



Hats off to the past and coats off to the future

From Richmond Dispensary to Access Health and Community

Natalie Korszniak

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Cover Image:
Richmond in the early 1870s looking up Church Street,
showing the original premises of the Dispensary.
Photograph kindly provided by Mr Gordon Morton.

Throughout its history, Access Health and Community has received tremendous individual support from members of the community and others who have recognised the community benefit in the health service. The history as presented in this book represents only a small fraction of the dedicated service performed over the years and many names rightfully should be recognised. The list below is the honour roll of Presidents and Chairmen who led the organisation since its beginnings as the Richmond Dispensary and who took on the challenge of securing its future.

List of Past Presidents and Chairs

1869-1871	G S Coppin	1913-1914	A H Coverlid
1871-1874	J Henty	1914-1915	J W George J.P.
1874-1876	G S Coppin MLA	1915-1916	J R Le Pine
1876-1884	Rev. C T Perks	1916-1917	T Curphy
1884-1885	W Gleadell J.P.	1917-1918	J A Gaylard
1885-1886	J A B Koch J.P.	1918-1919	G W Kemp
1886-1887	A M Sharp	1919-1920	W G Brown
1887-1888	J Fisher	1920-1921	H A Cambridge
1888-1889	J Foley	1921-1922	T Curphy
1889-1890	G Fincham J.P.	1922-1923	G W Kemp
1890-1891	T J Forbes	1923-1924	A Clarke
1891-1892	T G Reitz	1924-1925	B Scanlon
1892-1893	W Astley	1925-1926	W C McMinn
1893-1894	Rev. C T Perks	1926-1927	W J Johnson J.P.
1894-1895	R S Inglis J.P.	1927-1932	Mrs M. Burgess
1895-1896	Dr. G A Branson	1932-1935	H Osborne
1896-1897	C Langford	1935-1945	Mrs M A Dendle
1897-1898	S Nathan J.P.	1945-1951	H W George J.P.
1898-1899	H King	1951-1976	F F Medwin J.P.
1899-1900	E White J.P.	1976-1982	Cr. A E Coloretto MBE, J.P.
1900-1901	H King	1982-1985	E W R Grace OBE
1901-1902	T G Forbes	1985-1987	E J Bastow J.P.
1902-1903	J Ewins	1987-1989	A H Campbell
1903-1904	M Alexander	1989-1990	E J Bastow J.P.
1904-1905	H Tainall J.P.	1990-1992	C J Breckon
1905-1906	J D Curran	1992-1994	J R Softley J.P.
1906-1907	S J Wills J.P.	1994-2005	Mrs K A Johnson
1907-1908	C A Jones	2005-2009	Dr M J Kennedy OAM
1908-1909	W R R Blair	2009-2015	L Panaccio
1909-1910	G W Freeman J.P.	2015-Present	P. Turner
1910-1911	H Duncan		
1911-1913	J Ewins		





William Bell unearthing the bottle buried beneath the foundation stone of the original building in 1882 by George Coppin. Unfortunately, the cork stopper had rotted and many of the original documents were destroyed.

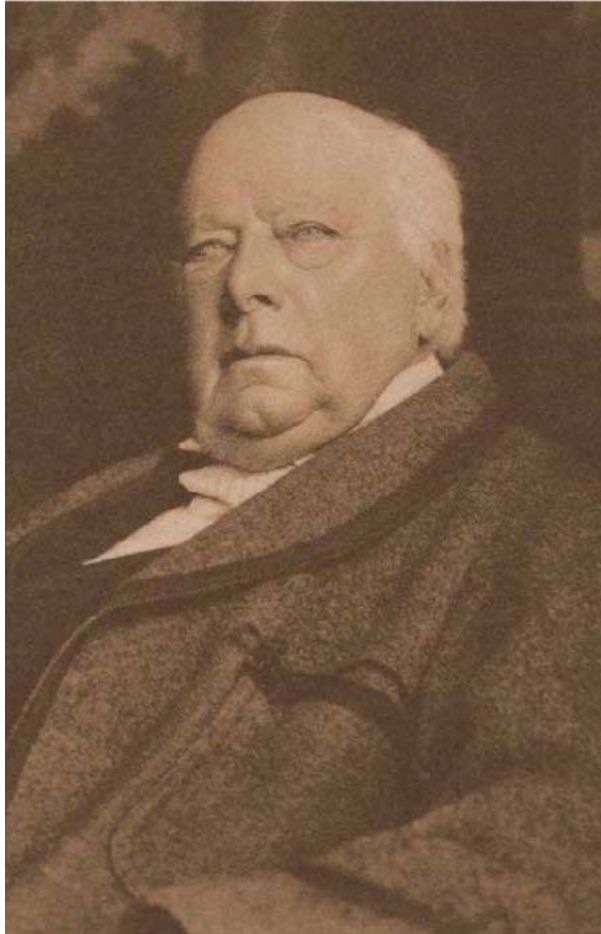
Hats off to the past and coats off to the future

During the time that William Bell was Honorary Secretary for what was then the Richmond Dispensary (1945–1985), his reports to the Board often used the phrase ‘hats off to the past and coats off to the future’ in describing the work of the Dispensary. The phrase is particularly relevant to the Dispensary: while remembering why it was established—namely to alleviate the suffering of the sick poor—it must always look to the future to enable it to continue to meet this challenge.

In 1869, the Richmond Dispensary commenced as a community health service in Church Street, caring for the health needs of the poor of Richmond. Over the years it has transformed into Access Health and Community, the oldest surviving community health service in Australia. The journey from the Richmond Free Dispensary¹ to Access Health and Community provides a snapshot of the history of community health in Australia. It is a history of exceptional clinical care for the needy, as well as philanthropy and dedication by individuals and community. Although the founders of the Richmond Dispensary were larger-than-life identities, many of whom have their names perpetually remembered in the street names of Richmond, many others have contributed time and energy to the organisation over the years, including individuals, politicians, a Prime Minister, State Governors, businesses and, more recently, governments.

Although the Richmond Dispensary was based on a medical practice, it quickly incorporated a range of clinical services in allied health to meet community needs. Today, its clinics are at the cutting edge of integrated care provision in Australia.

In looking to the future of Access Health and Community, it is clear that the community need for the service remains. With dedicated staff and strong community support, we hope to be able to continue serving our community for years to come.



George Selth Coppin in later years. President, Richmond Dispensary 1869–1871, 1874–1876.

Although best known for his theatrical work, Coppin (1819–1906) was also an active philanthropist. In addition to being one of the founders of the Richmond Dispensary, Coppin was involved in the foundation of the Victorian Humane Society, St John's Ambulance and the Old Colonists Home in North Fitzroy. He was also President of the Carlton Football Club (1868).

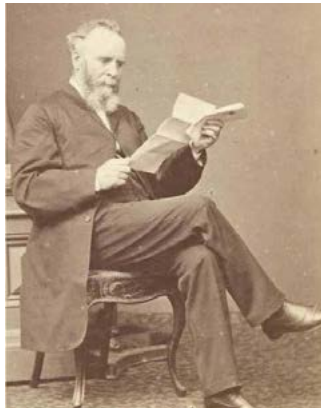
To the past: In the beginning...

In the late 1860s, only 25 years or so after Melbourne had been founded, the borough of Richmond was a study in contrasts. It had become a desirable area in which to live, with the residents of the large houses on Dockers Hill and Richmond Hill safe from the flooding that afflicted the lower-lying areas of the Richmond Flats. However, because of its proximity to Melbourne and relatively cheap land and rents, Richmond had also become a hub of manufacturing and industry, housing many of the 'working class'.

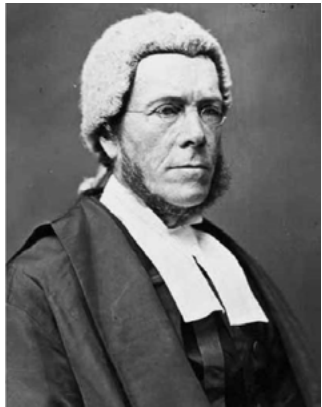
The boom times following the Victorian Gold Rush of the 1850s resulted in a considerable increase in Melbourne's population, making it Australia's largest city. However, it wasn't until 1892 that work began on Melbourne's sewage system. Until then, most waste (domestic and industrial) was simply emptied into open drains that flowed into local waterways. Because of these unhygienic practices, disease was rife, and most deaths at the time were attributable to 'zymotic' (infectious) diseases. The Registrar-General's report on the vital statistics of Melbourne in January 1868 notes that over 35% of the deaths that month were the result of an infectious disease. More alarmingly, 62% of deaths were of children under the age of 5 years.²

Many of the 12 000 or so residents of Richmond were too poor to access medical care and were reliant on the generosity of 'the medical men', who would attend to the 'deserving poor' at no cost. However, the sheer volume of such cases inevitably strained resources and so, in 1868, a group of Richmond medical men banded together to establish a 'local institution for the relief of the poor' (*The Argus*, 3 October 1868, p.3).³

On Friday 2 October 1868, a public meeting was held at the Lecture Hall, Lennox St, Richmond, to hear a proposal from Drs Wilson, Graham and Gregory. They estimated that in the past year Richmond doctors had attended to 4000 gratuitous cases—on top of the 2000 or so patients from the area who had made the then 'arduous' journey to the Melbourne Hospital, the Lying-in Hospital or the Eye and Ear Hospital, often having to wait considerable time before being seen. They hoped that a local institution would provide timely and efficient aid to those in need.



James Thomas Harcourt, ca. 1865.
Held by the Picture Collection, State
Library of Victoria (identifier: H29446).



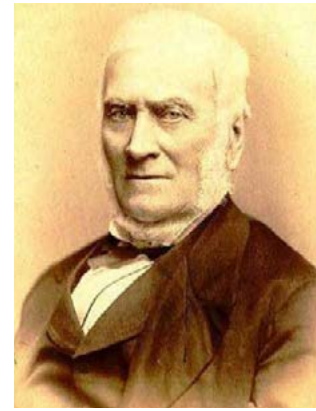
Robert Williams Pohlman, ca. 1872.
Held by the Picture Collection,
State Library of Victoria
(identifier: H96.160/1782).

The medical men volunteered their services ‘to give attendance two hours daily, at such times as would suit the objects of the institution, and in special cases... would make arrangements for visiting the poor in their dwellings’ (*The Argus*, 3 October 1868, p.3). However, approximately £350 would be required annually to cover the costs of the institution (rent and care £100, drugs and dispensing £100 and furniture, instruments and incidental expenses £150). It was anticipated that these costs would be covered by ‘subscriptions’, whereby donations of certain amounts would enable the donors to recommend patients to be seen at the dispensary or in their homes (see Appendix I).

A resolution was moved by His Honour Judge Pohlman⁴ that ‘in the opinion of this meeting, a dispensary for the destitute sick should be established in Richmond’; this was seconded by Mr G. H. Batten and, after further discussion of the merits of the institution, unanimously adopted. A committee, comprising members of the municipal council, ‘gentlemen of the district’ and medical men, was formed to draw up the rules for the institution. In addition, a subscription list was opened, with funds received to be lodged at the National Bank, and, before the meeting had concluded, several donations were handed in (*The Argus*, 3 October 1868, p.3).⁵

A general meeting held on 28 October 1868 at the Court House revealed the enthusiastic support for the dispensary within the community:

Your Committee have called you together this evening to receive and adopt their report upon the rules and regulations of the Richmond Dispensary but before proceeding to these details they cannot resist offering you their Congratulations at the warm and earnest manner in which the movement has been received by all classes within the Borough. They feel assured that liberal subscriptions will come in to aid the sick and destitute and they trust to the earnestness of the Medical Gentlemen associates in their undertaking to establish and perpetuate the new Dispensary. (Meeting Minutes, 28 October 1868, Richmond Dispensary)



Mr James Henty, the first subscriber
and second president of the Dispensary.

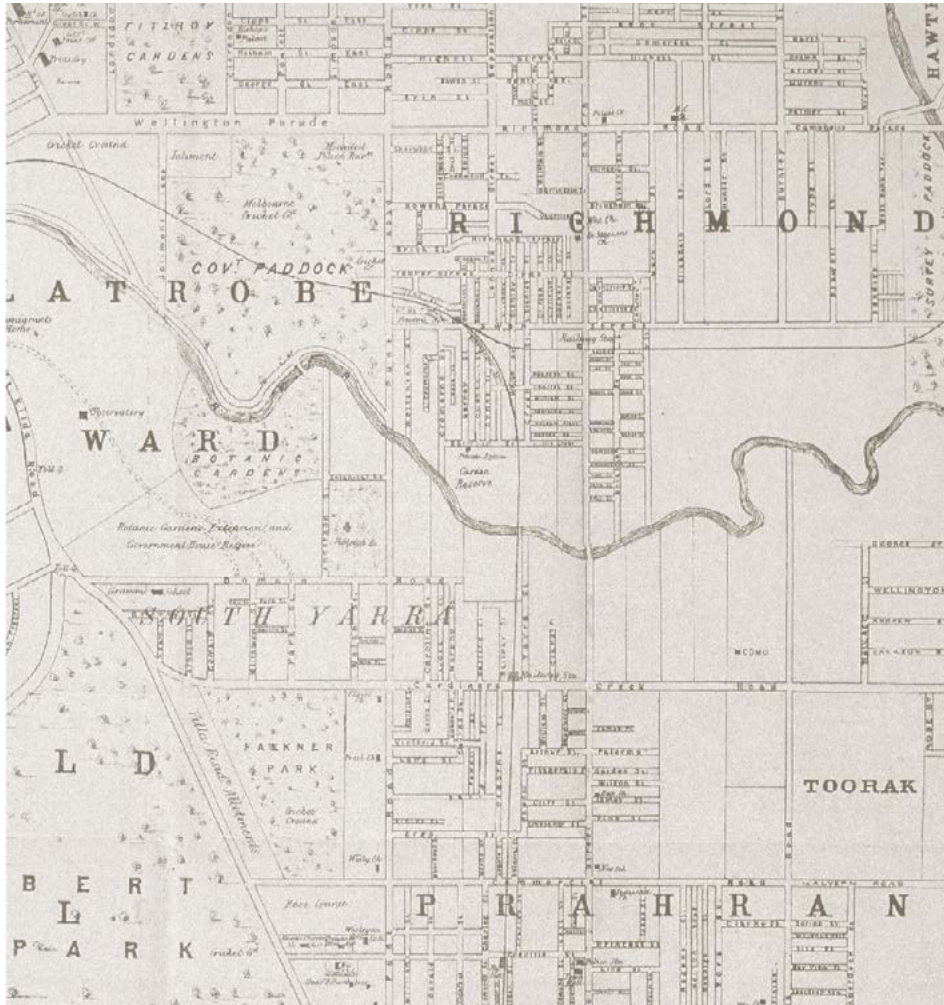
By the beginning of December, the hunt was on for suitable premises and, come January 1869, arrangements were in place to lease the Fire Brigade Hotel on the corner of Church and Abinger Streets in Richmond for £60 a year, with the landlord, Mr Henry Miller, agreeing to make an annual donation of £10. According to the *Richmond Australian* (23 January 1869, p.3),

The house is a large one, consisting of some eight rooms, with back buildings, but is very much out of repair... the committee anticipate that many of the working men of the district will, by giving a portion of their time, prevent them from being put to the expense of inviting tenders for the repairs.

The committee quickly arranged to have the hotel converted. On 12 February 1869, the *Richmond Australian* (p.3) reported that:

This very useful institution will be opened to the public next week. The premises taken by the committee consist of the building known first as the Fire Brigade Hotel, and more recently as the British Empire... The house, which was in a dirty and neglected state, has undergone a thorough renovating, the contract for the work being taken by Mr. Bones of Bridge road. It has been repainted... and also re-papered. The front parlour is to be used as a Committee room... The bar (where ‘nobblers’⁶ were once dispensed) has been fitted up as a place in which something less agreeable—although perhaps more beneficial—will in future be served out. The little parlor behind the bar is converted into a waiting room... and the room immediately adjoining this will be used as a consulting room... The cost of doing up the place, which has been done at the expense of the institution, will be £40.

In the space of 4 months, an idea was born, rules and regulations were written, and a building was sourced and renovated. The Richmond Dispensary opened its doors to the public on 8 March 1869.



Top: Section of a Sands & McDougall's map of Melbourne, ca. 1869, showing the Richmond area.



Left: Photograph of Church Street, Richmond, ca. 1873, taken from the tower of the Richmond Town Hall. St Ignatius and St Stephen's Churches can be seen, along with the likely original premises for the Richmond Dispensary (circled).

Getting down to business: 1869–1882

In its first few years, the Dispensary saw a steady increase in patients and home visits, despite the fact that it was only open part-time.⁷ The growing attendance is charted in the Dispensary's annual reports (see Table).

This early success of the Dispensary seems to have sat uneasily with some. At the monthly committee meeting held on 4 December 1869, the Honorary Secretary (Dr G. Graham) noted that 'many persons were recommended to receive the aid of the dispensary who were not objects of charity'. Similar sentiments were expressed by the Reverend C. T. Perks (St Stephen's Church, Richmond) at the annual subscriber's meeting on 14 January 1874:

...he did not look at the fact that so many persons were relieved during the past year with an altogether satisfied mind. He was afraid that he and others had not exercised sufficient inquiry into the circumstances of those who had applied to them for tickets for the dispensary. In a case where a person had applied to him to be recommended, he knew that one member of the family the person belonged to earned £3 per week; and another person who earned 12s. per day had asked him to recommend his child. He could not disguise from his mind that there was a great deal of truth in the quotation in The Argus leader of that day, that hospitals entirely free demoralised the working classes, for although the past year had been one of the most prosperous, there had been a very large increase in the numbers relieved at the dispensary. (The Argus, 15 January 1874, p. 11)

However, in response, Father Joseph Dalton (St Ignatius' Church, Richmond) suggested that:

...it occurred to him that the increase in the number of patients arose from the fact that many persons who formerly went to the Melbourne Hospital now availed themselves of the dispensary precisely for the purpose for which it was intended, namely, to save the expense of cabs to poor persons in going to Melbourne, and also to save their time. (The Argus, 15 January 1874, p.11)

The remarkable thing was that the Richmond Dispensary received considerable public support and, despite being heavily dependent on public subscriptions, it flourished.⁸ For example, in its first year

Year	Patients attended at the Dispensary	Patients attended in their own homes	Total
1869	1124	123	1247
1870	2034	302	2336
1871	2727	410	3137
1872	2702	385	3087
1873	3560	767	4327
1874	3125	668	3793
1875	2853	715	3568
1876	2836	657	3493
1877	2875	723	3598
1778	2700	1041	3741
1879	5171	1224	6395

(up until 21 October 1869), although the Dispensary received significant funding from the Richmond Borough Council and a Treasury Grant (£50 each), the bulk of its monies came from public subscriptions (£149 11s 6d). In later years, although the value of the public subscriptions was down, other organisations were donating money to make up the shortfall. For example, in 1873, the Richmond town council donated £70, the Anglican and Roman Catholic churches (St Stephen's and St Ignatius') combined had collected £26 15s 10d and subscribers had donated £103 14s 5d. Over the same period (1869–1873), the number of patients had increased from 1247 (1124 at the Dispensary and 123 in their own homes) to 4327 (3560 at the Dispensary and 767 in their own homes). Indeed, as the numbers of patients attending the Dispensary increased over the years, so did donations, even in the face of a severe financial crisis in Victoria over the period 1877–1881.⁹ ‘...this, in the face of depressed times, is a very helpful sign and shows that there is growing recognition of the usefulness of the Institution’ (11th Annual Report).

However, there was some frustration that those the Dispensary aimed to help were not supporting it. In February 1882, at the laying of the foundation stone for the new Dispensary building, George Coppin lamented:

I did hope at first that the institution would receive the substantial support of that class of our community for which it was intended to benefit—that the well-to-do working man would subscribe to assist his fellow-labourers who have been less fortunate than themselves, and whom the hour of sickness has compelled to ask assistance from our free dispensary. I regret very much that my anticipations have not been realised. As a rule, the working classes have shown no disposition to subscribe to our funds, but, on the contrary, many who can afford to pay for medical advice and medicines have imposed upon the institution by false representation.
(*The Argus*, 22 February 1882, p.6)

He estimated that of the £1400 that had been given to the Dispensary (up until June 1882), the working

classes had contributed 50 shillings. The primary benefactors of the Dispensary were the local tradespeople and some of the wealthy inhabitants of the city, who ‘contributed liberally towards it’ (*The Argus*, 10 June 1882, p.11).

To remedy the situation, in 1882 the Board of Management decided to introduce a 1 shilling admission fee to those presenting at the Dispensary (a similar system of registration prior to receiving medical care was in place at the time at the Melbourne Hospital) and the bye-laws of the Dispensary were changed accordingly. In its first year, this scheme raised 488 shillings.

Market Street.

Melbourne 22 May 1873

Geo Graham Esq M. D.
Church St
Richmond.

Dear Sir,

We now send you form of mortgage, in duplicate, to secure the amount to be borrowed from the Clergy Widow & Orphan Fund. It requires to be signed by yourself, Mr Henry and Mr Coppin each in the presence of a J.P. who will attest as marked in pencil.

When signed be pleased to return it to us and at same time send us cheque for £90. which with £550. borrowed from the Fund will make £640. the balance of purchase money payable to Mrs Doakham.

Yours truly
Vaughan Moulton & Seddon
per J.P.

Keeping a roof overhead: 1882-1940

The Dispensary quickly outgrew its original premises at the Fire Brigade Hotel. By 1871, the committee was looking to establish a cottage hospital with a maternity section for 'the poor women within the borough who were not in a position to pay for assistance during their confinement' (*The Argus*, 5 January 1871, pp.4-5). A permanent home was needed. In December 1872, the committee purchased the current site of the dispensary (283 Church Street) for £650 and set up a building fund.

By 1881, the new premises were now too small to accommodate the growing numbers of patients and the Board of Management enlisted John A. B. Koch¹⁰ to prepare plans for the new building. The new dispensary would be built over two floors: the ground floor was to contain a patients' waiting room, the dispensary and a consulting room; and the second floor, reached by a 4-foot wide staircase, would house the committee room and a ward. The façade of the building was to be rather grand, 'a worthy addition to the public buildings of the town', with a 'bold well-proportioned cornice' bearing the name of the institution. The foundations were to be bluestone, the structure itself brick and cement and the roof slate. The estimated cost of the new building was £900 and, by the time the foundation stone was laid on 21 February 1882 by George Coppin, all but £150 of this had been raised: £400 from a government grant, £25 from the municipal council and £325 in proceeds from a bazaar organised by the Ladies of Richmond. The bazaar was held at the Richmond Town Hall and ran for 5 days (24-28 March 1874). There were eight stalls, six of which:

*were devoted to the usual fancy trifles to be found at such places, whilst the other two were devoted to flowers and refreshments... During the afternoon and evening, a selection of vocal and instrumental music was given, and a fresh program [was] provided each day'. (*The Argus*, 25 March 1874, p.5)*

The women who worked so hard to make this bazaar a success were subsequently all made Honorary Life Governors of the institution.

The Clinic in Action



Name please!



Milk and sugar please!



A popular service with the elderly.



Your mixture, Mr. Wilson.



The Social Worker, a link in the chain.



Dressings in the Surgery.



How do you feel today?

The clinic in action in 1962. This series of photographs was prepared for the Dispensary's Annual Report by Mr Eric McKie (Clinical Photographer, Alfred Hospital).

The foundation stone of the new Dispensary building was laid with due ceremony:

Mr. Perks...handed to Mr Coppin a handsome silver trowel, suitably inscribed—the gift of Mr. Koch—and Mr. Coppin then laid the stone...having first deposited in a cavity beneath a bottle containing Melbourne morning papers, the Australian and Guardian local newspapers, copies of the last three annual reports and scroll relating to the laying of the stone. (The Australian, 25 February 1882)

The Argus (22 February 1882, p.6) notes that there was a large public attendance at the ceremony and a number of school children sang 'Rule Britannia'.

The new building was completed in early June 1882 at a final cost of £813 6s. To celebrate, George Coppin hosted a 'house-warming' in the boardroom on 9 June 1882. In July 1882, the institution was incorporated under the Hospitals Act as the 'Richmond Dispensary'.

The new building served the community well and, excluding minor modifications, such as connection to the sewage system in 1903, remained relatively unchanged until the mid 1920s. By that time, Richmond had changed from the 'important and flourishing suburb of Melbourne' (*The Australian Handbook*, 1875) to an increasingly industrialised area with many impoverished households.¹¹ Accordingly, in 1924 the Board of Management entered into discussions with the Charities Board to expand the services that the Dispensary could offer, particularly in way of treating injuries resulting from accidents in the nearby factories.¹²

[Mr R. J. Love, Inspector of Charities]...after paying a visit to our Dispensary thought that we had great opportunities to extend its usefulness. He proposes to assist us to so improve our Institution that we will be in a position to relieve the Melbourne Hospital of many minor cases of accident and sickness; also we hope to have a Doctor in attendance at least five days a week...to make our Richmond Free Dispensary a live and

up-to-date Institution.

In 1925, the Dispensary was put under the control of the Charities Board as per the Hospital and Charities Act 1922. Over a period of 12 months (1925/1926), many changes were made to the building: consultation, observation and sterilisation rooms were created; the ventilation was altered; electric lights were put in; and a lavatory was installed for the use of patients. The Annual Report of 1926 notes with some pride that the Institution is now up-to-date and in a position to provide more extensive treatment, including minor operations.

In late 1926, the Dispensary, with the permission of the Charities Board, made a public appeal for financial assistance. In addition to outright donations, the Dispensary was still calling for annual subscriptions, which would enable the subscriber to recommend a person for treatment. In enumerating the services the Dispensary now provided, the Board, quite correctly, likened the Dispensary to a small hospital:

The building was reconstructed and brought up to the standard of a miniature out-patient department of a large hospital. From 9.30 to 11.30 each morning its doors are open to any resident who cannot afford the means of private medical attention... Thus Richmond possesses a small hospital, staffed by two doctors [Drs Alderton Davis and Alva Boyd], a trained nurse [Sister Brewin] and dispenser... The work consists in actual consultation work and minor operations are performed, which do not necessitate the patient being kept in hospital for after-treatment. Local accidents in streets and factories can be dealt with... if a case needs the expert hospital care it is drafted on, thus the hospital staff is... kept clear of minor maladies. (Richmond Guardian, 4 December 1926)

Over the next 10 years, the Dispensary expanded its services to take the pressure off the outpatients departments of the metropolitan hospitals, primarily the Alfred Hospital. In 1927, an Honorary Dentist was appointed¹³ (Mr H. G. Nicol) and in 1928 the Dispensary was able to arrange pathology examinations. Reflecting these expanded services, the Dispensary changed its name in 1930 to 'Richmond Dispensary and Outpatients Clinic'.

Throughout the 1930s, the Dispensary continued to offer its expanded range of services and, with the help of the Charities Board, to lobby the Alfred Hospital to send non-urgent cases to the Dispensary. In 1935, C. L. McVilly, Inspector of Charities, wrote to the Secretary of the Alfred Hospital:

The types of patient at present attending the Clinic are those requiring medical attention and medicine, all types of dressings and some very minor surgical attention such as for cuts, wounds, etc. ... In discussion with the representatives of your Committee, it was agreed that you would, in future, exclude from the Alfred Hospital Out-Patients' Department, all patients of the type referred to, and send them forward to the Richmond Dispensary and Out-Patients' Clinic... In due course it is desired that the Alfred Hospital, except in emergency, will not accept patients from the City of Richmond area unless referred, for purposes beyond the range of the Richmond Dispensary, by the Officials of the Dispensary, a lodge doctor or private practitioner.

By the end of the 1930s, the effects of the Depression were obvious. Again, it was the Richmond Ladies Benevolent Society that provided enormous support to the work of the Dispensary. In the 1939 Annual Report, the President, May A. Dendle, states:

I would like to express thanks to the Richmond Ladies Benevolent Society for help so generously given in the way of extra food and nourishment to the many cases of adults and children suffering from malnutrition who have been recommended by our Medical Officer [Alva Boyd].

These ladies provided considerable support to the Dispensary over a number of years, not only providing food for those in need, but also bandages, bottles and other supplies as needed, particularly during the war years. This is but one example highlighting the truly strong bonds between the Richmond community, the Richmond Dispensary and the people it served.



The Melbourne Lying-In Hospital and Infirmary for Diseases of Women and Children was established in 1856 by a committee of women, including Mrs Frances Perry, and two doctors. Initially located in a two-storey house at 41 Albert Street, Eastern Hill, the Lying-in Hospital relocated to Madeline Street, North Melbourne (pictured), in 1858. In 1884 it became simply the Women's Hospital (see <http://www.thewomens.org.au/ourhistory>, accessed 5 March 2012). Reproduced with kind permission of the Royal Women's Hospital Archives.

Midwifery

The Board of Management of the Dispensary had long wanted to provide maternity services.

Childbirth outcomes weren't always as good as they are now. The amenities we take for granted in 2012 simply weren't available in the late 19th century and many women didn't have access to medical care because they couldn't afford it. The best many could hope for was to engage the services of a midwife (most of whom charged about a third of the fee charged by doctors). The standards of the midwives varied considerably: some were illiterate and had nothing more to recommend them than 15 years experience, others had received training. A diatribe in *The Argus* (8 April 1869, pp.4–5) describes most midwives as:

...[having] had no professional training. They have possibly inherited from a previous generation of old women certain traditions, to which, inasmuch as they are irreconcilable with reason and science, they adhere with the utmost tenacity, and they are irritable under admonition and rebellious against reproof...

and calls for legislation within the Colony to ensure the proper training of midwives. In fact, the Lying-in Hospital in Melbourne had started to train midwives around 1861. The nurses completed a structured theoretical course, undertook practical training in the care of women and sat examinations. If they passed, they became certified midwives.¹⁴

Understandably, this situation created tensions between some midwives and doctors, with many medical men refusing to see patients who had previously been attended to by midwives.

In 1869, Drs Stillman and Wilson, both Honorary Medical Officers at the Dispensary, were called to attend a local woman, Margaret Bardon, in her home.¹⁵ When Dr Stillman was first summoned, Margaret Bardon had been in labour with her sixth child for about 12 hours attended by a midwife. Despite Margaret Bardon's increasing distress and calls for a doctor, the midwife had insisted that this was not necessary and that Margaret Bardon 'had no patience'. She told Margaret Bardon's husband that if he did fetch a doctor, 'she would leave the premises before that doctor arrived'. By the time Margaret Bardon's husband did call for Dr Stillman, and by the time he arrived and summoned Dr Wilson, it was far too late for Margaret Bardon: her uterus had ruptured and both she and her child died. The coronial inquest found the midwife 'guilty of culpable neglect in not sending for medical aid when first requested to do so by the deceased' because it was felt that 'had a medical man been in attendance on the deceased, he would have delivered her and prevented the rupture of the womb'.

It is unlikely that Margaret Bardon's case was an isolated example. It is likely that because of these sorts of experiences, the honorary medical officers of the Dispensary pushed for the creation of a maternity service as part of the Dispensary.

Certainly, by 1870, the medical men seem to have taken the matter in hand and started to oversee the delivery of midwifery services to the women of Richmond:

...the somewhat large number of 254 women so attended in one year is seriously indicative of the poverty prevalent in the district. In carrying out this branch of the dispensary's operations, we gather...that the midwives living in the neighbourhood have been employed under the directions of the medical men. There is not much objection to this plan so long as the midwives are judiciously chosen... (The Argus, 9 January 1871)

In 1900, the matter was finally decided.

Much consideration has been given to the oft-mooted question of assisting the poor women in their confinements. [At a meeting of the Board of Management's subcommittee and representatives of] the Richmond medical practitioners...[it was] unanimously agreed 'that the Women's Hospital provided for midwifery cases far better than any arrangements that could be made by the Dispensary.' (Annual Report 1900)

As a compromise, and to assist those women who had a 'strong objection to leaving home', the Dispensary instigated a 6-month trial of using nurses, supplied by the Melbourne District Nursing Society, to visit women in their own homes. The trial was successful and the practice continued, with nurses being supplied gratuitously to the Dispensary by the Melbourne District Nursing Society.¹⁶

In 1919, a room was made available in the Dispensary for 2 hours, once a week, for nurses from the Melbourne District Nursing Society to attend to maternity cases.

More than just medicine: 1940s–1960s



In the years following the end of the Second World War the Dispensary rose to the challenge of a changing society. It proved to have considerable foresight regarding the benefits of 'preventive medicine' strategies and a holistic approach to its patients. Writing in the 1952 Annual Report, the Dispensary's Medical Officer Jessie B. Simpson notes that 'in these days, just as [earlier], our patients tend to confide to us many of their non-medical worries as well as their medical ones'.

Many of these 'non-medical worries' were due to the chronic shortages that occurred after the War. Up until the 1950s, the Dispensary's Annual Reports document the problems associated with the housing shortage, the difficulties in obtaining hospital beds, particularly for the frail elderly, and the effects of the rising cost of living on those in lower income groups, who accounted for most of the Dispensary's patients.

These things constitute a most distressing problem, difficult to solve...One endeavours to write appealing notes on [behalf of those affected] to the powers that be. (1949 Annual Report)

In addition, by 1952 the Dispensary was seeing an increase in the number of 'New Australians' due to post-War immigration, which created its own



By 1962, some 90 years after it was founded, the range of services offered by the Dispensary had expanded to take in chiropody, social work and infrared and short wave treatment. Patients continued to receive medical treatment and prescriptions.

challenges because of language difficulties. (The staff came to rely on the children of the post-War migrants, who quickly picked up sufficient English to be able to act as interpreters for their parents and relatives.)

During this post-War period, in recognition of the complex needs of the people it served, the Dispensary initiated several programs aimed specifically at its older and youngest patients.

Diet and nutrition

In 1948, in recognising the benefits of 'preventive medicine', the Medical Officer, Winifred Corke, arranged for a series of talks to be given on food and nutrition by a Red Cross dietician. She reports that these talks, in addition to the pamphlets, posters and food charts for the waiting room, and the weekly menus provided were much appreciated. By 1956, with adequate nutrition still an issue, free Akta-vite was being prescribed to pensioners whose diet required vitamin supplementation. This policy continued until the 1960s and was then extended to paediatric patients:

We have endeavoured to keep them healthy as well as happy by giving them the usual supply of vitamins, while pensioners and those in poorer circumstances have received in addition to their medical needs, supplies of Akta-vite, milk and Marmite. This has greatly helped their deficient diets. (Annual Report 1962)

The benefits of this policy were clearly evident and the efforts of the Dispensary throughout these years were supported by donations to the 'welfare fund':

To the former Mayor of Richmond, Cr. F. McFarlane, we say thank you for his donation of £50 to the welfare fund from which our Medical Officer was able to supply cases (mainly pensioners) with such essentials as elastic stockings for varicose vein cases, Akta-vite and condensed milk for malnutrition cases and other things that could not be supplied through the ordinary channels.

Nutritional advice was seen as so valuable that a dedicated Dietetic Service was established in 1974. It is ironic that for so many years the focus of this policy had been on the malnutrition resulting from the chronic shortages and high cost of living after the war, but by the 1970s the focus had shifted to weight control.

Vaccination

In the late 1940s and throughout the 1950s, the post-war development of new vaccines enabled the Dispensary to offer invaluable immunisation programs for children against diphtheria, whooping cough and polio.

Chiropody

In March 1953, as a result of considerable support and lobbying by the then Mayor of Richmond, Augusto E. Coloretti, the pensioner chiropody service was opened. This proved to be an extremely popular service, with a new Chiropody Wing opened in 1963.

Respite care

In the late 1950s, the Dispensary had started arranging ‘holidays’ at convalescent homes ‘for those requiring a rest’ (1958 Annual Report). Patients were sent to either Brocklesby, in Lilydale, or to Cottage by the Sea, in Queenscliff. Brocklesby, built in 1928, had been handed over to a board of trustees in 1932 by its owner, Ann White, with an annual sum of £1000, for its specific use as a ‘rest home for gentlewomen of the Protestant Churches’ (*The Argus*, 3 June 1932, p. 9). In contrast, Cottage by the Sea was built by the Ministering Children’s League in 1895 to provide care and accommodation for children recovering from illness.¹⁷ Although Brocklesby was sold in 1977 and is no longer available as a retreat, Cottage by the Sea continues to provide short-term respite care for children in need.

Social work

The Dispensary realised that ‘mental and spiritual problems constituted a great portion of the illnesses with which [the clinic staff] had to deal with, outweighing the illnesses of the body’. Thus, in September 1961, the Dispensary employed a social worker, Margaret Jupp, with funding from the Myer Charitable Foundation. In her report in June 1962, Jupp notes that, in the nine months she had been at the clinic, she had seen 173 people with problems ranging from family and personal issues to those with financial worries to those needing help understanding their entitlements and/or benefits in times of need. Unfortunately, despite support from various external organisations and welfare groups (including St Ignatius’ Church), the service proved too costly and was withdrawn in November 1962.

Pensioner subsidies

Those running the Dispensary were acutely aware of the ageing of their patient population. To ease the financial burden on their older patients, the Dispensary registered the clinic as a public hospital in 1956, ensuring that all pensioners received free train or tram tickets to travel to the clinic. Furthermore, pensioners received treatment free of charge at the Dispensary (all others were requested to pay a fee that varied according to means).

Fundraising and the Ladies Auxiliary

In the late 1940s–1960s, many changes were made to the physical space of the building. The lighting system was brought up to date in 1959 and a house telephone system was installed; in 1960, central heating and a new hot water service were installed; and, in March 1963, a new wing was opened to accommodate the expanding chiropody service. During this time the Dispensary also purchased new equipment to provide its patients with the latest treatments, and many of these purchases were funded by the Ladies Auxiliary.

The Ladies Auxiliary was formed after a meeting of ‘interested ladies’ at the Dispensary on 12 July 1957, partly in response to the inflationary pressure that continued to affect living standards after the War. The Auxiliary ran various fundraising activities, including a monthly card night, but by far

the most profitable was the ‘Tea Bar’ established in the Dispensary and staffed voluntarily. By the early 1990s, numbers had dwindled to about five. To increase membership, the ‘Ladies Auxiliary’ became ‘the Auxiliary’ and accepted men as members. Despite limited numbers, the Auxiliary continued with fundraising efforts, each year donating monies and/or equipment to the Dispensary. In more recent years, the Auxiliary was largely responsible for fundraising for Sir Eric Pearce House. Unfortunately, the Auxiliary folded upon the retirement of its last President, Dot Softley, in October 2011.



RICHMOND DISPENSARY & OUTPATIENTS' CLINIC (INC.)

283 CHURCH STREET, RICHMOND, 3121

Telephones: 42 2652, 42 3793

CENTENARY PROJECT

FIRST PRESIDENT

His Hon. GEORGE COPPIN, M.L.C.

APPEAL CHAIRMAN:

The Right Hon. Sir Robert Menzies
K.T., C.H., G.C.

PATRON:

His Excellency Major-General
Sir Robert Delacombe, K.C.M.G.,
K.B.E., C.B., D.S.O., K.B.M.S.

Lieutenant-General The Hon.
Sir Edmund Herring, K.C.M.G.,
K.B.E., D.S.O., M.C., L.D., K.B.M.S.

The Hon. Sir Henry Babin,
K.C.M.G., M.L.A.

The Hon. Olyde Holding, M.L.A.

PATRONS:

Lady Clara R. Lowe

ADVISORY PANEL:

Mr. S. A. Alexander

Sir John V. Berry

Mr. Olyde Holding

Sir Lewis Burns, C.B.E.

Mr. John Green

Sir Michael Chamberlain

Mr. E. W. Christopherson

Mrs. Ralph Clarke

Mr. H. G. Clelland

Mr. R. H. Dunn

Mr. John D. Ford

Mr. H. W. George, J.P.

Mr. Leslie W. Goodell

Mr. Maurice Giffney

Canon R. H. Hudson

Dame Edith Lyons, G.B.E.

Sir Norman A. Martin

Mr. Eric Pearce

Dr. H. Boyd Penfold

Mr. A. M. C. Palfrey, L.M.

Dr. Ronald P. Rame

Mrs. G. Raseby

Dr. Kevin P. Rusk

Lady V. Tin

Dear Friend,

In bringing to your notice the work of the Richmond Dispensary & Outpatients' Clinic, I feel sure that you will agree that one hundred years of medical service to families in need is a magnificent achievement.

In the early days, long before the establishment of some of our major public hospitals, the Clinic was instrumental in bringing relief to thousands of sick persons unable to afford medical treatment.

Today the need for charitable relief still exists. Families on low incomes, pensioners, widows, deserted wives and children, and many others are helped in sickness, aware that their burden is being made lighter by the sympathetic attention and skilled treatment received at the Clinic.

Modern times have brought about improved methods of treatment and the Clinic in planning to provide day hospital services is seeking to meet a need for the rehabilitation of the physically handicapped. The present medical services will continue and other facilities as outlined in this folder will be provided.

With your help the Richmond Day Hospital will become a centre having facilities for the treatment of patients second to none in Victoria. This work is your responsibility and mine. I warmly commend this appeal for your support.

Sincerely yours,

Sir Robert Menzies,
Appeal Chairman.

DONATIONS OF £5
AND OVER ARE ALLOWABLE
INCOME TAX DEDUCTIONS

1888 A CENTURY OF COMMUNITY SERVICE 1988

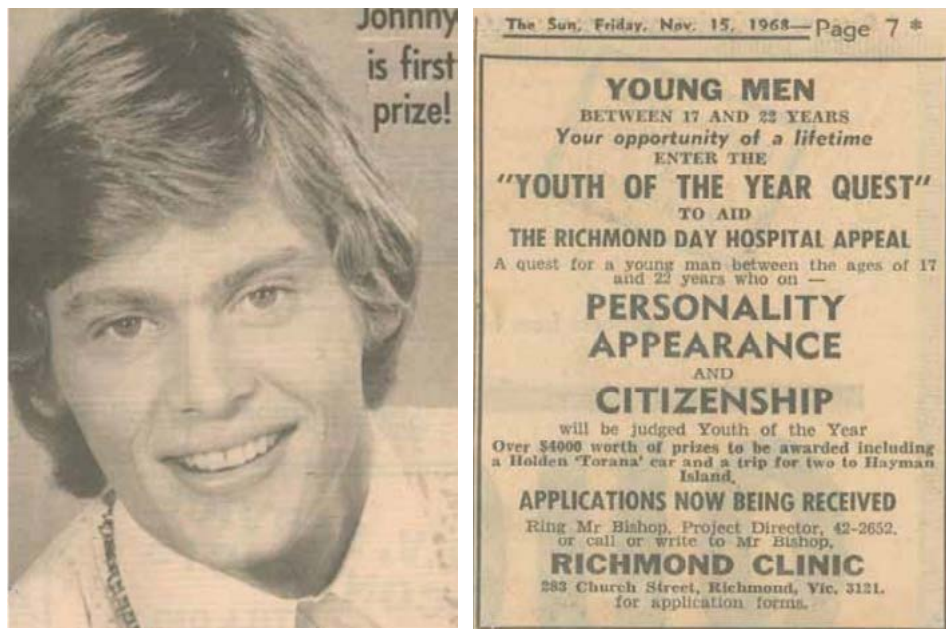


The Centenary Appeal and the new Day Hospital

By 1968, the Dispensary had been serving the people of Richmond for 100 years. In this centenary year, a special appeal was launched to raise \$285,000 to replace the existing Dispensary building with a modern, two-storey day hospital that would expand the Dispensary's services to include rehabilitation and welfare assistance. Specifically, the proposed objectives of the Richmond Day Hospital were:

- to continue providing medical advice, medical treatment and chiropody for those entitled to these services under the Hospital and Charities Act
- to provide intensive rehabilitation programs through physiotherapy, occupational therapy and speech therapy to injured and/or geriatric patients for them to regain or maintain their independence
- to provide a welfare counselling service and charitable relief to those in need
- to liaise with the Royal District Nursing Service to provide home nursing for patients in need.

The President of the Board of Management of the Dispensary, Frank Medwin, recognised the need to get a high-profile patron for the appeal; however, many of those he approached professed to be 'too busy'. With the Member for Yarra, Jim Cairns, acting as an intermediary, Medwin then wrote to the recently retired former Prime Minister, Sir Robert Menzies asking him to become the Appeal Chairman. Happily, Menzies agreed to take on the role and, on 22 March 1968, the appeal was officially launched at the Richmond Town Hall by the Governor of Victoria, Sir Rohan Delacombe, with Sir Robert and Dame Patty Menzies in attendance. Menzies proved to be a staunch supporter of the appeal; in addition to making regular personal contributions, he encouraged others, particularly those in business, to support the appeal and even recorded a message for Monash University's Students' Representative Council (SRC) thanking them for their involvement.



Fundraising efforts for the Richmond Day Hospital Appeal included a chance to win dinner with Johnny Farnham (from the *Richmond Recorder*, 12 February 1971) and a Youth of the Year Quest (advertisement from *The Sun*, 15 November 1968, p.7).

In 1968, Monash University's SRC donated the proceeds of all its 'Farm Week' events to the Richmond Day Hospital Appeal. One of the most publicised events was the 'flagplacing' competition.

There is a prize [a nine gallon keg] for the group or person who puts a Monash flag in the most unique place (e.g. Empire State Building, Tower of London, Kremlin, Bolle's¹⁸ bedroom, etc.). Flags may be obtained from the SRC office at \$1.00.

Flags appeared on top of the radio mast at the Russell Street Police Headquarters, on one of the spires of St Paul's Cathedral, on the roof of the American Consulate in South Yarra and even on the Sydney Harbour Bridge. Newspaper articles recorded the achievements of the flag flyers and their motivation:

'We hope that some citizen will recognise our efforts and donate a three and a half figure sum to the appeal,' of the students said. (The Sun, 17 July 1968, p.3)

In the end, many companies supported the appeal, including A. V. Jennings, Yakka, Kodak, Myer Emporium, Bryant & May, Broken Hill Proprietary Co. Ltd, The Felton Bequest, Mt Lyell Mining, Glaxo Allenbury and Shell. Significant contributors to the appeal and the many fundraising activities associated with the appeal included Suzanne Johnston (of the Suzanne Johnston Training

Organisation), the Lions Club of Richmond and GTV 9, who provided television coverage of various appeal events, such as the attempt by George Perdon in July 1968 to break the world record for the distance run (non-stop) over 24 hours. The Richmond Chamber of Commerce promoted the Miss Australia Day Quest over several years (1968–1971) and, in the spirit of equality, a 'Youth of the Year Quest' was run in 1968 judging young men between the ages of 17 and 22 on personality, appearance and citizenship—with the chance to win, among other things, a Holden 'Torana'. In 1971 young girls could even buy raffle tickets for a chance to win dinner with 'King of Pop' Johnny Farnham!

Despite the support and enthusiasm for the project, the Day Hospital took almost a decade to complete. Costs rose, funds were slow to materialise and there was a battle with the National Trust over the significance of the original Dispensary building. In 1972, after negotiations with St Stephen's Parish Council and with funds from the Hospital and Charities Commission, the Dispensary renovated and equipped Jubilee Hall, part of the St Stephen's church buildings, so that physiotherapy and occupational therapy services could start in September 1972. Later, speech therapy was also available at the Hall. In 1974, the Dispensary received permission to demolish the existing building and work on the new building finally started. Stage I was ready for occupation in 1976, but it wasn't until 19 July 1978 that the new Richmond Community Health Centre building was formally opened by Sir Zelman Cowan.

Metamorphosis: Richmond Community Health Centre

The launch of the Centenary Appeal in 1968 coincided with considerable changes in how health care services were provided in Australia. In the early 1970s, in response to problems concerning the cost of and access to health care, the Federal (Liberal) government had established the Nimmo Commission. Much to the chagrin of the Board of Management of the Dispensary, the recommendations of the Commission were not fully implemented.

...we have found that there are avenues of adjustment needed in the thinking of our Parliamentary leaders so far as sickness and health matters are concerned, as well as other social welfare areas... There are people of all ages... who are living in extreme poverty. Many find that the cost of living prevents them from joining Health Benefit societies and, therefore, the Outpatient Departments and Clinics are being swamped with patients. This should not be allowed. Centres such as ours should be created in suburbs all over our metropolitan area.
(102nd Annual Report)

However, by the time of the 1972 Federal Election, health care policy was definitely on the agenda. In response to a global movement driven largely by efforts of the World Health Organization to improve primary health care in developing nations, the focus of health care provision worldwide had started to shift in the 1970s from a predominantly biomedical one to one that encompassed allied health and health education and promotion. After its election, the Whitlam government took up the challenge and established the Hospitals and Health Services Commission.

The Commission had broad-ranging functions and powers, which included making recommendations on the provision of health services by the then Commonwealth Department of Health, ascertaining health care needs, making grants and promoting and participating in the planning of health services. From the outset, the Commission was guided by the primary health care model as a key element in a system of comprehensive health care. The continuing care of people, and links to and from other elements in the health system, were given very high priority in the development of policies and programs. (R. F. Southby. Health care reform: looking back to go ahead. Med J Aust 2008; 189; 33–34)

One of the initiatives introduced by the Commission was the Community Health Program. As part of this program, many new community health centres were set up around the country with a clear aim of providing a single point of contact for patients who required treatment and referral. The emphasis was on integrating primary health care, health promotion and other compatible services, such as district nursing, Maternal and Child Health etc. These aims reflected the long-held goals of the Dispensary and the practice was, to a large extent, already in place at the Dispensary.

In recognition of the broader changes occurring to the delivery of health care in Australia and taking into consideration the advantages of further Government funding, the Board of Management of the Dispensary opted to become part of the Community Health Program and the 'Richmond Community Health Centre' came into being in 1974. The Centre embraced the initiatives put forward by the Commission and, indeed, records a fruitful visit by the head of the Commission, Dr Sidney Sax, and his committee, which the Board of Management was hopeful would result in increased funding for the Centre.

As part of the expansion of the services it offered, and in the spirit of the recommendations of the Hospitals and Health Services Commission, the Centre forged links with a range of external organisations in the mid-1970s to bolster its work, as outlined below.

- **Social work service**

The Board realised that a Social Work service was desperately needed by the community it served. However, costs had forced this service to close in 1962. By 1973, the Centre had secured the services of a social worker, supplied by the Department of Social Security, for 2 days a week and, by 1974, the Centre had found sufficient funding for the permanent appointment of a social worker. (In later years, the Collier Trust provided funding for the Social Services Department at the Centre; however, it was not until October 1990 that a specific Social Work Service was re-established at the Centre.¹⁹)

- **Psychiatric consulting service and training of student nurses**

Also in 1974, the Centre introduced a psychiatric consulting service in conjunction with the Mental Health Authority and developed links with the Bethesda Hospital for the on-site training of student nurses in the outpatient and rehabilitation settings. The training program for nurses proved to be successful and, in 1976, was extended to include trainee nurses from the Epworth hospital.

- **Visual training, hearing screening and family planning**

Various collaborations were established in 1975 by the Centre that resulted in an expansion of the services provided. In conjunction with the National Guide Dog and Mobility Training Centre, a visual training program was developed for patients who were visually impaired or partially handicapped. In addition, in partnership with the Adult Deaf Society, the Centre started up a screening program for those with hearing problems. Although in 1975 this program was restricted to patients seen at the Centre, the following year the program was extended to the testing of children in local schools and



kindergartens. Also in 1975, the Centre was negotiating with the Family Planning Association to conduct seminars at the Centre; this collaboration resulted in pre-pregnancy counselling becoming available at the Centre.

• Training of medical students

In 1976, the Centre arranged for medical students from the Department of Community Medicine at St Vincent's Hospital and the Department of Social Medicine at The University of Melbourne to attend the clinic for 'education' purposes. By 1978, the links with The University of Melbourne had been formalised and the Faculty of Community Health had arranged for their medical students to undertake part of their training at the Centre.

Thus, by the end of the 1970s, the Dispensary had undergone massive changes: it was housed in new premises, it had a new name (Richmond Community Health Centre) and the range of services it provided had expanded considerably. In 1971, the services provided by the Dispensary included medical consultations, X-rays, casualty treatment (including minor surgery), a prescription service and chiroprody. At the end of the 1970s, in addition to traditional medical consultations, patients had access to physiotherapy, occupational therapy, speech therapy, podiatry/chiroprody, psychiatry, audiology, pre-pregnancy counselling, screening and disease prevention programs for cervical cancer, rubella and coronary heart disease, community health nurses, a dietician and a pharmacy.

The Community Health Program flourished with support not only from the Centre's staff, administrators and Board of Management, but also from Government agencies, academics and professional organisations, such as the Australian and New Zealand Public Health Association, the Australian Hospitals Association and the Australian Community Health Association.

Establishment of the Inner East Community Health Service (IECHS): 1980s–2000s

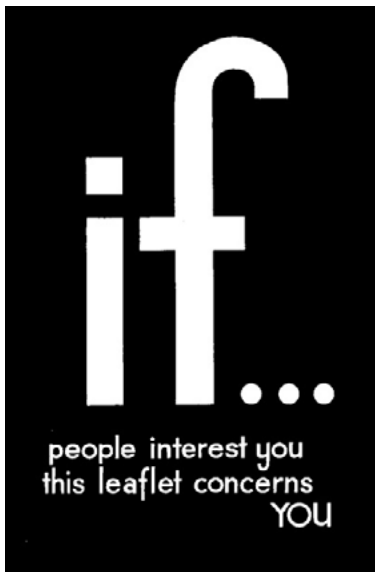
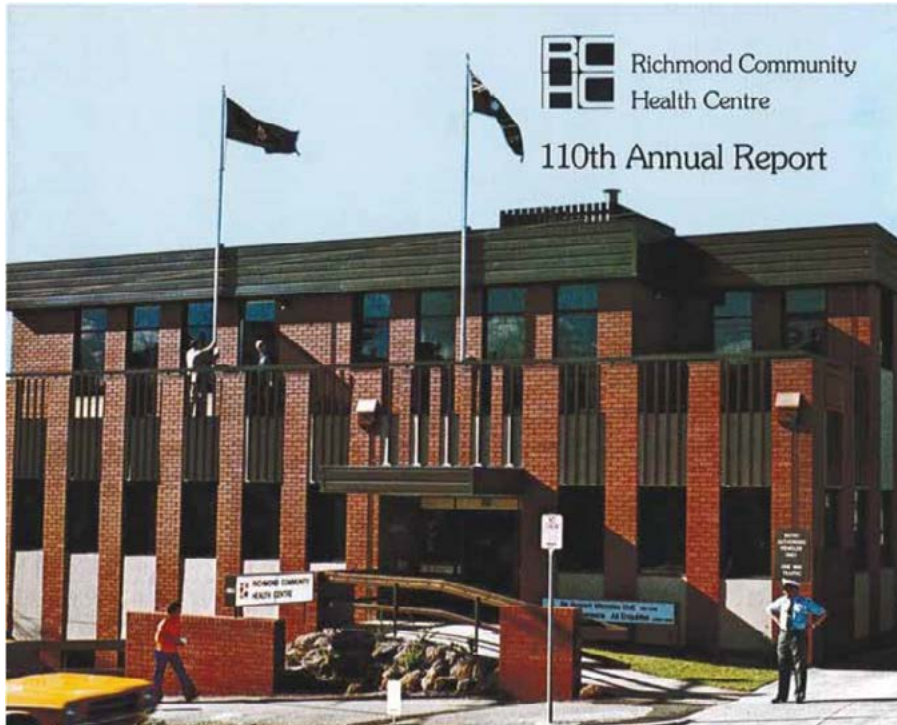
The energy and optimism apparent in the Annual Reports of the 1970s are no longer evident in the reports of the early 1980s. Following the expansion of services and creation of the Day Hospital, it became difficult to fund salaries, administrative costs and infrastructure solely through benevolent donations, and so the Centre's reliance on government funding increased. However, changes in Federal and State government policies regarding health care saw substantial cuts in funding and there was frustration that the needs of the community could no longer be met. Applications were denied: the application for two new community health nurses was denied on the grounds that the Health Commission would not allow any staff increases; similarly, the Richmond–Collingwood–Fitzroy region was denied the services of sufficient Ethnic Health Workers despite the high percentage of non-English-speaking migrants in these areas.²⁰

These refusals by authorities show a complete misunderstanding of the substantial needs of many socially disadvantaged and...do not make the work of our Centre easy to supervise. (113th Annual Report)

In addition to reductions in funding, the 'user-pays' system for health care was introduced in 1981, which meant that only pensioners and health care card holders could receive free medical treatment at the Centre. Everybody else whose income exceeded the level set by the Department of Social Security had to pay. Furthermore, in 1982 the Federal Health Department decided to withdraw the Pharmaceutical Benefit Subsidy previously made to cover the costs of drugs and medications (~\$65000/year), placing even further strain on the limited financial resources available to the Centre.

Despite the financial difficulties besetting the Centre, it continued to consolidate its work and, where possible, introduced new programs, including:

- a social program initiated through the Community Health Nurses for 35 elderly and socially isolated people (1980)
- holiday camps for the elderly (1983)



Top: On the 19th July 1978, the new building was opened by the Governor-General of Australia, Sir Zelman Cowan.

Left: 1960s advertising leaflet.

- regular home visits by medical staff to frail, housebound elderly (1987)
- a Drug/Alcohol Clinic (1983) and a Clinical Psychology service (1989), both in association with the Health Commission of Victoria.

In addition, throughout the 1980s the Centre continued to accept trainee nurses from the Epworth Hospital,²¹ as well as 1st and 4th year medical students from The University of Melbourne, as part of their training.

In February 1984, the Federal Government introduced bulk billing and this went some way to restoring funding to the cash-strapped Centre. A reorganisation of the health system in Victoria in 1986 saw hospitals and community health centres entering into agreements with the State government to provide services and to be funded on a contract basis.

As a result of the upheavals in health policies at both the Federal and State levels, the Board of Management undertook a review of the structure and organisation of the Centre in 1986/1987. Consequently, the decision was made to close the Day Hospital and to transfer many of the functions of the Day Hospital to the newly created Occupational Therapy department.

In 1988, under a new Health Services Act in Victoria, the Richmond Community Health Centre changed from being a 'benevolent society' to a 'registered funded agency' and was incorporated under the Associations Registration Act. This change had several implications for the Centre:

- the Centre could now receive continued funding from the Department of Human Services
- the catchment area for the Centre was expanded to the local government areas of Richmond and Hawthorn²²
- many of the original rules drawn up for the management of the Dispensary became obsolete: rather than being contributors, board members had to be on the electoral roll of either Hawthorn or Richmond and Life Governors could no longer be appointed in recognition of considerable service to the Centre.

The first Health Service Agreement between the Richmond Community Health Centre and Health Department Victoria was signed in October 1990. The goals for the Centre written into the agreement included:

- the continued provision of care and education/screening programs
- the establishment of a full-time Social Work Service
- the establishment of an aged care hostel in Richmond
- increased public awareness in Richmond and Hawthorn of the Centre's services
- extended opening hours of 8:00 am–10:00 pm Monday to Friday
- the development of closer links with various organisations in the area to bring about improved health outcomes.

Overall, the 1990s were a time of considerable and rapid change for the Centre. As noted by Kathy Johnson, President of the Board of Management 1995–2005, during these times of considerable change,

the goal was to manage funding reductions and balance developments in both Richmond and Boroondara to best advantage for both communities while continuing to advocate to governments, stakeholders and communities of the vital role primary health care plays in keeping people well, in their own homes and communities, on their feet and out of hospital.

The Board of Management drew on its extensive knowledge of the sector to set up alternative funding for the Centre and to develop networks to ensure the Centre's survival and continued development. The range of Home and Community Care Program services was extended to include speech therapy and occupational therapy, which were not available in other centres in the area; medical services were extended, as were opening hours (with a Saturday morning clinic introduced in June 1992); and space was made available at the Centre for complementary private providers and other agencies, such as St. Vincent's (Cambridge) rehabilitation service, the Austin Hospital Child and Adolescent Psychiatric Service, Inner Melbourne Post Acute Care, Silver Circle (providers of home support services) and Richmond Employment and Training. In February 1990, the Centre was accredited by the Royal Australian College of General Practitioners as a training facility for the Family Medicine Programme (accepting doctors from the Box Hill Hospital on 3-month training rotations). Staff across the Centre broadened the scope of their activities, becoming involved in health promotion/education activities and starting up new groups, with a particular focus on the young. In 1999, to more accurately reflect the municipal focus of the services provided from the Richmond site, the name of the Centre was changed to Yarra Health Services.

Sir Eric Pearce House

By the 1990s, the demographics of Richmond had changed considerably from those of the 1890s. Despite the area's gentrification, increasingly mobile population and close proximity to the city centre, which had seen house and land prices increase, many of the older Richmond residents remained in the area and their needs were a high priority for the Centre. The scarcity of land, the high costs associated with developing land in the area and new regulations regarding the accommodation provided by aged care facilities meant that many of these services were being moved to the outer suburbs, leaving an obvious need in the inner city communities. In the 1991 Annual Report, the Centre's Community Health Nurse, Noela Fleming, highlighted the need for an aged care facility in Richmond:

I have been working with Russ Hansen [the Centre's Chief Executive Officer] this year on the proposal for a frail aged hostel in the Richmond area. Many attempts have been made over the years to get this off the ground and all have failed. It continues to upset and frustrate me to see old Richmond residents 'placed' so far from their friends and familiar surroundings. Community support for this would be greatly appreciated.

By 1992, it had been decided that the Health Service would establish and operate an aged care facility on the land owned by and adjoining the health care centre on the corner of Abinger and Church Streets. The Victorian Government pledged a \$1.03 million grant towards the cost of



Sir Eric Pearce at the commencement of work on the site for the frail aged hostel named in his honour.



Lindsay Tanner (left) and Sir Eric Pearce (right) at the opening of Sir Eric Pearce House on 21 November 1994.

building, a building appeal was launched and the Centre decided to name the building 'Sir Eric Pearce House' in recognition of the support that Sir Eric Pearce had provided the Centre from the 1970s. Community support for the project was strong. Not surprisingly, GTV 9 also got behind the project, hosting a number of significant fundraising events, such as a fundraising luncheon and gala ball. Building started late January 1994 and was completed over the next 10 months. The 30-bed hostel was opened by the local Federal Member Lindsay Tanner on 21 November 1994.

Geof Collinson [Chairman of the Hostel Committee] stated that he had planned to meet the first residents as they entered the front door with a bunch of flowers, offering them his welcome to Sir Eric Pearce House, but one of these residents was not interested in his welcome; he had already entered the building via the basement and had staked his claim on 1st floor, room 7. (Annual Report 1995)

The opening of Sir Eric Pearce House provided considerable impetus for the Centre to develop additional complementary aged care services while maintaining allied health and medical services at the Richmond Centre. This was made possible by increased funding from the Home and Community Care Program (a joint Australian, State and Territory Government initiative).

Further aged care services were established through the Caring Café, which offered day and in-home carer respite services through the federally funded National Respite for Carers Program. The service was connected by a bridge between Sir Eric Pearce House and the Richmond Clinic, and the two areas had many joint programs.

Changes in residential aged care funding from 2010 made it more difficult to operate Sir Eric Pearce House viably because it was an extremely small facility. Expansion was considered, but ultimately it was considered to be beyond the financial resources of the Health Service to contemplate. In 2014, the Board sold Sir Eric Pearce House to *mecwacare*, a leading not-for-profit aged care provider, and the facility continues today as a residential aged care facility in Richmond.



Construction of Sir Eric Pearce House well under way in 1994.

Caring Café remained with the IECHS, renamed as the Inner East Carer Support Service, and has expanded operations across the Inner East Melbourne region, offering a rich program of activities and care in Richmond and the Inner East more generally. More adventurous activities have including yachting on Albert Park Lake for clients with the view that life for care recipients should be fun! The funding changes with the introduction of MyAgedCare Program in 2016 by the Commonwealth Government adds both uncertainty and opportunity for the program, which is well regarded by carers and care recipients alike.

Boroondara: Hawthorn and Ashburton

The inclusion of Hawthorn and Kew in the catchment for the Richmond Community Health Centre resulted in one of the largest population bases of any Victorian community health service. As early as 1983, the Centre had formed a Hawthorn Community Health Service working committee and submitted various proposals to the Victorian Health Department. However, it wasn't until October 1992 that the Centre acquired a presence in Hawthorn, providing a doctor and nurse to staff the Hawthorn Family Planning Clinic for 5 hours each week. The Clinic was run out of the Maternal and Child Health Centre in Glenferrie Road and, in 1993, the Hawthorn City Council made the premises available to the Centre when the Clinic was not operating to run speech pathology, physiotherapy and social work. However, the services were poorly utilised and the rooms inadequate. Thus, in 1995 the Board of Management leased premises at 614 Glenferrie Road. The new premises not only provided better accommodation, but also increased the visibility of the Hawthorn/Kew Community Health Centre. The Hawthorn/Kew Community Health Centre was formally opened on 3 November 1995 by Phillip Gude MLA, Member for Hawthorn, and offered podiatry, family planning, speech pathology, psychology and social work.

To reflect the increased responsibilities of the Centre, the corporate name of 'Inner East Community Health Service' (IECHS) was proposed in 1995. As noted in the 1995 Annual Report, the challenge for the new entity was to develop appropriate services in the eastern suburbs, to consolidate its position in Richmond and to continue to provide efficient, appropriate and innovative services in conjunction



After extensive refurbishment in 2000, the Old Hawthorn Post Office in Burwood Road, Hawthorn, became the headquarters for the Boroondara Community Health Centre. The café to the side of the building provided a community focus and helped raise awareness of the Centre's community health programs in an area with existing health and community service agencies.



The IECHS does not have a dedicated health centre in Ashburton and currently provides services there in conjunction with the Craig Family Centre.

with other health care providers. Over the ensuing years the IECHS consolidated its services in Hawthorn and, by 1997, was responsible for the entire local government area of Boroondara. Accordingly, the name of the Hawthorn centre was changed to Boroondara Community Health Centre.

By 1999, the Boroondara Community Health Centre had outgrown its leased premises at 614 Glenferrie Road. With assistance from the State Government and Department of Health, the IECHS purchased the old Hawthorn Post Office in Burwood Road, Hawthorn, and set about refurbishing the iconic old building. There were several advantages of the new site, including its high visibility and its proximity to Swinburne University, council services and public transport. Once the refurbishment had been completed, the new Boroondara Community Health Centre was opened by the Victorian Minister for Health, John Thwaites, on 6 August 2000. Staff at the new centre worked closely with other agencies to provide service information and to run education programs. Health promotion activities in particular drew on expertise from Melbourne and Deakin universities. The services provided by the centre were available to those who lived, studied or worked in the catchment area and, although there was a fees policy in place, no one was denied services because they were unable to pay.

The changes brought about by the expansion of the IECHS into the Boroondara area were not without problems. As noted by the IECHS Chief Executive Officer Rod Wilson in the 2000 Annual Report, despite a significant \$2.4 million development of the Boroondara site (including the refurbishment of the old Hawthorn Post Office),

[the] most significant challenge during the previous year has been the retention and expansion of our allied health services in Richmond.

High levels of frustration have been experienced by service users, local residents and the Board at the decline of services in Richmond and, despite numerous submissions, letters and petitions to the State Government, it has become increasingly difficult to sustain adequate service levels at our Richmond site.

An article in the *Melbourne Yarra Leader* (19 June 2000, p. 3) reported that since the opening of the Boroondara Community Health Centre, the Richmond Centre had ‘lost \$800 000 in funding’ and that many services had been relocated to Hawthorn. However, the development of a strong community health centre in Hawthorn has meant that there is more support available for the reinvigoration of services at the Richmond site: in recent years the IECHS has focused on improving access to aged care for inner city residents, including an increase in the number of beds at Sir Eric Pearce House, development of a carers’ respite program at the Caring Café and lobbying for increased funding for community aged care services. Strengthening the medical and associated services provided at the Richmond site remains a priority.

In addition to consolidating the services provided in Hawthorn, the IECHS undertook the development of a community health service in Ashburton, ‘an area with limited access to our services, but with particular health care needs’ (2002 Annual Report). The original premises on High Street, Ashburton, proved inadequate for the GP and speech pathology service. Following intense lobbying from the IECHS in conjunction with the Craig Family Centre,²³ a needs analysis was set up in 2001, funded by the Department of Human Services, to evaluate service requirements in the area. The analysis outcome secured a commitment from the Council (who own the land on which the Craig Family Centre is situated) and the Department of Human Services to extend the Craig Family Centre to accommodate the IECHS. The goal was to integrate the services provided by the IECHS, Craig Family Centre and Council at the one site, with a focus on children’s services. In 2012, the IECHS, at the Craig Family Centre, provides a public dental service (adult and children), physiotherapy, occupational therapy, podiatry and speech therapy to the Ashburton community.

In the Chief Executive Officer’s report of the 2006 Annual Report, Rod Wilson echoes many of the sentiments expressed by the Medical Officers in the late 1940s/early 1950s in needing to move beyond simply treating illness and the benefits of a ‘system that creates wellness’:

What is it to feel really well? To have a healthy community?... These are questions [that] are at the core of the purpose of a community health service... [Issues] that get in the way of many people feeling well are access to the basic necessities of life, [such as] adequate housing, adequate income, adequate education and a meaningful set of relationships [that] give us a sense of belonging and place. This community health service over the preceding year has attempted to address these issues through our increasing and strengthened relationships within our community.

A good example of this is in our work in Ashburton where we have spent a lot of time... developing outreach services onto the public housing estates... We have identified many basic issues on public housing estates [that] stop people achieving improved health but which many of us take for granted, [such as] adequate heating, windows [that] don’t close, leaky sewerage...

Throughout the organisation we have attempted to work in a more [focused] way on the fundamental causes of ill health while continuing to increase our levels of direct care. We have done this through increased focus on the development of our teams of GPs, allied health workers, dentists and counsellors in Richmond, Hawthorn and Ashburton... a failure to focus on the causes of physical and mental illness means higher levels of wellness will not be achieved

Expansion of the Hawthorn precinct

The Hawthorn Clinic

In 2012 IECHS had the opportunity to expand its Hawthorn Clinic with the help of a Commonwealth Grant. The Board agreed on a significant increase in size to include expansions in GPs, allied health and counselling and to create state-of-the-art facilities for the teaching of students. This entailed a degree of risk in borrowing money for the project. The new build was starkly different to the old post office and equipped with solar panels to be almost energy neutral. It was opened by Josh Frydenberg MP, Member for Kooyong, in 2013. The Hawthorn Clinic is now an important site for health innovations, with many collaborative projects being undertaken with universities, including Swinburne University of Technology and Monash University, in the design of spaces and novel activities, such as the Wheelchair clinic, which offers multidisciplinary care for those with a disability.

Hawthorn Community House

Neighbourhood houses and community centres can play a critical role in connecting people in local communities, offering support and providing opportunities for vulnerable groups to participate in meaningful activities that can also build skills.²⁴

For IECHS, community houses were seen as a useful extension of clinical care with a community focus, and many clients were referred to the various community houses in Boroondara. However, in 2013, IECHS took on the management of Hawthorn Community House.

Until 2012, Hawthorn Community House (HCH) had been operating at two sites within Boroondara, one at 32 Henry Street (since 1976) and the other at 39 William Street (since 1985). In February 2012, HCH was closed because of concerns regarding financial losses. However, after community consultation and a call for tenders, Council awarded IECHS the contract to re-establish HCH in September 2012, and IECHS assumed management of HCH in January 2013. The steering



committee created to guide the re-establishment of HCH was replaced in 2014 with a Community Committee to advise on the development and continued operation of HCH.

Initial activities after re-opening of HCH included restructuring the Occasional Childcare Centre (currently located at 39 William Street), raising community awareness of HCH and developing community programs, which started up again in the second half of 2013. In response to community feedback, HCH now offers programs directed towards lifelong learning, community engagement (e.g. adult community choir; gardening and a men's discussion group) and health and well being. School holiday programs and language classes are also offered. HCH has formed links with other organisations to provide services without duplicating existing programs, such as a 'No Falls' program, parenting workshops and drug and alcohol information sessions provided by teams from the IECHS; free legal advice provided by the Eastern Community Legal Centre; and various programs run in partnership with the Community Recreation Outreach Program (CROP). In December 2014, HCH took over the activities of the Hawthorn Community Education Centre (located in Glenferrie Road, Hawthorn). The programs offered at the Glenferrie Road location are geared specifically towards older people who may be experiencing social isolation.

A constant focus of HCH has been on disadvantaged groups within the community, including those with a mental illness and rooming house residents. Disadvantaged groups living in relatively better-off areas are often doubly disadvantaged because of the targeting of disability funding to areas of lower socioeconomic status. As such, HCH provides services for those in the Hawthorn area who otherwise may not be supported, as well as providing access to clinical care (e.g. dentistry and podiatry).

headspace Hawthorn

headspace Hawthorn, collocated with the City of Boroondara Youth Services Hub in the Hawthorn Arts Centre, opened in April 2014 with IECHS as the lead agency, which provides governance, clinical expertise and access to the integrated health services of the organisation.

The origins of the **headspace** organisation were in a unit established in 1988 within Royal Park



Hospital (Melbourne) as part of its public mental health program, with the specific aim of helping young people hospitalised for their first episode of psychosis. By 1992 the focus had shifted to community treatment and encompassed a broader range of conditions. In 2001, with major funding from the Colonial Foundation, The University of Melbourne and Melbourne Health, Orygen Youth Health was formed:

...a larger and more comprehensive clinical structure that addressed the needs of young people who present with a range of emerging mental health and substance use problems. (<http://oyh.org.au/about-us/our-story>)

However, the capacity of the clinical model was limited and a considerable number of young people were being turned away. It became apparent that a primary care platform providing (lower-intensity) services to more people and working in concert with the more specialised clinical model was needed. The importance of youth participation and a youth-friendly setting were also noted.

In 2004, after winning government, the Liberal National Party Coalition earmarked close to \$60 million for youth mental health initiatives. Initially the money had been earmarked for the Better Access to Mental Health policy of the Howard Government but, after a series of roundtable discussions between various stakeholders in mental health, it was decided that the money would instead be used to fund a stand-alone institution for young people that brought together all disciplines in mental health. In 2005, the **headspace** mental health model was developed by a consortium of players from the mental health sector, including Orygen, the Australian Psychological Society, the Australian General Practice Network and the Brain and Mind Research Institute. The aim of this model was to provide better and more accessible services for young people aged 12–25 years. The first **headspace** centre was opened in April 2007, and headspace.org has since expanded to over 30 centres Australia wide.²⁵

The services now provided by **headspace** revolve around four core areas of care: mental health; physical

health; work and study support; and alcohol and other drug services. Accordingly, *headspace* Hawthorn provides access to GPs, sexual health, mental health and general counselling services, as well as support services to resolve problems around alcohol and other drugs, education, training and housing. *headspace* Hawthorn is now an important part of the youth mental health landscape for Inner east Melbourne and the services offered by Access Health and Community, the new name adopted by IECHS.

The future of the Hawthorn precinct

The Access Health and Community Hawthorn Precinct in 2016 has now matured to a cluster of services and activities delivered in five sites around the expanded Hawthorn main clinic. The proximity of the Access Health and Community Hawthorn cluster to Swinburne University of Technology has created the opportunity for wide-ranging partnerships in teaching, research and innovation projects that is probably unique for primary health care in Australia. It is a normal scene to see groups of students engaging staff on innovation projects, prototyping and setting the scene for the health service of the future.

The beginnings of Access Health and Community

In late 2015, IECHS merged with Manningham Community Health Service (MCHS), which was operating in the neighbouring municipality of Manningham. In 2016, IECHS changed its business name to Access Health and Community to reflect the expanded service.

Origins of Manningham Community Health Service

MCHS originated from a submission put to the Victorian State Government in September 1992 for a new Community Health Centre in Nunawading.²⁶ The submission noted several gaps in the services available to residents, possibly because of the perceived ‘affluence’ of the area. Although the area was well serviced by GPs, most did not bulk bill and most charged above the standard fees. In addition, the area was served by one major public hospital (Box Hill) and two smaller private hospitals that provided services to those with private health insurance. Private health insurance was also needed to access services from healthcare providers such as dentists, physiotherapists and other specialists. There was no Community Health Centre in the area and there were limited community and church organisations providing counselling services. These organisations were small and staffed with part-time and volunteer staff.

The Exploratory Committee identified several unmet needs in the community:

- publicly accessible dental care for adults and children
- podiatry services
- psychiatric care and counselling
- youth health (both emotional and physical)
- men’s health
- older people’s health.



It was felt that a large section of the community would benefit from a local Community Health Centre because of the activities traditionally associated with these centres and provided by community health nurses, physiotherapists, occupational therapists and podiatrists. The model proposed by Exploratory Committee viewed health along a ‘wellness continuum’, whereby individuals would be moved beyond episodes of illness through early intervention, illness prevention and health education, with staffing of the Community Health Centre focusing on allied health professionals rather than medical practitioners (GPs).

Although the State Government rejected the initial proposal for a Community Health Centre in Nunawading in December 1992 because of a lack of available funds, by July 1993 the Doncaster–Templestowe and Nunawading Municipal Councils had met to establish the incorporated body of the Doncaster–Nunawading Community Health Service (DNCHS), which was formally incorporated on 29 September 1993 and granted provider status in October 1993. The original premises were located at 25 Mountainview Road, Nunawading. By August 1994, the DNCHS was providing podiatry, physiotherapy and occupational therapy services for house-bound older people and was a Broker Agent for the Commonwealth Dental Scheme (scrapped in 1996) for Healthcare Card holders.

Realignment of the municipal boundaries in 1995 resulted in Doncaster and Nunawading being allocated to two different Local Government Areas (LGAs): Doncaster now being part of the Manningham LGA and most of Nunawading part of the Whitehorse LGA. Consequently, the DNCHS was renamed Manningham CHS (MCHS) in 1996 and moved to premises in Templestowe (Anderson Street) to service the Manningham LGA. In 1997, MCHS moved to premises in Jackson Court, Doncaster East, with a final move in September 2004 to its current premises at 1020 Doncaster Road, Doncaster East.

By 2015, MCHS provided services and programs to those in the Manningham area, including a range of centre-based and home-visit services (podiatry, physiotherapy, diabetes education, nutrition

and dietetics, family and general counselling), as well as social support services (Adult Day Activity Support Service, Community Transport Service, art therapy and a music group). It also operated an early childhood intervention service called Stride, which focused on assisting children with developmental issues from its site in Templestowe.

MCHS also operated the Manningham Men’s Shed. Men’s Sheds organisations are typically located in shed or workshop-type spaces in community settings and provide opportunities for regular hands-on activity by groups deliberately and mainly comprising men. They have recently proliferated across parts of southern Australia with higher proportions of older men. The Manningham Men’s Shed was one of the earliest in Victoria, being founded in 2000, just 1 year after the first shed was established in the Western District.

Biala Box Hill Inc.



Biala Box Hill was started in 1977 by Alma Hexter, a volunteer at the Royal Children’s Hospital. Alma noted that many families and children with disabilities were not attending any local community-based programs and so started a group for these families in a church hall in Box Hill that later moved to premises in Kangerong Road, Box Hill. A Committee of Management was established in 1978, and another three Biala programs, namely Peninsula (1979), Ringwood (1981) and Cranbourne (1987), were soon established. Each of these services is run as an autonomous body that responds to the specific needs of the local community, but Biala’s work is primarily focused on the provision of centre-based early intervention and respite care support for families with a child who has a developmental delay or disability.²⁷

In 1985, Biala Box Hill moved to its present site in Rose Street, Box Hill. In 2016, Biala Box Hill joined the Access Health and Community family of services and, with Stride Early Interventions Service (part of MCHS), provides a comprehensive service across Melbourne’s inner east.

Access Health and Community

There is a view that the future of health care in Australia is to innovate through programs to prevent disease and an expansion of primary health care in the community. This is to reduce the need and costs of hospital care and provide a more holistic approach to health and healthy living. Yet, this is nothing new and, from its beginnings in 1868, the Richmond Dispensary evolved to occupy an important part of primary care in Melbourne's inner east.

There is also a view that Australia's model of health care based on a blend of private practice and public funding produces one of the best health outcomes in the world. However, despite this assertion, access for the financially disadvantaged has always been an issue and was at the core of the mission of the Richmond Dispensary in 1869, as much as it still is for its successor organisation, Access Health and Community, in 2016.

Underlying the journey from the Richmond Dispensary to Access Health and Community is a constant quest for funding and financial viability as the economy waxes and wanes and as government policies change direction. Today, Access Health and Community's clinics continue adopt an integrated care approach, providing holistic advice and treatment, which seems to be the future of primary health care in Australia. Although clinical burdens have changed over time, from respiratory and infectious diseases rampant in the early days to mental health and diseases of the aged now coming to the fore, food access and food security remain major issues for parts of the population, even today in Australia's most affluent areas. Demographic changes in Australia will make aged care services even more important in the future and even though care for the frail and aged has always been central to the organisation, the current range of services has moved a long way from the Akta-vite supplements to prevent malnutrition in the elderly reported in our records of the 1950s and 1960s.

Although the history of the organisation is a history of social involvement, it is also one of pragmatism. The first years of operation were from a public house, presumably delicensed, whereas the current Richmond site for Access Health and Community required the demolition of an old

historic, but inadequate, clinical centre, removing the physical history with a view to preserving the historical mission of service. Even recent acquisitions have required imagination to develop the former Hawthorn Post Office (ca. 1909) into a modern-day Superclinic, albeit with post boxes intact, and a shipping container attached to the Manningham Men's Shed for storage.

The future of Access Health and Community

The future of Access Health and Community is as it has always been: in the hands of the community it serves. The community need for the service remains evident, the dedication of the staff and community support are clear and the uncertainties of funding continue. As in the past, the response will be proactive and will endeavour to meet community expectations.

Notes

- 1 Although the institution was incorporated under the title 'The Richmond Dispensary' on 24 July 1882 (*Victoria Government Gazette*, 28 July 1882, p. 1823; available at [http:// gazette.slv.vic.gov.au/](http://gazette.slv.vic.gov.au/), accessed 9 February 2012), it continued to be referred to as the 'Richmond Free Dispensary'. To some degree, this reflects the Dispensary's provision of services to those people in the District who could not afford to pay for medical care.
- 2 Detailed information on the causes of death in Melbourne and its sub-districts can be found in the *Victoria Government Gazettes*, available at <http://gazette.slv.vic.gov.au/>
- 3 Although the proposal for establishing the Richmond Free Dispensary was presented by Dr Wilson, Graham and Gregory, the idea for such an institution appears to have originated during a conversation between Dr Graham and Mr James Thomas Harcourt (*Richmond Australian*, 7 June 1882, pp.2–3). Harcourt, originally from England, had 'devoted himself to the study of insanity and the management of the insane' (*The Argus*, 20 February 1893, p.6) and had run a private asylum in the UK. Shortly after arriving in Australia in 1856, Harcourt set up an asylum in Pascoevale (sic), which he managed until 1863, when he purchased the Cremorne Gardens from George Coppin and converted them into a private asylum. Harcourt was an active member of the boards of management of various charitable institutions, was a member of parliament and also served on the Richmond Municipal Council. He died in 1893.
- 4 Robert Williams Pohlman (1811–1877), a County Court judge, was active in public charities. He had a long association with the Melbourne Hospital and was an inaugural member of the University Council after the foundation of the University of Melbourne in 1853.
- 5 The first subscriber to the institution was James Henty, MLC, who donated £50 on the evening of the public meeting. The Henty family were the first permanent settlers in Victoria. James Henty lived locally, on Richmond Hill, and his family played a vital role in the early success of the institution. In addition to being President of the Dispensary from 1871 to 1873,

James Henty was the Dispensary's first Patron. Both of Henty's daughters were Honorary Life Governors of the Institution.

- 6 The Australian colloquial term for a drink.
- 7 In 1869 the dispensary was open between 10am and 12 noon. Drs Stewart and Gregory attended on Mondays, Drs Stillman and Wilson on Wednesdays and Dr Graham on Friday. The salaried position of dispenser was filled by J. W. Don. The position of 'Honorary Medical Officer' continued until 1879, when the first paid medical officer, Frederick Barton, MRCSE, LSA, was appointed and attended the Dispensary for two hours daily. By 1895, the Dispensary's hours had again been reduced to 10am and 12 noon on Mondays, Wednesdays and Fridays, with the Dispenser attending at the same hours to make up the prescriptions, financial circumstances no longer permitting daily opening. The opening hours remained constant until 1917, when the Board of Management decided that the Dispensary should open on Tuesdays and Fridays only until the end of the war; because of the demand for doctors at the front, the Dispensary's medical officer, Dr David Rosenberg, was giving his time attending the Melbourne Hospital.
- 8 The ability of the Richmond Dispensary to stay afloat, despite being dependent on public subscriptions, is in stark contrast with the Sydney Dispensary and Infirmary (SDI), which was established in 1826. The purpose of the SDI was to provide aid to the indigent poor for whom the only alternative was attending the convict hospital. The SDI was a private charity also based on a subscriber system, whereby subscribers could nominate one patient for each £1 they subscribed. The enforcement of this rule created some tension because many saw it as a barrier to the sick poor receiving the medical attention they needed and that it was in place for the convenience of the surgeons, to '[limit] demands for their services' (see *The Sydney Dispensary and Infirmary*, 1788–1855 by C. J. Cummins, self-published, 1974). Unlike the Richmond Free Dispensary, The SDI was not able to raise sufficient funds through its subscribers to cover expenses and it fell into debt. Despite funding from the government, which pledged £1 for every £1 from subscribers, the SDI was eventually subsumed as part of the General Hospital in 1848 and was incorporated as the Sydney Hospital in 1881.
- 9 This period of economic depression ('Berry blight') was caused by struggle between the Legislative Council and the ministry of Graham Berry. In December 1877, the Legislative Council refused to pass a Supply Bill; on 9 January 1878 (Black Wednesday), the Berry government sacked over 300 public servants. The ensuing deadlock resulted in reduced confidence in the Victorian economy, a sharp fall in property values and the transfer of considerable capital to NSW. The issue was resolved in March 1878 (see <http://www.answers.com/topic/berry-blight>, accessed 9 August 2011; and [http:// www.emelbourne.net.au/biogs/EM00200b.htm](http://www.emelbourne.net.au/biogs/EM00200b.htm), accessed 9 August 2011).
- 10 John Augustus Bernard Koch (1845–1928) was a German-born architect residing in Richmond. He designed numerous public and private buildings (including Labassa in Caulfield and the Prince Alfred Hotel in Richmond). Koch was a justice of the peace, a Richmond City Councillor (1877–85), Mayor of Richmond (1883) and Life Governor of the Richmond Dispensary. (Forge W. Koch, *John Augustus Bernard* (1845–1928), *Australian Dictionary of Biography*. National Centre of Biography, Australian National University, <http://adb.anu.edu>.)

- au/biography/koch-john-augustus-bernard-6995/ text12159, accessed 9 August 2011.)
- 11 See <http://www.ignatius.org.au/RichmondsHistory.htm>, accessed 16 January 2012.
 - 12 The Charities Board of Victoria was created in 1923 under the Hospitals and Charities Act 1922. The Charities Board was responsible for benevolent societies and institutions that were supported, in whole or in part, by donations and that were concerned with the provision of ‘charitable relief to diseased infirm incurable poor or destitute persons (including children)’ (see http://www.austlii.edu.au/au/legis/vic/hist_act/haca1928230.pdf, accessed 19 August 2011). The Charities Board’s regulation of these benevolent institutions was taken over by the new Hospitals and Charities Commission in 1948.
 - 13 Although the Honorary Dentist was appointed in 1927, it was not until 1942 that a Dental Surgery was officially established at the Institution, when Sir Herbert Olney, MLC, Chairman of the Charities Board, arranged for a dental chair to be gifted to the Dispensary by the Australian College of Dentistry. The Dental Surgery was officially opened by Sir Olney at the Annual Meeting of 1942, followed by ‘an interesting and education address on the care of the teeth by Dr. R. M. Gillies, President of the Dental Board of Victoria’. In the 1940s at least, the Annual Reports record the attendance of the Honorary Dentist at the Dispensary once a week. It is not clear when this practice lapsed: in his handwritten memoirs, William Bell recalls that ‘to the best of my knowledge, no dental treatments were ever carried out and...I arranged for the sale of the chair to a young dental student just commencing his practise. He paid £2 for the chair.’
 - 14 Grehan M. ‘A most difficult and protracted labour case’: Midwives, medical men, and coronial investigations into maternal deaths in nineteenth-century Victoria. *Provenance: The Journal of Public Record Office Victoria*, 2009; <http://www.prov.vic.gov.au/provenance/no8/ProtractedLabourPrint.asp> (accessed 9 August 2011).
 - 15 The details pertaining to the case of Margaret Bardon, including the coronial inquest into her death, have been described by Madonna Grehan (ibid.). In addition, the case was reported in *The Argus* (6 April 1869, p.6).
 - 16 It appears that the nurses supplied by the Melbourne District Nursing Society took over some of the home visits that would have been undertaken in the past by the medical officer. The Annual Report of 1919 notes that the nurses paid 2882 visits to patients in their homes in that year, many of whom were influenza patients in addition to the ‘ordinary patients belonging to the Institution’.
 - 17 See http://www.cottagebythesea.com.au/docs/templates/top_h/i/newsletter_summer_2010.pdf
 - 18 Sir Henry Bolte was the Victorian Premier from 1955 to 1972.
 - 19 In the early 1990s, the Social Work Service at the Centre provided: support for people experiencing problems in daily living as a result of domestic violence, family conflict, sexual assault, grief; crisis intervention; practical assistance and advocacy; housing information and referral; and information regarding the social and welfare resources available to patients.
 - 20 In 1982, the Centre was approached by the Department of Immigration and Ethnic Affairs to install a Welfare Officer at the Centre to serve the different ethnic groups within the community and, at the same time, the Centre was liaising with the Department of Education with regard to providing a venue for English classes for unemployed migrants in the area. However, it wasn’t until January 1997 that English classes were started at the Centre by Adult Multicultural Education Services.
 - 21 In 1980, the closure of Bethesda Hospital was proposed; although financial arrangements were put in place in 1981 to ensure its survival, its School of Nursing was closed down.
 - 22 In the late 1980s/early 1990s, the Victorian Health Department started the process of rationalising community health services. Although funding for the community health centres had mainly been centred in inner metropolitan areas (e.g. there were five community health centres in the Municipality of Yarra), the government was now looking at ensuring equity of access to services across the state. The Board of Management of the Richmond Community Health Centre was given the option of amalgamating with the North Richmond Community Health Centre or taking over service delivery in the Hawthorn catchment area. After much deliberation, it chose the latter option.
 - 23 For many years, the Craig Family Centre in Ashburton has provided child and family services to the community, including migrant families. The Centre also provides day care, a toy library and general family support programs (see <http://www.craigfc.org.au/>, accessed 19 March 2012).
 - 24 See <https://www.boroondara.vic.gov.au/-/media/Files/Your%20Council/Meetings%20and%20Agendas/Council/20140428/Report3%20Hawthorn%20Community%20House.pdf>
 - 25 A more detailed account of the development of headspace is available online (<http://www.headspacestory.org.au>).
 - 26 The original submission for a new CHC in Nunawading was prepared by the Nunawading CHC Exploratory Committee: Bill Coyne (Mayor of Nunawading City 1985–86), Sister Heather Mansell (Maternal and Child Health Sister), Kath Jones (Community Health Nurse and Family Therapist), Reverend Ted Keating (Pastor, Nunawading Churches of Christ), Richard Royle (CEO, Mitcham Private Hospital), Dorothy Smith (Co-ordinator Eley Park Community Centre) and Michelle Roberton (Nunawading resident).
 - 27 More information about Biala Box Hill is available at <http://bialaboxhill.org/index.php>

accordingly. Should there be any candidates in excess of the number required then any six subscribers may demand a poll to be taken within ten days of the day of nomination.

- Rule 7: Each subscriber of five shillings shall be entitled to recommend one patient being a necessitous person as entitled to receive advice on attending at the times appointed at the Dispensary. Subscribers of ten shillings shall be at liberty to recommend two patients on the same terms.
- Rule 8: Each subscriber of twenty shillings or upwards shall be entitled to recommend one patient to be visited at his or her dwelling and three others to be attended at the Dispensary at the usual time.
- Rule 9: That Ladies (being subscribers) forming sick Committees in each ward shall be entitled to recommend patients for home attendance and also at the Dispensary at the usual time.
- Rule 10: Every member of the Municipal Council shall be entitled to ten tickets and shall not be restricted as to whether the case is to be visited at home or shall come to the Dispensary.

A note on sources

With the exception of information within the book for which external sources have been specifically identified, this history draws largely on the Annual Reports and other documents and photographs held by Inner East Community Health Service. More detailed historical information regarding Richmond's early years is available online from the Richmond and Burnley Historical Society (<http://home.vicnet.net.au/~rbhs/>). Other websites used to compile a picture of Melbourne in its early days were Yarra Valley Water (<http://www.yvw.com.au/Home/Waterandsewage/Waterqualityandsupply/HistoryofMelbournesseweragesupply/index.htm>) and Only Melbourne (http://www.onlymelbourne.com.au/melbourne_details.php?id=581).

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A timeline of the Richmond Dispensary



Supporting Access Health and Community

Volunteer

Volunteers at Access Health and Community support us in creating a healthier and more inclusive community. With a dedicated team of over 60 people of all ages, volunteers work across a vast range of community and healthcare services providing more than 7,000 hours of service every year.

Volunteering at AccessHC is a rewarding role. It will allow you to connect with the community, make new friends, expand your network and boost your work and social skills.

We place high value on the support of our volunteers and in turn support them to achieve their personal objectives (e.g. in training or skill development).

Volunteers are supported by a Volunteer Coordinator and their achievements are formally recognised by AccessHC.

We provide many opportunities for volunteers to share their skills and talents, and to enhance and improve experiences for those attending our services.

Volunteer with us

We provide a variety of volunteer roles all of which include full training and support. We also offer further training and development throughout the year. Some of the areas you can volunteer with us include:

Administration > If you have good computer and general office skills come and help our team provide quality services to our community.

Artlinks > We need your artistic or creative skills to help our clients with various projects such as painting, pottery, felting, mosaics, drawing and other various arts and crafts projects.

Connecting Manningham > Are you interested in connecting with the community and enjoy talking to people? If so, this is a great program to volunteer with. Our program provides weekly phone calls to people who may live alone and feel lonely. The calls provide companionship and reassurance, and can help to link them to services when needed.

Aquatic Hydrotherapy > Assist our team of experts during water based exercise programs. Volunteers need to be in the pool for this program. We can provide training for volunteers to become instructors.

Manningham Men's Shed > This program provides the sanctuary of a shed to men of all ages and backgrounds where they can socialise with mates, while making or fixing things. We need volunteers to chat, support and assist clients who attend this program.

Transport > Volunteer drivers are required to support our clients, so they can attend medical appointments or exercise programs. All volunteer drivers require a Victorian driver's licence. We are able to provide expenses for petrol if volunteers use their own car. Volunteers can also drive our fleet of buses and cars.

Exercise groups > Help to prepare rooms and support clients to participate in exercise groups.

Groups we offer include:

- Strong People Stay Young
- Pilates
- Fitness and Friendship (gentle exercises for older people), and
- Staying Active (men's exercise group).

The benefits

Volunteering helps the community, but it will also provide you with lots of opportunities by offering you the chance to develop your skills and give you an insight into a new role.

- Meet likeminded people and make new friends
- Improve your self-esteem and self confidence
- Participate in fulfilling activities, groups and programs
- Make a difference within the community, and
- Volunteering can have a significant, positive impact on your physical and mental wellbeing.

To get involved

For more information or any questions you may have, please call us on 03 9810 3000. You can also email us at info@accesshc.org.au

Access Health and Community 2016

Snapshot and contacts

For more information on all of our services, sites, parking options and transport, call us on 03 9810 3000 or email info@accesshc.org.au

Ashburton

7 Samarinda Avenue
Ashburton VIC 3147
T: (03) 9885 6822
F: (03) 9885 6844

Box Hill

10 Rose Street
Box Hill VIC 3128
T: (03) 9899 0508
F: (03) 9897 3467

Doncaster East

1/1020 Doncaster Road
Doncaster East VIC 3109
T: (03) 8841 3000
F: (03) 8841 3030

Hawthorn

378 Burwood Road
Hawthorn VIC 3122
T: (03) 9818 6703
F: (03) 9818 6714

Richmond Head Office

283 Church Street
Richmond VIC 3121
T: (03) 9429 1811
F: (03) 9425 9551

Lower Templestowe

44 Balmoral Avenue
Lower Templestowe VIC 3107
T: (03) 8841 3000
F: (03) 8841 3030

Hawthorn Community House

32 Henry Street
Hawthorn VIC 3122
T: (03) 9819 2629

headspace Hawthorn

Hawthorn Town Hall
1/360 Burwood Road
Hawthorn VIC 3122
T: (03) 9006 6500
F: (03) 9815 0818

Manningham Men's Shed

41 Wetherby Road
Doncaster East VIC 3109
T: (03) 8841 3000
F: (03) 8841 3030

Opening hours are available online, find us at accesshc.org.au
AccessHC is a child safe organisation, committed to providing services for our diverse community.



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