS

Key management personnel

Disclosures relating to key management personnel are set out in note 13.

Transition with related parties

There were no transactions with related parties during the current and previous financial year

Receivable from and payable to related parties

There were no trade receivables from or trade payables to related parties at the current or previous reporting date.

Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

NOTE [15] – Remuneration of Auditors

During the financial year the following fees were paid or payable for services provided by VAGO, the auditor of the company:

	Note	2023 \$	2022 \$
Audit Services- VAGO		34,600	33,600
Audit of the financial statements		33,600	33,600

NOTE [16] - EVENTS AFTER THE REPORTING PERIOD

No matter or circumstance has arisen since 30 June 2023 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

Note [17] - CONTINGENT ASSETS AND LIABILITIES

There were no material contingent assets or liabilities as at 30 June 2023 and company had nil material assets and nil liabilities as at 30 June 2022.

Note [18] – COMMITMENTS

The company had no commitments for expenditure as at 30 June 2023 and 30 June 2022.

NOTE [19] - ECONOMIC DEPENDENCY

The organisation receives significant proportions of its income as Government grants from the Victorian Department of Health. Without that funding or finding alternative sources of income, the program and services offered would be substantially curtailed. At the date of this report Board of Director's believes the department will continue the organisation, these statements are prepared applying the judgement that the company's activities will continue at levels currently planned by management.

Independent Auditor's Report

To the Directors of North Richmond Community Health Limited

Opinion	<p>I have audited the financial report of North Richmond Community Health Limited (the company) which comprises the:</p> <ul style="list-style-type: none"> • statement of financial position as at 30 June 2023 • statement of profit or loss and other comprehensive income for the year then ended • statement of changes in equity for the year then ended • statement of cash flows for the year then ended • notes to the financial statements, including significant accounting policies • statement by the Board of Directors. <p>In my opinion the financial report is in accordance with Division 60 of the <i>Australian Charities and Not-for-profits Commission Act 2012</i>, including:</p> <ul style="list-style-type: none"> • giving a true and fair view of the financial position of the company as at 30 June 2023 and of its financial performance and its cash flows for the year then ended • complying with Australian Accounting Standards – Simplified Disclosures Requirements and Division 60 of the <i>Australian Charities and Not-for-profits Commission Regulations 2022</i>.
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the company in accordance with the auditor independence requirements of the <i>Australian Charities and Not-for-profits Commission Act 2012</i> and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Australia. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Directors' responsibilities for the financial report	<p>The Directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosure Requirements and the <i>Australian Charities and Not-for-profits Commission Act 2012</i>, and for such internal control as the Directors determine is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>

**Auditor's
responsibilities
for the audit of
the financial
report**

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

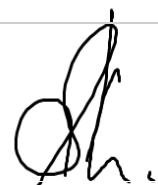
As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors
- conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I also provide the Directors with a statement that I have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on my independence, and where applicable, related safeguards.

MELBOURNE
10 November 2023



Sanchu Chummar

as delegate for the Auditor-General of Victoria



north richmond community health

Wulempuri - Kertheba

Location

23 Lennox Street, Richmond
Victoria 3121

Contact

Phone: 9418 9800
Fax: 9428 2269

Opening hours

Monday, Wednesday, Friday:
9.00am to 5.00pm
Tuesday and Thursday:
9.00am to 7.00pm

North Richmond Community Health
(Wulempuri-Kertheba) stands on the
traditional lands of the Wurundjeri
people. We pay our respects to their
Elders, past, present, and emerging.



Annual Report 2022-2023