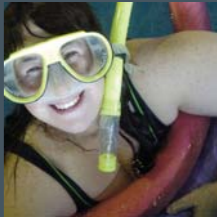
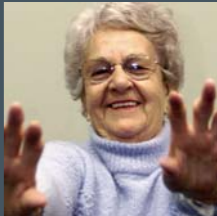


Central Bayside Community Health Services

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CENTRAL
BAYSIDE
COMMUNITY
HEALTH
SERVICES

Annual Report 2004/2005

Locations

parkdale chelsea clarinda mentone cheltenham edithvale sandringham clayton south mentone beach cheltenham park cafe escape parkdale chelsea clarinda mentone cheltenham edithvale sandringham clayton south mentone beach cheltenham park cafe escape parkdale chelsea clarinda mentone cheltenham edithvale sandringham clayton south mentone beach cheltenham park cafe escape



- 1 PARKDALE**
335-337 Nepean Highway Parkdale
Dental Clinic
Phone: 8587 0200 Fax: 8587 0210
Phone: 8587 0350
- 2 CHELSEA**
ADASS - CHELSEA
23 Bath Street Chelsea
Phone: 9781 9333 Fax: 9781 9300
- 3 CLARINDA**
ADASS - CLARINDA
58 Viney Street Clarinda
Temporary December 2004 - Dec 2005
Phone: 9552 4333 Fax: 9552 4334
Sundowner Avenue Clarinda
- 4 MENTONE**
PLANNED ACTIVITY GROUPS- MAIN OFFICE
31 Venice Street Mentone
Groups also operate at sites 1 2 and 3
Phone: 9583 6970 Fax: 9585 4303
- 5 CHELTENHAM**
ADULT COMMUNITY OPTIONS - MAIN OFFICE
335-337 Nepean Highway Parkdale
Phone: 8587 0200 Fax: 8587 0210
- 6 EDITHVALE**
ADULT COMMUNITY OPTIONS
6 Edithvale Road Edithvale
Phone: 9773 1489 Fax: 9773 1694
- 7 SANDRINGHAM**
ADULT COMMUNITY OPTIONS
25 Trentham Street Sandringham
Phone: 9598 1365 Fax: 9598 1365
- 8 CLAYTON SOUTH**
ADULT COMMUNITY OPTIONS
45 Oakes Avenue Clayton South
Phone: 9562 3019 Fax: 9562 3019
- 9 MENTONE**
ADULT COMMUNITY OPTIONS
11 Southern Road Mentone
Phone: 9583 9326 Fax: 9583 9326
- 10 MENTONE BEACH**
ADULT COMMUNITY OPTIONS
Cnr Remo and Venice Streets Mentone
Phone: 0438 585 083
- 11 CHELTENHAM PARK**
ADULT COMMUNITY OPTIONS
1A Glebe Avenue Cheltenham
Phone: 9584 8622 Fax: 9584 8622
- 12 CAFE ESCAPE**
2 Carrier Avenue Parkdale
Phone: 9588 2463 Fax: 9588 2457

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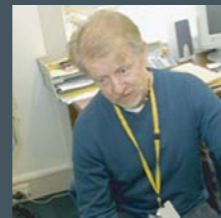
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CBCHS at a glance...

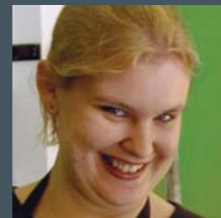
Hours of Service 302,403



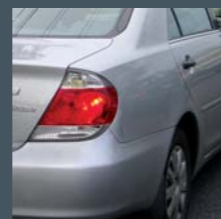
Staff Hours 247,765



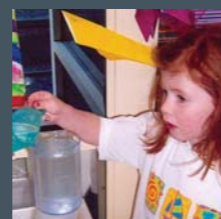
Volunteer Hours 10,488



Kilometres Travelled 738,089



New Clients 3,084



Who is CBCHS?...

Central Bayside Community Health Services

CBCHS, based in the City of Kingston, is a non-government organisation funded to provide a broad range of health and community services to its local community.

You will find in this Annual Report information about CBCHS and an overview of innovative programs and services, as told by staff and clients. CBCHS brochures are available in our main reception areas.

Mission Statement

CBCHS is committed to enhancing the individual's and the community's health, independence and general well being. CBCHS does this by developing and delivering innovative, responsive and targeted health services that are delivered in co-operation with the community and other agencies. We strive to ensure access and linkage to services for those in the community who may not readily access mainstream services.

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Management Executive Committee

Left to Right: Peter Spyker General Manager Aged and Disability Services,
 Chris Fox CEO, Daniela Phelan Manager Human Resources, Peter Furze
 General Manager Corporate Services, John Tetteroo General Manager Special
 Projects, George Robinson General Manager Primary Health



Board of Management



Peter Spyker
PRESIDENT



Bill Nixon
VICE PRESIDENT



Peter Lay
TREASURER



Chris Davey



Dennis O'Sullivan



Jacqui Clancy



Debbie Edwards



Margaret Williamson



Ken Cornish



Mary Anne Silvers
until September 2004



Di Comtesse
until September 2004



Carol Quayle
until September 2004

Board of Management & CEO Report

The President, Board of Management and the Chief Executive Officer have the pleasure in presenting the Annual Report on the activities of Central Bayside Community Health Services (CBCHS) during the 2004-2005 financial year.

It has been a year of great excitement, satisfaction and achievement for all of us at CBCHS given that:

- We have further expanded our services whilst still achieving a modest surplus.
- We have provided services to 3,084 new clients who attended CBCHS for the first time.
- We have involved the community and other stakeholders in the preparation of a Service Development Plan as part of our strategic planning.
- We have commenced a Dental service on Saturday mornings at our Parkdale Site.
- Our Child Development team has been involved in an early literacy program in partnership with Kingston City Council.
- Our Counsellors have started running additional anxiety groups as a new form of therapy.
- Our Counsellors are also running a Parent and Infant Relationship Support (PAIRS) program for new mothers who are experiencing difficulty with their new born babies.
- Our Diabetes team runs a Diabetes Awareness Program for people identified to be at risk. These sessions focus on the importance of diet, exercise and motivation to reduce risk factors.
- Our Dietitians Maria Nitsos and Malindi Greenwood have been involved in a School Nutrition Project, in partnership with Kingston City Council. The project includes developing healthy menus for school canteens.
- Our Dietitians have also developed the Ben & Molly Puppet Show for child care centres and kindergartens

in the Kingston City Council area and have given 30 shows in the last 12 months teaching pre-school children about healthy eating.

- Our Dietitians also run a series of cooking classes for men during the last 12 months.
- Our Occupational Therapy team has continued to develop innovative services with Kate Garland running an Arthritis Self Help Group and Kerri Dunn running a Tai Chi group to improve balance, strength, fitness, social connectedness and general well-being.
- We have recruited a second Paediatrician, Dr Kathy McMahon, to assist Dr Marlise Tilders meet the demand for this important service.
- We have expanded our Physiotherapy services at Parkdale, Chelsea & Clarinda and Ros Nixon runs strength training groups at the Don Tatnell Leisure Centre. Volunteer, Tom Uren continues to assist our Physiotherapists with aquatic physiotherapy classes and the Octopussies.
- Our GP service provided by Dr Stuart Garrow has continued to grow during the last 12 months.
- Our Diabetes Nurse Educator Marg Ryan and Podiatrists have established a Diabetic High Risk Foot Clinic which has achieved good results treating difficult ulcers on peoples' feet and toes.
- Our Diabetes Nurse Educators and our Dieticians have formed a Diabetes Support Group with assistance from Kingston City Council. The group meets at our Chelsea Community Health Centre site at 23 Bath Street, Chelsea.
- We have continued to work closely with other care providers in our Primary Care Partnership (PCP) area, particularly Kingston City Council, Southern Health,

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m clayton south mentone be



Tony Lupton MP, Chris Fox CBCHS CEO and Vicki Black Building Partnerships Coordinator discuss the successful inclusion of people with disabilities at The Betty Day Centre in StKilda.

Bayside Health, Central Bayside Division of GPs, Royal District Nursing Service, Bentleigh Bayside Community Health Services and Bayside City Council. We now use the common assessment and referral forms known as SCOT tools so that clients do not have to repeat the same information to many different providers when they are referred on. We are also about to commence a trial of electronic referrals provided client consent is given in each case.

- We have increased our Paediatric Physiotherapy services during the last 12 months to 2 full days per week.
- Our SPAS team has convened the Bayside Kingston Social Support Network to improve services to vulnerable people, particularly people living in Supported Residential Services (SRS).
- Our "Give it a Go" program for people with early signs of dementia has been deemed to be a best practice innovative service model and received funding to document the program.
- We have commenced a "Standard Drinks" education project in partnership with Vic Roads, the Australian Drug Foundation, Kingston City Council, Bayside City Council and Victoria Police. Education sessions are given to employees of local businesses and companies.
- In partnership with Kingston/Bayside PCP we have commenced a young parenting program called "Talking Realities"; a peer education project. This project involves training young parents to be peer educators to teach secondary school students about the realities of being a young parent.
- Adult Community Options (previously known as Disability Service) increased the number of clients in the Program by 7 during the last 12 months.

■ The Community Visitors Scheme coordinated by Trish Chapple continues to match volunteers with isolated elderly people in residential care facilities.

■ Construction of the new Clarinda Community Health Service is well advanced and it is anticipated that it will be opened in October 2005 as part of the opening of Kingston City Council's new Clarinda Community Centre.

■ Planning for a new Community Health Service in Chelsea has commenced.

- Volunteers provide service to CBCHS and its clients in many ways:
 - as Board Members
 - Valma Johns, June Goodwin and Jan Innes organise our Auxiliary which sells hand made garments and toys at both our Parkdale and Clarinda sites.
 - Trish Chapple's Community Visitors providing friendship and support to residents of Nursing Homes who are socially isolated.
 - Tom Uren and our Octopussies organise aquatic exercise as part of Physiotherapy treatment.
 - Jan Sperling's volunteers support frail elderly people in our Planned Activity Groups.
 - Julie Torcasio's volunteers assist providing day programs for adults with disabilities.

On behalf of the Board and staff, we would like to give our heartfelt thanks to all of our volunteers who contribute so much to the quality of life of our clients.

Peter Spyker
President

Chris Fox
Chief Executive Officer



Left to Right: Cr. Arthur Athanasopolous (second left and Peter Spyker CBCHS Board of Management President (far right), with two members of the City of Kingston Access and Equity Committee, start demolition for the new Clarinda site.

Strategic Developments

Clarinda

In 2004 CBCHS announced that the City of Kingston was developing 58 Viney Street into an impressive new community centre for the people in this area. The community centre will include an expanded library and a number of large meeting spaces for community groups to use. The facility will also incorporate our Community Health Service, to enable the expansion of community and health services as well as group activities for the community. We are pleased to advise that this new facility is nearing completion and is scheduled to open in October 2005.

Chelsea

In 2004 we also announced that CBCHS, working in conjunction with property developers of the Chelsea shopping precinct, were looking at alternative CBCHS sites for this area. Finding a new site that met our requirements has been a very time-consuming task. The CBCHS location needs to be close to public transport and within the hub of community activity. In addition, the site needs to be located on ground level and large enough to accommodate a variety of individual treatment services, group activities, health promotion and educational activities. We are now confident that the end result will be an excellent new facility which will serve the community well.

Service Development Plan

In 2004 CBCHS advised that we were developing a strategic plan. The intent of this important piece of work was to set the foundation on which planning for future service delivery would be based.

Key elements of the plan include:

- A vision for future service delivery for the whole of CBCHS.
- The proposed locations, catchments, models of service provision and desirable service mix for each location in the future.
- An analysis of how existing services can be improved to better meet community demand and Government policy directions.
- Demonstration of how future capital expenditure will provide improved services to the community.
- Identification of likely future partners.

We are pleased to advise that this document is nearing completion and will be available later this year.

Statutory & Legislative Requirements

Equal Employment Opportunity

CBCHS promotes Equal Employment Opportunities for all staff. CBCHS employment philosophy and practices do not discriminate on the grounds of race, gender, culture, religion, physical or political differences. CBCHS prides itself on being a fair and equitable employer.

The Privacy Act

CBCHS activities are conducted in accordance with the 11 principles of the Privacy Act and the Health Records Act. The staff have undertaken training relating to the collection, use, transfer and storage of client information.

Freedom of Information

CBCHS complies with the statutory requirements of the Freedom of Information legislation (FOI). No requests for information under the FOI legislation have been received during the 2004-05 year.

Whistleblowers Protection Act

CBCHS complies with the statutory requirements of the Whistleblowers Protection Act introduced in January 2002. A policy has been in operation since that time with clearly defined procedures and responsibilities.

Occupational Health and Safety

CBCHS adopts a rigorous approach to Occupational Health and Safety (OH&S) of staff, clients and visitors at all locations. A Committee with representatives from all CBCHS areas oversees the development of OH&S policy within CBCHS.



Peter Spyker General Manager, Minister of Community Services Sherryl Garbutt and Janice Munt MP during a visit to a Central Bayside Adult Community Options day program facility.

Quality

CBCHS is always striving to improve services to its clients. We have formal accreditation processes which are conducted or overseen by external independent experts. CBCHS services are accredited every three years. CBCHS is accredited through the:

- Quality Improvement Council which is assigned this responsibility for Community Health Services.
- HACC National Standards Instrument Agency Assessment for the Planned Activity Groups.
- The Royal Australian College of General Practice Standards by GPA Accreditation Plus for the GP service.
- Integrated Quality Management Approach for the Adult Community Options.

CBCHS projects are outlined in the Quality Work Plan, which details the activities for the next 18 months leading up to the next accreditation process.

Val Mc Cabe and Tammie Archdall assist Elaine Kettle and Tom Uren, two of the many people passing through the door each day.



Volunteers

Volunteers Welcome!

Volunteers provide an invaluable service to CBCHS by working alongside our staff and contributing complementary skills and experiences in a number of services and programs.

Volunteers are part of much of what CBCHS does, commencing with the Board who are a group of interested and dedicated individuals charged with the stewardship of CBCHS growth, development, viability and quality of services. The CBCHS Auxiliary is a dedicated group that tirelessly produces goods for sale. The proceeds of their efforts are used to purchase equipment for CBCHS services and programs. Volunteers also cook meals, help out in elderly and disabled groups, visit isolated people and can be found working in reception.

CBCHS wishes to acknowledge the continued support and commitment from members of the community who volunteer their time to our services and programs. We were delighted to have the opportunity to formally recognise the service of our volunteers at each CBCHS Annual General Meeting.

CBCHS is very keen to hear from community members interested in volunteering their time to assist however they can. It's a great way to make a contribution to the local community and volunteers do make a real difference.



Margaret Newell has been volunteering at CBCHS for fourteen years.

Services Profile

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Adult Community Options

Day programs for adults with an intellectual disability.
Service Delivery Manager, Julie Torcasio

Asthma Education

The role of the asthma educator is to implement a GP's Asthma Action Plan that teaches children and their families about what's causing their asthma, as well as managing their asthma medications.
Community Health Nurse, Craig Moore

Community Visitors Scheme

A service that matches isolated nursing home/hostel residents with a weekly volunteer visitor.
Co-ordinator, Trish Chapple

Child Development Service

Speech pathology, physiotherapy, occupational therapy and counselling for children and their families.
Team Leader, Roz Nixon

Community Development

This service provides links for the disadvantaged and emerging communities to local health services in a bid to improve access and better health outcomes.
Community Development Worker, Gulay Cevik

Counselling

This team provides a range of counselling services as well as a duty system which enables the public to ring and speak to counsellors who can provide immediate advice and support.
Team Leader, Julie Anne Garland

Diabetes

The diabetes educators work with people with diabetes, providing information and education in managing their condition.
Community Health Nurses, Marg Ryan and Kathy Ashton

Dietetics

Dietetics provides advice on nutritional related issues and also works with schools to provide nutritional advice and education.
Maria Nitsos and Malindi Greenwood

Drug and Alcohol

This team provides counselling to people who have addiction issues.
Team Leader, Adrian Bradley

Family Planning

This service provides women with pap screens, breast examination and other womens' health advice.
Dr Anne Myers

General Practice

The GP clinic is a medical bulk billing service.
Dr Stuart Garrow

Health Promotion

This service provides education to the community to improve and enhance their health and wellbeing.
Service Delivery Manager, Sue Moulton

Inner South Communication Service

This service provides speech pathology support and consultation to people with complex communication needs.
Speech Pathologist, Andrea Mc Queen

Occupational Therapy

This service provides expert advice on aids and equipment which keep people safe in their own home. The service also provides advice on home modification, scooter and wheelchair assessments.
Occupational Therapist, Kate Garland

Paediatrics

The Paediatricians provide medical treatment to children and young people.
Dr Marlise Tilders and Dr Kathy McMahon

Planned Activity Groups

Day programs for the aged and younger disabled.
Service Delivery Manager, Jan Sperling

Podiatry

The podiatry service provides group education and individual clinical support to clients regarding foot care.
Acting Team Leader, Brett Kinross

Physiotherapy

The service provides individual physical therapy as well as a range of group activities.
Service Delivery Manager, Margot Howell

Southern Psychogeriatric Activity Service

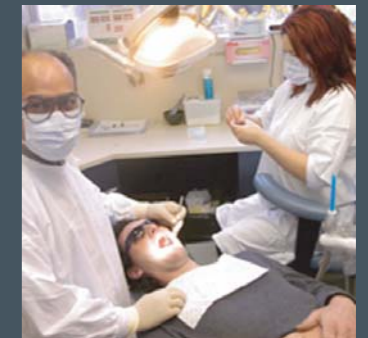
This service provides individual community integration support for older people with a mental illness or dementia.
Team Leader, Anne Carnell

Telelink

The Telelink® program is for people who are socially or geographically isolated. The program allows for people with similar social or cultural interests to come together by using a group telephone link up which supports up to ten people at once.
Service Delivery Manager, Shane Quinn

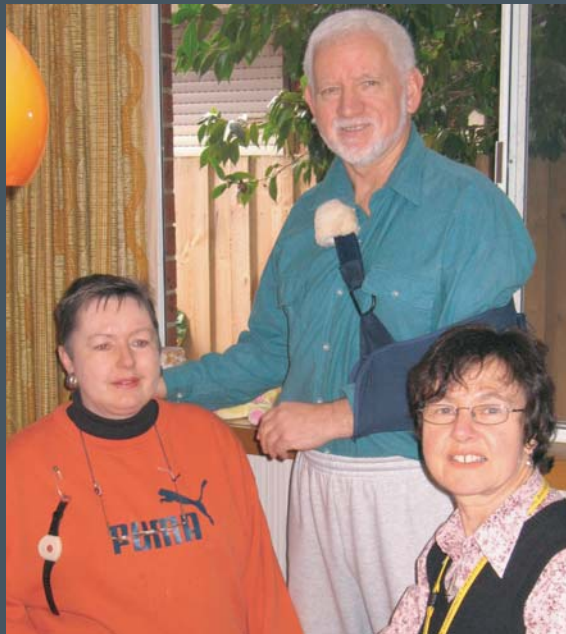
Youth Services

The Young Mother's Group is a social and support program for young pregnant and parenting women.
Community Health Nurse, Andrea Wittick



Client Experiences

Occupational Therapy, Home Assessment



The degenerative effect of my wife's disability has worsened over the last few years and whilst we have in the past been able to struggle through, it came to the point of seeking professional help.

Our relationship has become a virtual partnership through the services of CBCHS's Occupational Therapist, Kate Garland.

Kate reviewed our home to better "safe proof" it. This eventuated in the installation of railings on all exterior steps, railings in the shower and with the financial assistance of the Victorian Aids & Equipment Program, a toilet seat raiser.

It was also necessary to apply for a personal alarm so that while I was away from home, in the event of a fall or an emergency, my wife could contact me. Personal Alert Victoria provides personal alarms which provide contact

24 hours a day at no cost to clients who medically qualify.

Next we investigated an electrically-adjustable bed. Kate organised a demonstration and trial of an electrically-adjustable bed at a local business. As this bed was unsatisfactory for our purposes, we attended Yooralla's Independent Living Centre at Brooklyn, a valuable resource, where there is an extensive range of equipment. The ILC's Occupational Therapist was able to recommend the most appropriate bed. As the need for the bed became urgent, we purchased one privately since there was a lengthy approval process for funding assistance. The problem is you can't pay up front and seek reimbursement later.

Kate continued to provide an ideas forum and we jointly invented a product to assist with arm support in our specialised van.

Medical difficulties continued and the need for a custom-built powered wheelchair became apparent. Kate was able to provide advice and assisted by applying for funding for the wheelchair through the VA & EP. Following this application, she carried out an assessment of the bathroom. The recommendations were to modify the bathroom to provide a flat non-slip walk in shower. Once again Kate arranged quotes and has applied for government funding.

What the above has demonstrated is CBCHS's ability to provide a partnership and a resource to enable people with disabilities to enhance and indeed secure their lifestyles and safety in a caring environment.

Geoff and Leith Priestley

My Experience as a Community Visitor



My name is Ana, I became involved in the Community Visitors Scheme 18 months ago because I was unable to work after major surgery. I knew I could still offer companionship, caring and friendship to a lonely person. When I first met Trish the coordinator of the service, I had already had some experience with older people as my dear grandmother had eventually moved to a nursing home when her dementia became more pronounced. She had since passed away but I wanted to visit someone at the same home in memory of her. Trish arranged this and matched me with Lucy. Lucy is a lovely lady and I have been visiting her every Wednesday afternoon since I became her Community Visitor, now I'm her friend!

Every time I walk into her room, Lucy's eyes light up and she waits for her kiss on the cheek, and always gives me one back! We have become very close. We like to exchange little gifts on our birthdays; I proudly display Lucy's gift to me on my bookshelf, and for her

last birthday, I gave Lucy a small figurine of dogs. Lucy loves dogs. The gifts are very inexpensive, but it gives me much pleasure to find a little something that I know Lucy will enjoy.

Recently, I have begun visiting a gentleman at Lucy's home too, with her approval and having cleared this with Trish. Frank is a lovely man with a great sense of humour. He loves football, and his room is filled with all sorts of football stuff, but the only problem is that he can no longer see them as he is now blind. For Christmas, I made him a tape of special football songs, some of which he hadn't heard before. He just loved it!

I have great friends in both Lucy and Frank, and many of the other people at the nursing home know me now too. When I come across them on my way to visit Lucy and Frank, we always say "hello, how are you?" to each other. Many of the people at the home don't have any family at all so simply hearing those simple words can make their day. I'm happy if I can do that for someone.

Ana Ogilvie

Innovative Programs



Tai Chi is a gentle program that is of great physical and mental benefit to all.

Tai Chi

Tai Chi has so many potential health benefits! So why shouldn't it be accessible for people of all ages and abilities to give it a try? In this spirit, Adult Community Options has introduced Tai Chi to people with disabilities who would perhaps not usually be expected to be involved in such an activity.

It has been very encouraging to see the increasing involvement of some of the participants who were initially very reluctant.

What makes our Tai Chi program special (apart from the participants themselves), is that it is based on 'Tai Chi Push-Hands'. This is 'interactive' Tai Chi, which comes from the martial arts aspect, and can be quite unlike the type of activities people usually associate with Tai Chi. One reason that 'Push-Hands' is particularly suitable for many people with disabilities is that it is more of a sensory experience.

Our program is fun, engaging, flexible and adaptable to a wide range of individuals' abilities, learning styles and special needs.

One of the most important aspects of this program is its focus on social awareness and communication skills. Guided by Tai Chi theory, a variety of activities are designed to carefully target fundamental skills and concepts, such as listening, following, leading, opposing, yielding and turn-taking. Activities involving opposites, such as slow/fast, soft/hard and stop/go, also improve students' balance and flexibility, with not only physical/movement skills but also with social/communication skills.

Apart from whole group activities, the program emphasises partner activities. The 1:1 interaction has often created interesting results, and it's a good way to get to know others and foster a spirit of openness, where everyone is learning from each other.

Thanks to all the staff who have given their generous support in many ways to make this program happen. And thanks to all the participants, who have been such wonderful and patient teachers.

James Henry

Parent & Infant Relationship Support (PAIRS)

This innovative new parenting program commenced at CBCHS in mid 2004.

This Service is a joint initiative between City of Kingston Maternal and Child Health Nursing and CBCHS counselling and child development teams. This program was the "brainchild" of our psychologist Heather Whitfield who devised the program with three colleagues. It brings together the skills of maternal and child health nursing, counselling and allied health workers. The team provides assessment, counselling, support and encouragement for new parents.

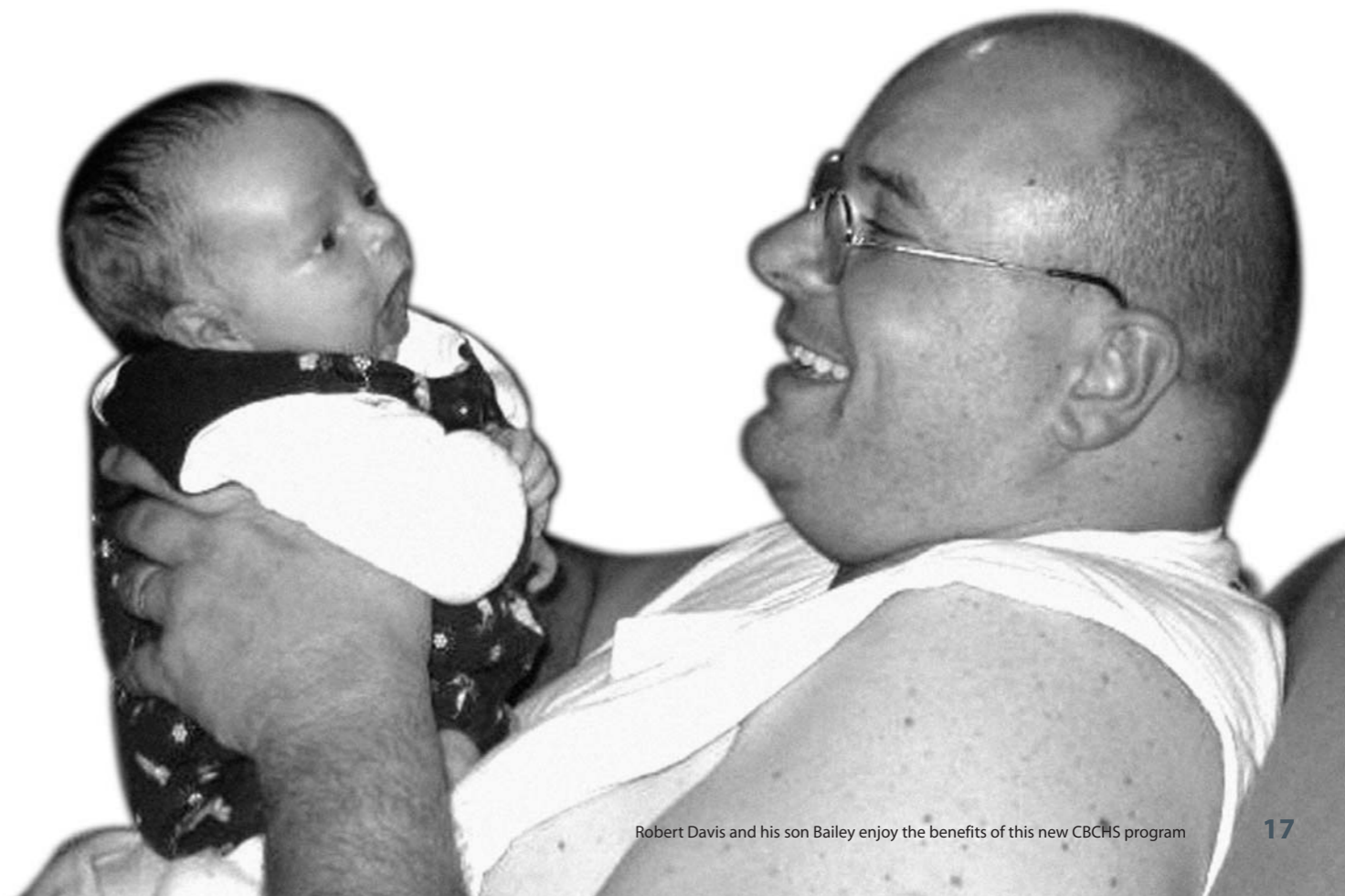
It is open to any parent of children from birth to two years of age who wish to explore, enrich and

increase their understanding of their relationship with their child and family. Workers from both teams rotate through the program providing a diverse and co-ordinated range of professional skills.

The program includes a partner's discussion evening which runs over nine weeks with parents and children attending once each week for a two hour session. It comprises of a series of games, songs and discussions.

For further information please contact CBCHS or Maternal and Child Health Service, City of Kingston.

Roz Nixon



Robert Davis and his son Bailey enjoy the benefits of this new CBCHS program

School Nutrition Project

The School Nutrition Project, a joint venture with the City of Kingston, continues to bring about positive changes in Child Care Centres, kindergartens and schools.

At the beginning of 2005, a School Nutrition Network Group was formed, made up of representatives (teachers, canteen managers, parents) from twelve schools within the City of Kingston. The group meets once every two months to share ideas and experiences with:

- "Special Food Days"
- new products for the canteen
- "Fruit breaks" and "Wrapper-free recess"
- parent talks/workshops
- building veggie patches
- bringing about change in schools
- practical tips and profit-making for the canteen

At the meeting, canteen menus are shared, topical issues are discussed, newspaper articles and other bits of information are distributed to everyone.

The meeting helps to achieve uniformity between the schools and provide supports to teachers and, especially, canteen managers.

Work with individual schools continues. A close relationship has been formed with Clayton South Primary, where nutrition talks and a sandwich workshop has been held for parents. Currently, a series of nutrition talks (culminating in a student-staff luncheon) is being run for Year 11 students at Clayton Secondary School.

The School Nutrition Project is something that should continue on, indefinitely! Promoting healthy eating to young people and their parents/carers is absolutely necessary if we want to see a decline in the rate of overweight and obesity in children and adults.

Malindi Greenwood

Maria Nitsos and Malindi Greenwood CBCHS Dietitians, feature with Max and Lucy in City of Kingston publication, July 2005



Strength Training Program

The strength training program commenced October 2003 with a single group of five people.

It is pleasing to report that the program has grown from "strength to strength" and now has four weekly groups with a maximum number of eight to ten people participating in each group. Members of "The Muscle Club" as one participant called it, include both beginners to weight lifting and ongoing members who can continue on in the program "forever" if they wish.

Strength training uses progressive resistance exercise which means lifting progressively heavier weights. It is shown to benefit many older people including those with a range of chronic health conditions. Progressive resistance exercise will build muscle mass to compensate for the loss of muscle mass which accompanies normal ageing. People with Type 2 diabetes, osteoporosis and arthritis can benefit. Many of our clients who attend with diabetes also attend the Diabetes Education Program where they work with a wide range of health workers, all here at CBCHS.

All people who attend are assessed by a physiotherapist before they begin the program and are also required to have seen their medical practitioner. Progress is reviewed each week, including an overview of each person's general activity level both before commencing and then four months after completing the program.

Evaluation so far indicates that the majority of people completing the program have become more physically active overall.

The average age of people attending is sixty-nine years of age and there has been a good balance of men and women. People have lifted on average an increase in 1.5 kg. over the eight to ten week course, with clients who regularly attend the Self Help Program lifting 2 or 3 kilos more than when they commenced.

The National Physical Activity Guidelines for Australians sets out four steps to better health for Australian adults:

1. think of movement as an opportunity, not an inconvenience.
2. be active every day in as many ways as you can.
3. put together at least 30 minutes of moderate-intensity physical activity on most, preferably all, days.
4. if you can, also enjoy some regular, vigorous activity for extra health and fitness.

For further information or to attend an introductory session about strength training please contact the Physiotherapy Department.

Roz Nixon

Financial Statements

Central Bayside Community Health Services Inc. 50 362 120 798 Board Of Management's Report

Your Board of Management members submit the financial report of the Central Bayside Community Health Services inc. for the financial year ended 30 June 2005.

BOARD OF MANAGEMENT MEMBERS

The names of Board of Management members throughout the year and at the date of this report are:

Peter Cornelis Spyker	Margaret Elizabeth Williamson (appointed 26 October 2004)
William Nixon	Debra Karen Edwards (appointed 26 October 2004)
Peter Francis Lay	Jacqui Clancy (elected 28 October 2004)
Dennis O'Sullivan	Mary Anne Silvers (resigned 28 September 2004)
Elizabeth Christine Davey	Carol Quayle (resigned 28 September 2004)
Kenneth William Cornish	Dianne Elizabeth Comtesse (resigned 28 September 2004)

PRINCIPAL ACTIVITIES

The principal activities of the association during the financial year were :

- to provide and expand primary health services in the catchment area, with particular attention to the socially and economically disadvantaged.

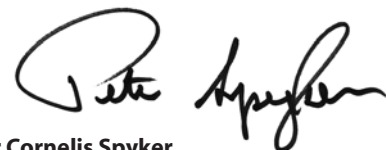
SIGNIFICANT CHANGES

No significant change in the nature of these activities occurred during the year.

OPERATING RESULT

The result from ordinary activities amounted to **\$ 277,848** (2003/2004 \$ 156,547).

Signed in accordance with a resolution of the Members of the Board of Management.



Peter Cornelis Spyker
President



Peter Francis Lay
Treasurer

Dated this 24th day of August 2005

Central Bayside Community Health Services Inc. 50 362 120 798 STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2005

	Note	2005 \$	2004 \$
Revenues from ordinary activities	2	9,957,881	9,116,718
Expenses from ordinary activities			
Employee benefits expense		(6,743,843)	(6,159,367)
Depreciation and amortisation expenses	3	(418,695)	(417,567)
Publication costs	3	(35,805)	(40,702)
Operating lease expense	3	(64,087)	(97,834)
Seminars expense	3	(97,463)	(78,554)
Other expenses from ordinary activities	3	(2,320,140)	(2,166,147)
Result from ordinary activities before income tax expense		277,848	156,547
Income tax expense relating to ordinary activities	1a	-	-
Net result from ordinary activities after income tax expense attributable to the association	11	277,848	156,547
Total changes in equity other than those resulting from transactions with members as members		277,848	156,547

The accompanying notes form part of this financial report.

Financial Statements

Central Bayside Community Health Services Inc. 50 362 120 798

STATEMENT OF FINANCIAL POSITION AS AT ENDED 30 JUNE 2005

	Note	2005 \$	2004 \$
CURRENT ASSETS			
Cash assets	4	1,917,758	1,632,191
Receivables	5	118,155	147,881
Inventories	6	3,500	3,500
Other	7	136,984	127,055
TOTAL CURRENT ASSETS		<u>2,176,397</u>	<u>1,910,627</u>
NON CURRENT ASSETS			
Property, plant and equipment	8	5,727,865	5,772,758
TOTAL NON-CURRENT ASSETS		<u>5,727,865</u>	<u>5,772,758</u>
TOTAL ASSETS		<u>7,904,262</u>	<u>7,683,385</u>
CURRENT LIABILITIES			
Payables	9	931,307	1,013,203
Provisions	10	480,849	344,440
TOTAL CURRENT LIABILITIES		<u>1,412,156</u>	<u>1,357,643</u>
NON CURRENT LIABILITIES			
Provisions	10	711,013	822,497
TOTAL NON CURRENT LIABILITIES		<u>711,013</u>	<u>822,497</u>
TOTAL LIABILITIES		<u>2,123,169</u>	<u>2,180,140</u>
NET ASSETS		<u>5,781,093</u>	<u>5,503,245</u>
EQUITY			
Retained surplus	11	5,731,093	5,503,245
Reserves	11	50,000	-
TOTAL EQUITY		<u>5,781,093</u>	<u>5,503,245</u>

The accompanying notes form part of this financial report.

Central Bayside Community Health Services Inc. 50 362 120 798

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2005

	Note	2005 \$ INFLOWS / (OUTFLOWS)	2004 \$ INFLOWS / (OUTFLOWS)
CASH FLOW FROM OPERATING ACTIVITIES			
Operating grant receipts		8,828,749	8,138,983
Donations received		8,900	25,553
Receipts from clients & programs		1,638,013	1,594,655
Payments to suppliers and employees		(9,939,580)	(8,949,784)
Interest received		93,438	68,329
Net cash provided by (used in) operating activities	17b	<u>629,520</u>	<u>877,736</u>
CASH FLOW FROM INVESTING ACTIVITIES			
Fixed asset purchases		(343,953)	(314,895)
Proceeds on sale of fixed assets		-	-
Net cash provided by (used in) investing activities		<u>(343,953)</u>	<u>(314,895)</u>
CASH FLOW FROM FINANCING ACTIVITIES			
Net cash used in financing activities		-	-
Net increase in cash held		285,567	562,841
Cash at beginning of the financial year		1,632,191	1,069,350
Cash at end of the financial year	17a	<u>1,917,758</u>	<u>1,632,191</u>

The accompanying notes form part of this financial report.

Central Bayside Community Health Services Inc. 50 362 120 798

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

Note 1: Statement of Significant Accounting Policies

This financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, Urgent Issues Group Consensus Views and other authoritative pronouncements of the Australian Accounting Standards Board and the requirements of the Associations Incorporations Act Victoria.

The financial report covers Central Bayside Community Health Service Inc as an individual entity. Central Bayside Community Health Services Inc is an association incorporated in Victoria under the Associations Incorporation Act 1981.

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

These statements have been prepared specifically to discharge to the Board of Management's reporting and accounting responsibilities to the members as required by Central Bayside Community Health Services Inc's constitution.

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

a Income Tax

The Association is an Income Tax Exempt Charity in terms of Subdivision 50-5 of the Income Tax Assessment Act 1997.

b Inventories

Inventories consist of food stocks at Café Escape and are measured at the lower of cost and net realisable value.

c Property, Plant and Equipment

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

Plant and Equipment

Plant and equipment are measured on the cost basis.

The carrying amount of plant and equipment is reviewed annually by the Board of Management to ensure it is not in excess of the recoverable amount from those assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets' employment and subsequent disposal. The expected net cash flows have not been discounted to present values in determining recoverable amounts.

Depreciation

The depreciable amount of all fixed assets are depreciated as detailed below over the useful lives of the assets to the Board of Management commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The policy of Central Bayside Community Health Services Inc. is to only capitalise items that cost in excess of \$2,000.

The depreciation rates used for each class of depreciable asset are:

Class of Fixed Asset	Depreciation Rate	Depreciation Method
Buildings	2%	Diminishing Balance
Leasehold	2%	Diminishing Balance
Furniture & Equipment	20%	Diminishing Balance
Motor Vehicles	15%	Straight Line

d Employee Benefits

Provision is made for the Board of Management's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year together with benefits arising from wages and salaries, annual leave and sick leave which will be settled after one year, have been measured at their nominal amount. Other employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Long Service Leave has been accrued in respect of all employees.

The Annual Leave liability is managed and funded by the organisation in the normal calendar year cycle with the funding arrangements that are currently in place with the Department of Human Services.

Sick Leave is generally managed by the organisation in its normal course of operations and by its current funding arrangements. The policy in relation to employee sick leave is to recognise employee sick leave as an expense in the financial year in which the entitlements are used by and/or paid to employees. Sick Leave is only payable while the employees are employed by the organisation. If an employee terminates employment there is no requirement to pay outstanding sick leave entitlements. This policy recognises the non-vesting nature of the Sick Leave entitlements.

Contributions are made by the Board of Management to an employee superannuation fund and are charged as expenses when incurred.

Central Bayside Community Health Services Inc. 50 362 120 798

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

e Superannuation

Superannuation contributions are made by the organisation to the employee superannuation fund as required by the negotiated award arrangements and by the Superannuation Guarantee Scheme. The contributions are charged as an expense when incurred.

Under Section 29 of the Hospital Superannuation Act, Health Super has the power to collect contributions to pay for any unfunded liabilities. Health Super has determined the Central Bayside Community Health Services Inc unfunded liability at 30th June 2005 to be approximately \$28,104 (2003/2004 \$28,104). This liability applies only to employees entitled to the Contributory Defined Benefit Scheme. The organisation has been advised that by making its regular payments at the rate of contribution already advised to the Contributory Scheme that the organisation is meeting its obligations under the Hospital Superannuation Act.

The organisation has no other legal obligation to provide benefits to employees on retirement.

f Cash

For the purposes of the Statement of Cash Flows, cash includes cash on hand, at banks and on deposit, less bank overdraft where applicable.

g Revenue

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

Grants are recognised on an accrual basis. Any grants received and provided for specific purposes are recognised to the extent funds are expended on projects. Grants received for future financial periods are treated as grants in advance under current liabilities to the extent of the unspent grant where there is an obligation to repay the unexpended portion of the grant.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

All revenue is stated net of the amount of Goods and Services Tax (GST).

h Goods and Services Tax (GST)

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

i Adoption of Australian Equivalents to International Financial Reporting Standards

The Board of Management is preparing and managing the transition to Australian Equivalents to International Financial Reporting Standards (AEIFRS) effective for the period commencing 1 July 2005.

It should be noted that under AEIFRS, there are Australian requirements that apply specifically to not-for-profit entities that are not consistent with IFRS requirements. The Association is established to provide and expand primary health services with particular attention to the socially and economically disadvantaged, which is incompatible with generating profits as a principal objective. Consequently, where appropriate, the Association will apply those paragraphs in AEIFRS accounting standards applicable to not-for-profit entities.

On adoption of AEIFRS, transactions and balances will be recorded as though AEIFRS had always applied. This requirement will extend to the restatement of comparative information in the financial report for the year ending 30 June 2006.

This financial report has been prepared in accordance with Australian accounting standards and other financial reporting requirements current for the year ending 30 June 2005. The Board of Management does not anticipate any significant impact on the reported financial position and financial performance following adoption of AEIFRS. It should be noted that the actual effects of the transition to AEIFRS may differ from that currently disclosed due to:

Changes in facts and circumstances

Ongoing analysis being undertaken by the Board of Management

Potential amendments to AEIFRS and interpretations; and

Emerging accepted practice in the interpretation and applications of AEIFRS and UIG Interpretations

Central Bayside Community Health Services Inc. 50 362 120 798

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

Note 2 : Revenue

	2005 \$	2004 \$
Operating activities		
operating grants	8,114,079	7,402,850
donations	8,900	25,553
client fees & program income	680,855	602,003
recoveries & rebates	502,357	431,997
other revenue from operating activities	263,721	310,815
	<u>9,569,912</u>	<u>8,773,218</u>
Non-operating activities		
interest received	95,651	68,329
proceeds on disposal of plant and equipment	292,318	275,171
other revenue from non-operating activities	-	-
	<u>387,969</u>	<u>343,500</u>
Total Revenue	<u>9,957,881</u>	<u>9,116,718</u>

Note 3 : Result from Ordinary Activities

	2005 \$	2004 \$
Result from ordinary activities before income tax includes the following revenues and expenses whose disclosure is relevant in explaining the financial performance of the entity:		
a Expenses :		
Depreciation of property, plant and equipment	392,261	365,157
Amortisation	26,434	52,410
Publication costs	35,805	40,702
Operating lease expense	64,087	97,834
Remuneration of auditor	13,470	11,605
Seminars expense	97,463	-
Other expenses from ordinary activities :		
Client & program expenses	420,666	491,163
Building occupancy	431,340	328,127
Medical consultant expenses	265,958	262,035
Medical / paramedical supplies	298,314	168,976
Motor vehicle fleet operational expenses	180,473	166,786
Carrying value of assets disposed	248,325	257,903
Other organisational expenses	475,064	491,157
	<u>2,320,140</u>	<u>2,166,147</u>

In relation to remuneration of the Auditor there are no other benefits provided.

Note 4 : Cash Assets

	2005 \$	2004 \$
Cash on hand	8,120	7,870
Cash at bank	309,638	852,893
Cash on deposit	1,600,000	771,428
	<u>1,917,758</u>	<u>1,632,191</u>

The cash balance at 30 June 2005 includes \$100,000 committed to the Primary Care Partnerships eRef Project.

Note 5 : Receivables

	2005 \$	2004 \$
Trade Debtors	122,085	151,811
Less provision for doubtful debts	(6,000)	(6,000)
	<u>116,085</u>	<u>145,811</u>
Other Debtors	2,070	2,070
	<u>118,155</u>	<u>147,881</u>

Note 6 : Inventories

	2005 \$	2004 \$
Stock on hand (Café Escape)	3,500	3,500

Central Bayside Community Health Services Inc. 50 362 120 798

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

Note 7 : Other Assets

	2005 \$	2004 \$
Accrued Grants	123,285	107,130
Prepayments and Accruals	13,699	19,925
	<u>136,984</u>	<u>127,055</u>

Note 8 : Property, Plant and Equipment

	2005 \$	2004 \$
Land & Buildings - at cost	4,483,018	4,483,018
Less accumulated depreciation	(509,892)	(429,393)
	<u>3,973,126</u>	<u>4,053,625</u>
Furniture & Equipment - at cost	1,278,504	1,193,895
Less accumulated depreciation	(857,705)	(737,941)
	<u>420,799</u>	<u>455,954</u>
Motor Vehicles - at cost	1,381,924	1,324,227
Less accumulated depreciation	(377,023)	(416,521)
	<u>1,004,901</u>	<u>907,706</u>
Leasehold Improvements - at cost	499,417	499,416
Less accumulated depreciation	(170,378)	(143,943)
	<u>329,039</u>	<u>355,473</u>
Total Property, Plant and Equipment	<u>5,727,865</u>	<u>5,772,758</u>

a Movements in carrying amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year.

	Land & Buildings \$	Furniture & Equipment \$	Motor Vehicles \$	Leasehold Improvements \$	Total \$
Balance at the beginning of year	4,053,625	455,954	907,706	355,473	5,772,758
Additions	-	85,858	536,269	-	622,127
(Disposals)	-	(190)	(248,135)	-	(248,325)
Depreciation expense	(80,499)	(120,823)	(190,939)	(26,434)	(418,695)
Carrying amount at the end of year	<u>3,973,126</u>	<u>420,799</u>	<u>1,004,901</u>	<u>329,039</u>	<u>5,727,865</u>

Note 9 : Payables

	2005 \$	2004 \$
Trade creditors and accruals	456,504	556,012
Grants received in advance	357,684	336,540
GST and Taxation liabilities	117,119	120,651
	<u>931,307</u>	<u>1,013,203</u>

Note 10 : Provisions

	2005 \$	2004 \$
CURRENT		
Provision for Annual Leave	377,413	257,441
Provision for Long Service Leave	79,000	65,000
Provision for ADO's	21,895	17,887
Provision for Time in Lieu	2,541	4,112
	<u>480,849</u>	<u>344,440</u>
NON CURRENT		
Provision for Long Service Leave	<u>711,013</u>	<u>822,497</u>

Central Bayside Community Health Services Inc. 50 362 120 798

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

Note 11: Equity

	2005	2004
	\$	\$
Retained Surplus		
Retained surplus at the beginning of the financial year	5,503,245	5,346,698
Net surplus attributable to the association	277,848	156,547
Transfer to Building Reserve	(50,000)	-
Retained surplus at the end of the financial year	<u>5,731,093</u>	<u>5,503,245</u>
Building Reserve		
Building Reserve at the beginning of the financial year	-	-
Transfer from Retained Surplus	50,000	-
Building Reserve at the end of the financial year	<u>50,000</u>	<u>-</u>
Total Equity		
Total Equity at the beginning of the financial year	5,503,245	5,346,698
Net surplus attributable to the association	277,848	156,547
Total equity at the end of the financial year	<u>5,781,093</u>	<u>5,503,245</u>

The building reserve fund is created for future building maintenance works.

Note 12: Leasing Commitments

	2005	2004
	\$	\$
a Operating Lease Commitments		
Being for rent of office Payable		
not later than 1 year	42,256	26,210
later then 1 year but not later than 5 years	202,455	67,056
later than 5 years	43,164	30
	<u>287,875</u>	<u>93,296</u>

The organisation currently leases property from the City of Kingston, Peninsula Health, Sandringham Girl Guides & Cheltenham Girl Guides and has a lease with a commercial agent for another property, with rent payable monthly in advance. An option exists to renew these leases at the end of the term for an additional term as agreed.

Being for rent of photocopiers

	2005	2004
	\$	\$
Payable		
not later than 1 year	1,880	9,120
later then 1 year but not later than 5 years	-	1,880
	<u>1,880</u>	<u>11,000</u>

The organisation currently has rental agreements for 2 photocopiers, commenced in July 2000 and February 2001 for a period of 5 years.

Note 13: Contingent Liabilities

There are no known Contingent Liabilities.

Note 14: Events Subsequent to Reporting Date

There are no known events subsequent to the reporting date requiring disclosure.

Note 15: Related Parties

The organisation has not entered into any other transaction, contract or arrangement with any members of the Board of Management or other connected persons.

Note 16: Financial Instruments

a Interest Rate Risk

The Board of Management has no material exposure to interest rate risk on its financial instruments.

b Credit Risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions for doubtful debts, as disclosed in the statement of financial position and notes to the financial statements.

The Board of Management does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the Board of Management.

c Net Fair Values

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the Statement of Financial Position and in the notes to the financial statements.

Central Bayside Community Health Services Inc. 50 362 120 798

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

Note 17: Cash Flow Information

	2005	2004
	\$	\$
a Reconciliation of Cash		
Cash on hand	8,120	7,870
Cash at bank	309,638	852,893
Cash on deposit	1,600,000	771,428
	<u>1,917,758</u>	<u>1,632,191</u>
b Reconciliation of Net Cash provided by Operating Activities to Result from Ordinary Activities after Income Tax		
Result from ordinary activities after income tax	277,848	156,547
Non-cash flows in result from ordinary activities :		
Depreciation	392,261	365,157
Amortisation	26,434	52,410
Net loss on disposal of plant and equipment	(43,993)	(17,268)
Changes in assets and liabilities :		
(Increase)/decrease in receivables	29,726	100,672
(Increase)/decrease in inventories	-	(400)
(Increase)/decrease in prepayments	(9,929)	4,169
Increase/(decrease) in creditors, accruals and grants in advance	(67,752)	103,307
Increase/(decrease) in tax payable	-	-
Increase/(decrease) in current provisions	136,409	105,590
Increase/(decrease) in non-current provisions	(111,484)	7,552
Net cash provided by operating activities	<u>629,520</u>	<u>877,736</u>

c The association has no credit stand-by or financing facilities in place.

d There were no non-cash financing or investing activities during the period.

Note 18: Association Details

The principal place of business of the association is :

Central Bayside Community Health Services Inc.
335 - 337 Nepean Highway
PARKDALE VIC 3195

Telephone (03) 8587-0200

Fax (03) 8587-0210

Email info@cbchs.org.au

Financial Statements

Central Bayside Community Health Services Inc. 50 362 120 798

STATEMENT BY MEMBERS OF THE BOARD OF MANAGEMENT

In the opinion of the Board of Management :

- 1 The Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows and Notes to the Accounts presents a true and fair view of the financial position of Central Bayside Community Health Services Inc. as at 30 June 2005 and its performance for the year ended on that date in accordance with Australian Accounting Standards, mandatory professional reporting requirements, other authoritative pronouncements of the Australian Accounting Standards Board and the Associations Incorporation Act 1981 (Victoria).
- 2 At the date of this statement, there are reasonable grounds to believe that Central Bayside Community Health Services Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board of Management and is signed for and on behalf of the Board of Management by :



Peter Cornelis Spyker
President



Peter Francis Lay
Treasurer

Dated this 24th day of August 2005

Auditor's Report

Independent Audit Report to the Members of Central Bayside Community Health Services Inc.

Scope

The financial report and Board of Management's responsibility

The financial report comprises the Statement of Financial Position, Statement of Financial Performance, Statement of Cash Flows, accompanying notes to the financial statements, and the Statement by Members of the Board of Management for Central Bayside Community Health Services Inc. (the Association), for the year ended 30 June 2005.

The Board of Management of the Association is responsible for the preparation and true and fair presentation of the financial report in accordance with the Associations Incorporations Act (Vic) 1981. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Audit Approach

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

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the Associations Incorporation Act (Vic) 1981, including compliance with Accounting Standards and other mandatory financial reporting requirements in Australia, a view which is consistent with our understanding of the Association's financial position, and of its performance as represented by the results of its operations and cash flows.

We formed our audit opinion on the basis of these procedures, which included:

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

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

Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

Audit Opinion

In our opinion, the financial report of Central Bayside Community Health Services Inc.

1. presents a true and fair view of the financial position of the Association as at 30 June 2005 as required under Section 30(3A) of the Associations Incorporation Act 1981, and
2. complies with applicable Accounting Standards and other mandatory professional reporting requirements in Australia..



Haines Norton
Chartered Accountants



R H Hutton
Partner

Dated this 2ND day of SEPTEMBER, 2005
Melbourne

Donations

parkdale chelsea clarinda mentone cheltenham edithvale sandringham clayton south mentone beach cheltenham park cafe escape parkdale chelsea clarinda mentone cheltenham edithvale sandringham clayton south mentone beach cheltenham park cafe escape parkdale chelsea clarinda mentone cheltenham edithvale sandringham clayton south mentone beach cheltenham park cafe escape

CBCHS receives outstanding support from a number of community minded organisations and would like to acknowledge the kind donations received from:

CBCHS Auxiliary:

- Adult Community Options - various program and therapeutic items for Disabled Adults
- Primary Health - Camera and Bayley Scales
- CBCHS Parkdale - BBQ

Total Purchases: \$6,037

The Southern Opportunity Shop:

- PAG \$1,200 and CBCHS \$4,700

CBCHS Trust Fund:

- Camellia garden and BBQ area

City of Kingston

- Community Grants
- Councillor Wards Funds, Cr. Rosemary West OAM of \$1000 and Cr. Arthur Athanasopoulos of \$400, towards the upgrade of the raised garden beds at the Southern Road venue of the Adult Community Options

National Australia Bank

- \$251.46 towards the purchase of educational supplies for Adult Community Options

Cheltenham Moorabbin RSL Sub Branch Inc

- \$150 to subsidise a 4 week pilot program run by Aquability for clients of Adult Community Options to experience basic snorkelling skills

Mordialloc Aged Services Committee Trust Fund

- Shade Sail and digital camera for clients of the PAG centre at 31 Venice Street Mentone

Wilson Pride

- \$250 towards the Adult Community Options Concert

Whiting & Company

- \$250 towards the Adult Community Options Concert

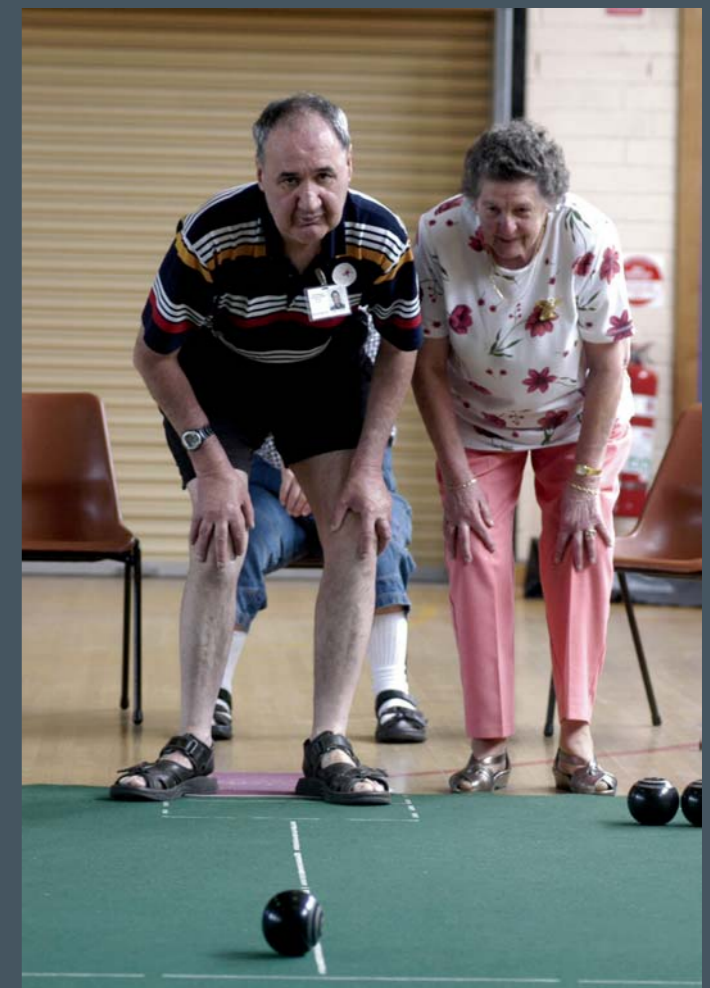
Membership

parkdale chelsea clarinda mentone cheltenham edithvale sandringham clayton south mentone beach cheltenham park cafe escape parkdale chelsea clarinda mentone cheltenham edithvale sandringham clayton south mentone beach cheltenham park cafe escape parkdale chelsea clarinda mentone cheltenham edithvale sandringham clayton south mentone beach cheltenham park cafe escape

You can become involved with CBCHS by becoming a member, and it's free! A member of the community is eligible to membership of CBCHS if they are over the age of 18 and live, work or are enrolled as a student at an educational institution in the City of Kingston, or if you are a client, carer or volunteer of CBCHS.

Being a member provides opportunities to see and hear about what we do through invitation to community consultation forums and the Annual General Meeting. CBCHS advises members on health related topics via its Quarterly Newsletter. Members are eligible to apply and vote for candidates for the Board of Management at the time of election.

If you would like to become a member, please call 8587 0200.



Graham Tuddenham bowls with help from Fran Bungey, President of Warren Road Seniors. Article and photo featured in local newspapers, 13 December 2004.

Notes

parkdale chelsea clarinda mentone cheltenham edithvale sandringham clayton south mentone beach cheltenham
park cafe escape parkdale chelsea clarinda mentone cheltenham edithvale sandringham clayton south mentone beach
mentone cheltenham edithvale sandringham clayton south mentone beach cheltenham park cafe escape parkdale
chelsea clarinda mentone cheltenham edithvale sandringham clayton south mentone beach cheltenham park cafe escape

