



Arthritis NZ
Mateponapona
Aotearoa

2024

Arthritis NZ

Mateponapona Aotearoa

Annual Review

Living well with arthritis

More than 750,000 people in Aotearoa face pain and disability caused by arthritis.



Arthritis NZ
Mateponapona
Aotearoa





Strategic Initiative 1:

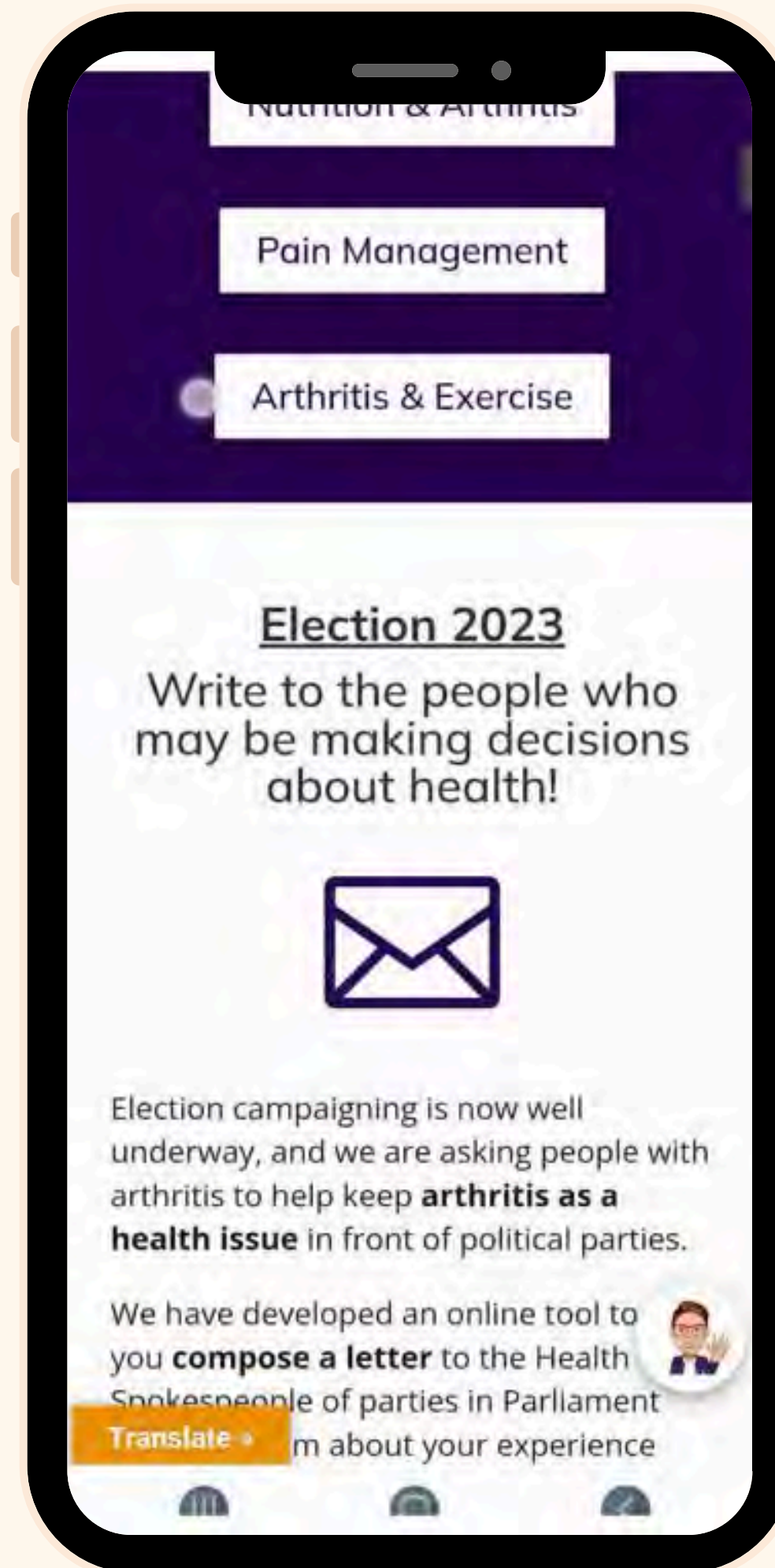
Build on awareness, partnerships and consumer voices

200

consumer
emails sent to
political
spokespeople



Arthritis NZ
Mateponapona
Aotearoa





48.5%

Increase in Arthritis
Assist cases



18%

Growth in
E-News subscribers



26%

Increase in
YouTube
engagement



106,000

WEBSITE VISITS



14,000

FOLLOWERS ON SOCIAL MEDIA





Strategic Initiative 2:

Developing, delivering and measuring services

Arthritis Assist

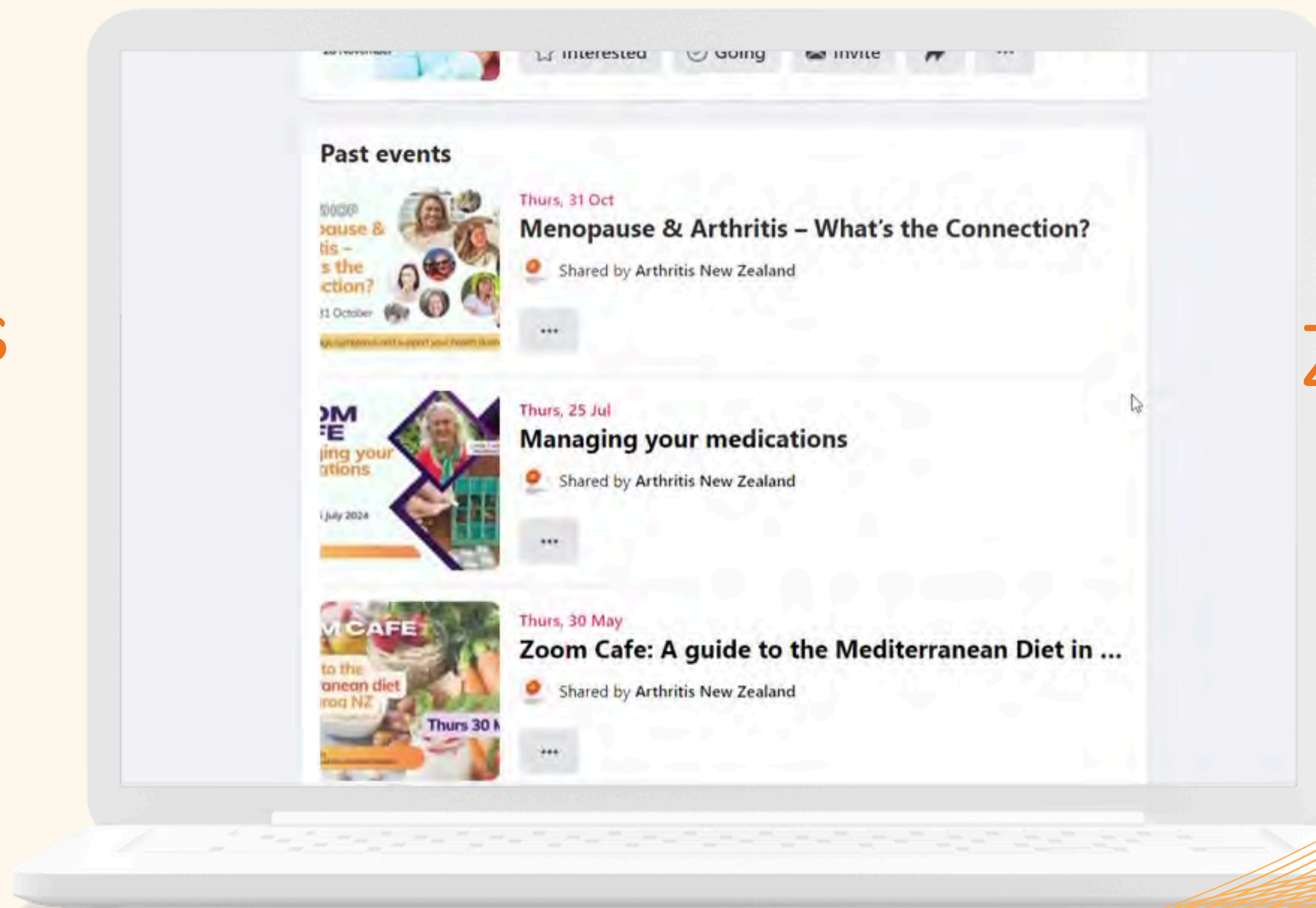


Arthritis Assist



The information you have sent me and the telephone call have all been very helpful. At times I feel very alone with my arthritis and it wonderful to have such a great organisation as yours available.

4
webinars



11
Zoom Cafe's

1,483

QUERIES ANSWERED ONLINE



48.5%

increase in Arthritis Assist cases





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TOP TIPS FOR MANAGING ARTHRITIS IN YOUR HANDS

Arthritis in the hands presents with painful joints, swelling, difficulty with movement, and limited function, like being unable to grip properly. Clinical interventions aim to reduce pain, control swelling, improve range of motion and improve the function of the hand, like gripping.

Precautions

As with all exercise advice for people with arthritis – always work within your comfort level and do not force any movements. No one can tell you how often or how long you should do any exercise. Your arthritis pain and discomfort is unique to you, and you will need to find your balance. Remember, a key thing to help you find your balance is: **too much exercise causes pain, too little exercise cause stiffness.** Trial different exercises for different periods and find your balance.

Remember

- Protect joints whenever possible during loading, with splints or aids
- Rest joints regularly, at night is easiest
- Joints need the full range of motion exercises every day
- Strengthen joint stabiliser muscles by doing the gentle exercises

Think about what load and stress goes through your hands when doing your favourite activities and then find ways to minimise force and load so that you can get on with life.

Hand exercises

Tendon gliding or "tai chi for fingers"

Start with your fingers together and your hand pointing up. Bend the tips of your fingers towards the floor, then carry on and make a fist, then let the tips of your fingers and your hand return into a straight position. Keep the movement smooth and do them with control. This exercise gives the joints a full range of motion exercises about ten times per day. Contractions and relaxation to move the fluids that cause swelling in our joints. Try the exercises on this fact sheet.



Arthritis NZ is a registered charity. Contact us on 0800 666 666 or visit us online at arthritisnz.org.nz or find us on Facebook.



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Arthritis Fact Sheet: Pain Management



RELAXATION - A TOOL TO REDUCE PAIN

Studies show mind-body therapies like relaxation can reduce muscle tension, fatigue and joint tenderness. They can help you sleep better, and improve mood and quality of life.

Long-term pain as a signal to consciously relax

The experience of pain can activate the 'fight-flight-freeze' (sympathetic) response. This is your body's way of protecting you from danger. Your body releases stress chemicals which keep you constantly ready to react. Unfortunately, this tension can increase your experience of pain.

You can change this response by making a conscious decision to relax. Learning how to manage pain by using relaxation techniques helps change your body chemistry. When you do this, you reduce the pain experience and allow your body to go back to the 'rest and digest' (parasympathetic) setting.

How can relaxation work for me?

Building relaxation strategies into everyday life helps move the body towards 'rest and digest.' Over time we recognise how it feels to really relax.

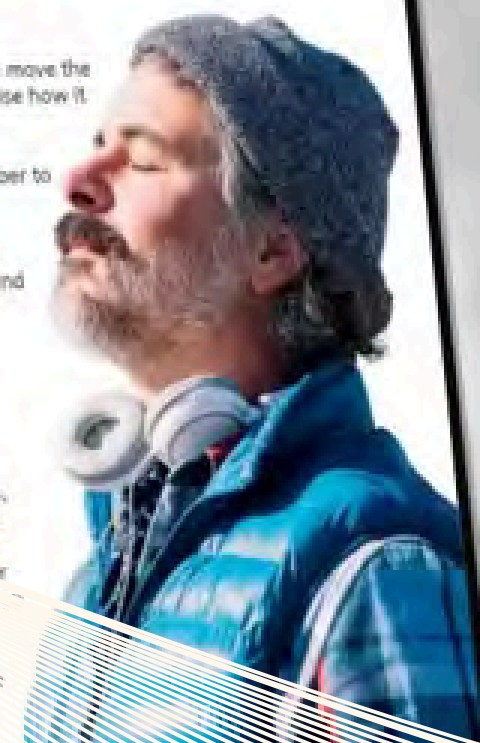
During a flare-up of symptoms, it's easier to remember to use a strategy if it is already a habit.

When we know how it feels to be relaxed, we can actively use relaxation as a tool to calm the body and mind and reduce pain.

Techniques to try:

Breathwork and Mindfulness

Mindfulness is being aware of your thoughts, feelings, and what you are experiencing in the present moment. As you become more aware of these, you become better able to manage them. For example, you become better able to recognise when you are tired & need to rest, or need to get out for some exercise, and it allows space for an experience of peace and quiet away from daily demands.



When arthritis flares up, contact Arthritis NZ on 0800 663 483, or visit arthritis.org.nz or look for us on Social Media



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Arthritis Fact Sheet: Osteoarthritis



OSTEOARTHRITIS FLARE-UPS

Osteoarthritis is the most common form of arthritis. It happens when your joint breaks down faster than your body can repair it. Osteoarthritis is called a degenerative joint disease because it often gets worse over time, and it can't be cured. But there are many things we can do to slow it down and to help with pain and stiffness.

Sometimes symptoms of osteoarthritis can get worse for a short time and then improve. This is called a flare-up. You could notice more pain, stiffness, swelling, being less able to move, trouble sleeping or tiredness due to pain. A flare-up usually lasts for a few days and should be gone within a week or two.

Common causes of flare-ups

More pain does not necessarily mean more joint damage. Sometimes flare-ups happen when bits of cartilage (the smooth part at the ends of the bone) or bone spurs irritate your joint. Bone spurs are small pieces of extra bone which form near the joint because of inflammation and can then break off. It's often not clear why a flare-up happens.

Identifying what may have set the flare-up off can be helpful in reducing future flares:

- cold or wet weather or a drop in barometric pressure
- using a joint more, for example, on the day you had a flare-up for a much longer walk than you're used to

In general, keeping up with your exercise, particularly around the sore joint, is the best way to prevent pain and reduce swelling.



For more information, contact Arthritis NZ on 0800 643 643 or visit arthritis.org.nz or look for us on Social Media



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Arthritis Fact Sheet:

Medicinal Cannabis

How do I get a prescription for medicinal cannabis in NZ?



Any registered doctor in New Zealand can prescribe CBD oil. Doctors are encouraged to only prescribe for a medical condition when conventional treatments are unsuccessful. The Cannabis Clinic has the following tips for those wanting a prescription from their GP:

- Email your GP first.** It will give them the chance to prepare and gather their thoughts. If they are flat out against it, you will find out before spending time and money with an in-person appointment. Try another GP if your usual one isn't open to the discussion.
- If appropriate, book a double appointment.** It is likely that the GP will not have all the information they need to make a prescription. Your GP will need to find out quite a bit of information from you and share it with you to ensure you get the correct prescription. A double appointment will allow time for this in a relaxed environment.
- Bring written information to support your request.** You may be the first person to ask for a medicinal cannabis prescription, so your doctor may not have all the information they need to do this. The Ministry of Health and Bpac have created a prescribing guide which your doctor has access to: [medicinal-cannabis-quick-ref.pdf](https://www.bpac.org.nz/medicinal-cannabis-quick-ref.pdf) ([bpac.org.nz](https://www.bpac.org.nz))
- Understand that all medicinal cannabis products are unapproved medicines for arthritis and pain management.** All cannabidiol (CBD) products are prescription medicines. The health professional must be satisfied that the brand of medicine they prescribe is appropriate for their patient (including having informed consent). The current body of research does not prove that CBD oil is a treatment for these health conditions. Sativex, a cannabis-based product, is approved as an add-on treatment for symptoms of Multiple Sclerosis but not for any other condition. You will need to sign a consent form stating you understand the risks if you are prescribed CBD oil for arthritis and pain.

For more information visit our Healthify website:

PLEASE NOTE: Arthritis New Zealand has not endorsed or recommended the use of medicinal cannabis. We are not a medical professional and do not provide medical advice. We will provide further information on this topic as research evolves.

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Arthritis Fact Sheet: Occupational Therapy



HOW CAN OCCUPATIONAL THERAPY HELP YOU?

Occupational therapy is about enabling people to do the things they need and want to do.

Activities involved with self-care, leisure, and work can become difficult with an arthritis condition. Struggling to do tasks that enable us to remain independent can lead to increased anxiety, stress, and tension leading to increasing pain levels. An occupational therapist will assess your strengths and identify barriers that stop you participating in activities. They will put together a plan which may include equipment and aids, services, strategies, referrals, information, and resources to bridge the gap so you can find new ways of achieving tasks.

The do-it-yourself process



Step One: Analyse The Task

What specific tasks are difficult?

- Is it preparing food, transferring on/off the toilet or chair, showering, dressing, driving, stair climbing, hanging out the washing, or mobilising safely?

What factors are contributing to the problem?

- Environmental - Is the toilet seat or chair too low, do the stairs need a handrail or lift?
- Physical capacity - Is it due to tiredness, muscle weakness, stiffness, or pain?
- Task demands - does it take too long, is it too complicated?

Step Two: Find A Workable Solution

What equipment, strategies, or assistance could you put in place?

- Use equipment such as jar openers, ergonomic gardening tools, a raised toilet seat, a long-handled shoe horn, a walking stick, chair-raisers, or a clothes horse to manage tasks more easily. Equipment can be purchased through the Mobility Centre or Independent Living Charitable Trust.

- The Occupational Therapist can help you find ways to make items around to make them easier to access.
- Pace yourself - break tasks into smaller steps and take short breaks.
- Plan your week ahead - do the most difficult tasks first.
- Become aware of posture and change it regularly to reduce muscle tension & pain.
- Use work-around strategies like shopping heavy bags rather than lifting or get assistance from someone else for tasks.



Visit arthritis.org.nz for more information. Contact us on 0800 000 000 or look for us on social media.



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Arthritis Fact Sheet: Inflammatory Arthritis



INFLAMMATORY ARTHRITIS FLARE-UPS

Inflammatory arthritis (IA) is a group of autoimmune diseases which occur when the immune system attacks healthy tissue, particularly the lining of the joints. This sets up a cycle of inflammation around the joint and may cause damage to nearby connective tissue, such as tendons and ligaments, as well as tiredness and general unwellness. IA can also affect other organs of the body.

IA includes many types of arthritis, such as Rheumatoid Arthritis, Systemic Lupus Erythematosus (SLE), Juvenile Idiopathic Arthritis (JIA), Reactive Arthritis, Sjögren's Syndrome, Psoriatic Arthritis, Ankylosing Spondylitis, Scleroderma, and many others.

While medications can keep your condition under control, from time to time you may experience a flare of joint pain and your other symptoms. An important aspect of self-management of an IA is recognising flares, learning what triggers them and what works for you to reduce their impact on your daily life. Flares are usually temporary; however, if a flare lasts longer than you normally experience or affects your quality of life, discuss this with your medical team.

Recognising a flare

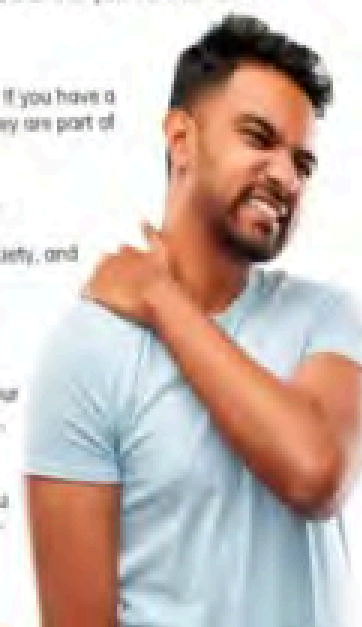
A flare is when symptoms of an IA temporarily worsen. If you have a flare it's not because you've done something wrong, they are part of your IA.

Symptoms to look out for:

- Increase in pain and swelling in one or more joints.
- Increased stiffness, especially in the morning.
- More tiredness, less mobility, trouble sleeping, anxiety, and
- emotional stress.

Predictable flows

Over time, you may notice patterns, or triggers of your IA – a thing or an event such as stress, lack of sleep, injury, other illnesses or infections, demanding physical activity, changes in medications or other changes in your life. A diary can help you identify these things that set off your IA – for blood tests.



Unpredictable.

The first three experts can be reached out to your rheumatology nurse, the Arthritis 421 website or online, or in person for the fourth. For people who have a hard time reaching out, the Arthritis 421 website has a "Find a Support Group" link. For more information, visit www.arthritis421.com.

For more information, contact Patricia Baskin at 800.695.4862 or pat.baskin@hugoboss.com.
Or visit us on social media.



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Arthritis Fact Sheet



SLEEP AND ARTHRITIS

It is very common for people with arthritis to have pain at night and trouble sleeping. Getting to sleep and staying asleep are the main problems. Research shows that pain and sleep have a two-way relationship: pain disturbs sleep, and trouble sleeping makes pain and disability worse during the day. We don't know how this relationship works yet. We do know that pain and trouble sleeping impact our bodies, our behaviour, and our quality of life. They also affect our mood and may also make us feel depressed. Research shows that treatment works best if we focus not just on pain but sleep too, so let's look at tips for getting a better night's sleep.

Setting up your sleep environment

- Make your bedroom a quiet, dark space with comforting touches that invite you to sleep.
- Use your bedroom as a space only for sleep and intimacy so you make that connection in your mind.
- Keep the room a bit cooler and add more bedding for warmth if you need it.
- Check your mattress is comfortable. Does it need turning or replacing? Adding a soft, thick overlay can be helpful. If you buy a mattress, check if there is an at-home trial period so you can swap or return for a full refund. A soft mattress is best for most people, and memory foam is recommended.
- An adjustable electric bed or La-Z-Boy recliner chair may be helpful (check with WINZ to see if you are eligible for funded equipment).
- Keep lights dim and use amber, red, yellow, or orange lighting.
- Try an aromatherapy diffuser and essential oils, such as lavender, to set the mood.
- Have a journal by your bed so you can write down any worries and mentally let them go – telling yourself you will leave them for the morning.

Predictable flares

- Set yourself a sleep routine – going to bed and getting up at about the same time every day.
- Avoid alcohol, caffeine, and other drugs in the evening. Alcohol can make you feel sleepy, but when it wears off a few hours later you wake up.
- Avoid exercise in the evening as this can wake your body up.
- Make activities in the hour and a half before bed relaxing, such as colouring in or listening to gentle music.
- Avoid looking at phone or computer screens before bed as blue light stops your body making your natural sleep hormone melatonin.
- Massage in warming or anti-inflammatory creams such as Deep Heat, Zostix, or Voltaren Emulgel.
- Have a warm shower to relax muscle tension.
- Do gentle stretching before bed.
- Place a wheat-bag in bed for sore joints.

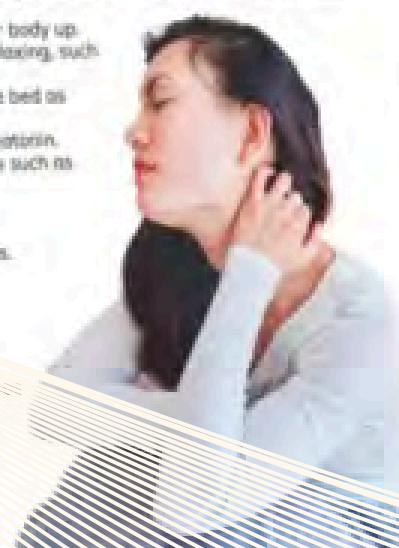
Body support

Getting the right support for your body is important. Think about which joints are causing sleeping difficulty – you may experiment to find the right support.

Neck

A necker hand pillow may help keep your neck aligned if you are a back sleeper. When side sleeping, a wedge pillow under your knees may help. Another option is a wedge pillow under your legs.

For more information, contact Arthritis Assist on 0800 663 663, or look for us on social media.





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Arthritis Fact Sheet: Osteoarthritis



TOP TIPS FOR MANAGING OSTEOARTHRITIS IN YOUR FEET AND ANKLES

Osteoarthritis can affect your ankle joint, also the foot joint directly under your ankle joint (the subtalar joint) and the joints of your toes, especially the big toe joint where it joins your foot (your first metatarsophalangeal joint).

Common problems associated with osteoarthritis in the feet:

- Pain – particularly with bending or weight-bearing activities such as walking or running.
- Stiffness – especially in the morning (lasting for less than 30 minutes) or if you haven't moved in a while.
- Loss of flexibility and movement.
- A cracking or grating feeling.

Your feet support your body weight, so it's not surprising if you experience pain or discomfort in this area.

The risk of developing osteoarthritis in your feet is commonly linked to:

- **Being overweight** – one of the best ways to take pressure off painful ankles and feet is to lose excess body weight.
- **Joint injuries** – a bone fracture or cartilage damage can lead to OA.
- **Your genes** – people with family members who have OA are more likely to develop it.
- **Age and female gender.**

Should I see a doctor?

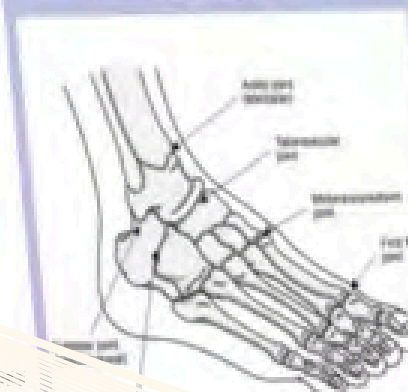
You should talk to your doctor or other health professional if your pain or symptoms bother you. They will ask you about your symptoms and examine you. Often osteoarthritis can be diagnosed without needing further tests. Sometimes an X-ray or blood test is needed if it is not clear what the cause of your symptoms is.

Managing osteoarthritis of the foot and ankle

Exercise and movement – It is essential to keep your joints moving. However, you may need to try different types of exercise if you have painful feet. There are two main types of exercise to try.

Strengthening exercises – can help maintain and increase the range of movement of your joints.

Each foot is made up of 26 bones, 33 joints and more than 100 muscles, tendons and ligaments, which work together to provide support, balance and mobility.



Visit arthritis.org.nz, contact Arthritis Action on 0800 643 442, or find us on Facebook, Twitter, Instagram or look for us on Social Media.



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Living with Arthritis:
When I'm in pain who can I ask?

Primary Care - usually your first point of contact

General Practitioner - (GP or medical doctor). Your GP is usually your main provider of health care and your first point of contact. Your GP can make referrals to specialists as needed.

Community Pharmacist - can help you understand your medicines and how to use them safely and correctly.

Practice Nurse - Can provide information and support coordinating your care with other members of your health team.

Arthritis NZ - Available to support you to understand how the health system works, your arthritis diagnosis and how to live well with arthritis. email - info@arthritis.org.nz or phone - 0800 663 463.

Secondary Care also known as Medical Specialists

Rheumatologist - is a doctor who specialises in diagnosis and medical treatment of joint, muscle and bone disorders. www.rheumatology.org.nz

Rheumatology Nurse - is a link between you and your rheumatologist. You can get advice and ask your rheumatology nurse for help between appointments with your rheumatologist.

Musculoskeletal Specialists - are doctors that assess and treat disorders of the Musculoskeletal system. www.nzamm.org.nz

Orthopaedic Surgeons - specialise in diagnosis and surgical treatment of bone, muscle, and joint disorders. www.nzos.org.nz

Allied Health Professionals - related to specific parts of the body, the workplace or mental wellbeing

Dietitians - are experts in food and nutrition and can provide advice about healthy eating for medical conditions. Your GP can make referrals to dietitians. www.dietitians.org.nz

Podiatrists - specialise in conditions affecting the feet. They can help with information around footwear, nail care and shoe inserts. www.podiatristsboard.org.nz

Physiotherapists - can advise on exercise and movement, use treatments to help you manage your condition, and provide equipment. www.physio.org.nz

Therapists - can help you manage your condition. www.therapy.org.nz

Psychologists - can help with tools to cope. www.psychology.org.nz

For more information, contact Arthritis NZ on 0800 663 463 or visit arthritis.org.nz

[Facebook](#) [Instagram](#) [Twitter](#) [LinkedIn](#) [YouTube](#)



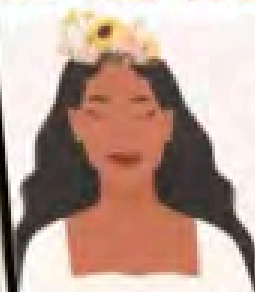
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Mental Wellbeing & Arthritis



A long-term arthritis condition brings with it many challenges. Every part of life can be impacted by pain, tiredness and changes in what we can do physically. Arthritis symptoms may stop us from taking part fully in our work, family life, social connections, loved hobbies, and sports. We can feel fearful and alone. All of this can affect our mental wellbeing, and how we feel about ourselves and our place in the world. Feeling sad, anxious or worried at times are normal reactions to coping with arthritis. Knowing where to go for support is important.

The four sides of wellbeing

Using the symbol of a house/whare, Sir Mason Durie created a model of health called Te Whare Tapa Whā (the four-sided house) identifying four cornerstones of health. It reminds us that health is about more than just physical wellness - all parts of who we are must be included to find balance and wellbeing.

As the foundation for the other four dimensions, the health of the land and the natural environment is strongly connected to your health and wellbeing. You can think about whenua as your place of belonging. Connection to the land and to nature has been shown to improve mental and physical wellbeing.

When coping with a long-term condition like arthritis, we need to take particular care to strengthen each wall to stay protected and encouraged. When physical pain and exhaustion challenges mental wellbeing our whare needs to be able to weather the storm and stay connected to the land/whenua.

TE WHARE TAPA WHĀ



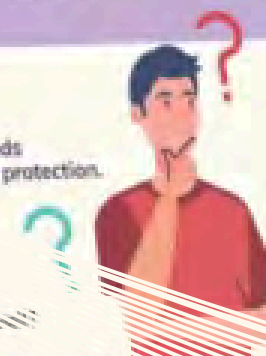
How is your whare?

It's a good idea to check in with yourself regularly to identify what needs strengthening and what doesn't.

Think about the four sides of your whare:

- What keeps each side in place?
- Which one feels strongest?
- Is there one that needs more support?
- What is one thing you could put in place to strengthen it?

Use this tool to identify what needs strengthening, security, and protection.



For more information, contact Arthritis Aotearoa on 0800 000 000 or look for us on social media.



Arthritis Assist

1,130
Clients supported



Arthritis Assist

412
phone calls



Arthritis Assist

277
website queries



Arthritis Assist

848

webinar registrations

*our highest yet for a webinar



Arthritis Assist

89%
say we helped

Arthritis Assist



4.3 out of 5 Star rating

FAMILIES CAMP 2024

FAMILIES CAMP 2024

You have given us community and connection with others who face similar challenges. Such fun for the children who deserve some joy with arthritis isn't much fun." -
Kerry, mum to Seth from Christchurch



TEENS CAMP 2024

There was such a welcoming and encouraging feeling and it was amazing to make new friends who had similar experiences to me.



TEENS CAMP 2024

I came away from camp feeling inspired from hearing others' stories, confident and supported.



TEENS CAMP 2024

I came away from camp feeling inspired from hearing others' stories, confident and supported.

- -Eleanor from Wellington





Strategic Initiative 3:

Equity - moving from talking to action



Te Ra o te Raukura and Pasifika 2024



Screened over **200** people for Gout arthritis



“ Today, I learned more about gout than in the 10-15 years I’ve been dealing with it.



Strategic Initiative 4:

**Research – proactive and translational programmes
including clinical, social and economic research**

Received
15
Research grant
applications



Funded
6
Summer
scholarships





Strategic Initiative 5:

Generate funding

**Thank you to our generous
community of supporters**



Arthritis NZ
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We thank the following trusts and foundations



We thank the following trusts and foundations



Beatrice Georgeson Trust



AOTEAROA
GAMING
TRUST



Air Rescue
and Community
Services

Room-Simmonds
Charitable Trust

Proudly managed by
perpetual guardian

Zelda Roberts
Charitable Trust
Managed by Public Trust

David Ellison.
Charitable Trust
Managed by Public Trust

Jack Jeffs
Charitable Trust

We thank our Principal sponsors and funders



We thank the following for including Arthritis NZ in their legacies



Estate of Frances Muriel Powell

Estate Stanley Kingsford Garlick

Estate Joan Florence Kane

Estate of Susan Mary Branch

Estate of Kathleen O'Malley

Estate of Rosemary Anne O'Connell

Estate of C & J Whitehead Family Trust

Estate of Paul Alexander Crisp

Estate of Kathleen Walker

James Hardymment

Estate of Henry George Sparks

Estate of Dede May Gill

Estate of Carol Lesley Matthewson

Estate of Matthew G Turton

Estate of Henry George Sparks

Estate of Irene H Jones

Estate of V F Vendt

Maisie Hayes & Charlie Warr Memorial
Trust

Edith Lillian Grace Tongue Trust

Estate of J A Wu (aka Timms)

Thomas Dawson

The Albet Trust

Estate of Pamela Iris Whiteley

Estate of Freda Barron

Leonora Knapp Trust

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Estate of ARE Telford

We thank the following for including Arthritis NZ in their legacies



Estate Elizabeth Kennedy

Estate of Mary Josephine Dynan

Estate Phyllis A T Keyte

Estate RF Bowden

Estate of Joan Elizabeth Radcliffe

Estate of Rosemary Anne O'Connell

Estate John & Elsie Walsh Trust

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Estate George B Vincent

Estate Margery May Dwerryhouse

Estate of Paul James Marquet

ESTATE OF M H FLETCHER

Estate of Cornelia Johanna Van der Hulst

Maisie Hayes & Charlie Warr Memorial Trust

Estate Elizabeth M Donaldson

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Rebecca Roberts (Chair)

Appointed trustee 1/7/2018



Ben Sutherland

Appointed trustee 27/11/2020



Richard Edge (Deputy Chair)

Appointed trustee 7/3/2019



Sue McGlashan

Appointed trustee 26/11/2021



Ben Blinkhorne

Appointed trustee 24/11/2018



**Simon Stebbings
(Rheumatologist - NZRA Representative)**

Appointed trustee 1/3/2023



Peg Lockyer

Appointed trustee 29/11/2019



Sasha Kljakovic

Appointed trustee



Jacob Toresen Pollock

Appointed trustee 29/11/2019



Te Huia Bill Hamilton

Appointed trustee



Annual Financial Statements

Arthritis New Zealand (Mateponapona Aotearoa)

For the year ended 30 June 2024

Contents

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1	Statement of Service Performance (SSP)
8	Statement of Comprehensive Revenue and Expense
9	Statement of Changes in Equity
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11	Statement of Cashflows
12	Notes to the Financial Statements



Independent Auditor's Report

To the beneficiaries of Arthritis New Zealand (Matepona Aoteroa) (**Trust**)

Report on the audit of the financial report

Opinion

In our opinion, the accompanying financial report of Arthritis New Zealand (Matepona Aoteroa) (**Trust**) on pages 8 to 18 presents fairly in all material respects:

- the Trust's financial position as at 30 June 2024 and its financial performance and cash flows for the year ended on that date; and
- the service performance for year ended 30 June 2024 in accordance with the Trust service performance criteria.

In accordance with Public Benefit Entity Standards Reduced Disclosure Regime (**PBE Standards RDR**) issued by the New Zealand Accounting Standards Board.

We have audited the accompanying financial report which comprises:

- the statement of financial position as at 30 June 2024;
- the statements of comprehensive revenue and expense, changes in equity and cash flows for the year then ended;
- notes, including a summary of significant accounting policies and other explanatory information; and
- the statement of service performance on pages 1 to 7.



Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (**ISAs (NZ)**) and the audit of the statement of service performance in accordance with the New Zealand Auditing Standard 1 *The Audit of Service Performance Information (NZ AS 1)*. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

We are independent of Arthritis New Zealand (Matepona Aoteroa) in accordance with Professional and Ethical Standard 1 International Code of Ethics for Assurance Practitioners (Including International Independence Standards) (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board and the International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards) (**IESBA Code**), and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code.

Our responsibilities under ISAs (NZ) and NZ AS 1 are further described in the *Auditor's responsibilities for the audit of the financial report* section of our report.

Other than in our capacity as auditor we have no relationship with, or interests in, the Trust.



Use of this independent auditor's report



This independent auditor's report is made solely to the beneficiaries. Our audit work has been undertaken so that we might state to the beneficiaries those matters we are required to state to them in the independent auditor's report and for no other purpose. To the fullest extent permitted by law, none of KPMG, any entities directly or indirectly controlled by KPMG, or any of their respective members or employees, accept or assume any responsibility and deny all liability to anyone other than the beneficiaries for our audit work, this independent auditor's report, or any of the opinions we have formed.

Responsibilities of Trustees for the financial report

The Trustees, on behalf of the Trust, are responsible for:

- the preparation and fair presentation of the financial report in accordance with PBE Standards RDR issued by the New Zealand Accounting Standards Board;
- implementing the necessary internal control to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error;
- the service performance criteria that are suitable in order to prepare service performance information in accordance with generally accepted accounting practice in New Zealand (being PBE Standards RDR); and
- assessing the ability of the Trust to continue as a going concern. This includes disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they either intend to liquidate or to cease operations or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial report

Our objective is:

- to obtain reasonable assurance about whether the financial statements as a whole and the statement of service performance is free from material misstatement, whether due to fraud or error; and
- to issue an independent auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but it is not a guarantee that an audit conducted in accordance with ISAs NZ and NZ AS 1 will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error. They are considered material if, individually or in the aggregate and collectively, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

A further description of our responsibilities for the audit of the financial report is located at the External Reporting Board (XRB) website at:

<https://www.xrb.govt.nz/standards/assurance-standards/auditors-responsibilities/audit-report-14/>

This description forms part of our independent auditor's report.

For and on behalf of:

KPMG

Wellington

25th September 2024

Arthritis New Zealand Mateponapona Aotearoa

Who are we?

We are a national community-based organisation working with people affected by arthritis. We provide education, information, peer support, research, advocacy support and develop partnerships with other agencies working in the health and disability sector.

We work with a range of stakeholders including people affected by arthritis, health professionals, Māori and Pacific providers, researchers, donors and sponsors.

Why do we exist?

Our vision is to improve the lives of people affected by arthritis. This is undertaken by providing;

- Information, a range of resource material, and support services such as Arthritis Assist and both online and face to face support groups
- Education and online self-management programmes such as MyJointPain and MyRA
- Research funding and development of research initiatives
- Advocacy on issues of importance to people with arthritis (such as employment, access to rheumatology services and government policies) and ensuring consumer perspectives are heard at all levels of decision making.

What did we do and how did we perform?

Our strategic plan and reported highlights below shows progress made towards improving the lives of people affected by arthritis.

Strategic Initiative 1

Arthritis New Zealand – Mateponapona Aotearoa is the "go-to organisation" for obtaining accurate and appropriate information, advice and advocacy for all people affected by arthritis.

Why?

So people understand arthritis and its management, and support services provided by Arthritis New Zealand and its partners

Desired Outcome from strategic plan 22	Measure 2022/2023	Measure 2023/2024
<ul style="list-style-type: none"> Increasing online education and stakeholder interaction can be demonstrated Increasing public awareness of Arthritis New Zealand is evident 	<ul style="list-style-type: none"> 90,828 website users 3,725 MyJointPain Users 36,509 video/webinar views 13,029 Social Media Followers (Facebook, Instagram, LinkedIn, Twitter, YouTube) 6,442 Online support group members (Facebook private support groups) 	<ul style="list-style-type: none"> 106,873 website users 3,362 MyJointPain Users 46,031 video/webinar views 13,200 Social Media Followers (Facebook, Instagram, LinkedIn, Twitter, YouTube) 7,874 Online support group members (Facebook private support groups)
<ul style="list-style-type: none"> Arthritis NZ initiates and drives partnerships with key stakeholders 	<p>Osteoarthritis initiatives built and extended relationships with</p> <ul style="list-style-type: none"> AUT and Osteoarthritis Aotearoa <p>Long term conditions built on 2022 with</p> <ul style="list-style-type: none"> Diabetes New Zealand Heart Foundation Mahitahi Hauora and Northland DHB <p>Gout arthritis initiatives continued and built upon relationships with</p> <ul style="list-style-type: none"> Porirua initiative - Pacific Health Plus, Porirua Pharmacies, Taeamanino Trust Final year of funding Whanganui Stop Gout project with Whanganui DHB <p>Inflammatory initiatives continue and build upon 2022 with</p> <ul style="list-style-type: none"> Developing and running 2 camps for children and teens with arthritis in partnership with National Paediatric Rheumatology team - the first camps since the outbreak of Covid in 2020 NZRA development of service plan for rheumatology delivered Te Whatu Ora <p>New Partnership developed</p> <ul style="list-style-type: none"> Healthify (formerly Health Navigator) - collaboration on clinical review of resources printed and online Initial promotion of Arthritis Assist undertaken in Taranaki 	<p>Osteoarthritis initiatives built and extended relationships with</p> <ul style="list-style-type: none"> AUT and Osteoarthritis Aotearoa <p>Long-term conditions built on 2022 with</p> <ul style="list-style-type: none"> Diabetes New Zealand Heart Foundation Mahitahi Hauora and Northland DHB. This work has finished. <p>We continue our relationships to work on gout initiatives with:</p> <ul style="list-style-type: none"> Porirua initiative - Pacific Health Plus, Porirua Pharmacies, Taeamanino Trust. Final year of funding Whanganui Stop Gout project with Whanganui DHB Developing relationships in South Auckland with researchers, and attendance at Pasifika 2024. Community Lead - Pacific has partnered with Pacific churches. <p>Inflammatory initiatives continue to be delivered with</p> <ul style="list-style-type: none"> Developing and running 2 camps for children and teens with arthritis in partnership with National Paediatric Rheumatology team and co-designed by Youth Leaders. NZRA development of service plan for rheumatology delivered Te Whatu Ora. Partnership continues with NZRA. Research Manager presented at NZRA Conference with an NZRA representative on the Board of Trustees. <p>New Partnership continues</p> <ul style="list-style-type: none"> Healthify (formerly Health Navigator) - continue to provide collaboration and clinical review of resources printed and online. Community Lead works in Taranaki region and is a Trustee of Taranaki APEPSI Trust.

<ul style="list-style-type: none"> • An active group of arthritis advocates is in place and provide consumer experience on living with arthritis to decision makers 	<ul style="list-style-type: none"> • Consumer reference groups for osteoarthritis and inflammatory arthritis have been formed and members recruited, and meetings held reviewing online programmes and election questions • Pacific Community Coordinator works with Health Quality and Safety Commission as a Consumer Committee member 	<ul style="list-style-type: none"> • Consumer reference groups attended and presented at NZOA conference. Engaged with consumers in the run up to the Election to lobby MPs (Member of Parliament). • Community Lead - Pacific continues to work with the Health Quality and Safety Commission and was appointed to Compass Pacific Advisory group.
<p>Commentary: Digital communication has been identified as the major means of communication with stakeholders and has been a key organisational focus.</p>		

Strategic Initiative 2

We will work with partners to develop, deliver, and measure the effectiveness of programmes and services that we deliver

Why?

So we can expand our reach and improve the lives of those with arthritis

Desired Outcome	Measure 2022/2023	Measure 2023/2024
<ul style="list-style-type: none"> We are able to demonstrate the value created and delivered by Arthritis NZ and its partners 	<ul style="list-style-type: none"> Arthritis Assist set up and a Coordinator appointed in June 22 822 clients utilised Arthritis Assist in the first year of operation On-line surveys of Arthritis assist clients automated, so all clients received a survey from October 2023. 634 Surveys sent out - 188 returned of these 163 indicated they were either very satisfied or satisfied (4 out of 5-star rating) giving an 87% level of satisfaction of above Evaluation of Porirua Gout Project by Ajay Kumar (underway, in alliance with groups in partnership listed in Strategic Initiative 1) n/a MOH evaluation of Whanganui Gout Programme completed and shared with health professionals. 	<ul style="list-style-type: none"> Arthritis Assist team appointed with 3 part time co-ordinators appointed with a range of skills. Increase in number of clients using Arthritis Assist services in FY24, with 1130 cases. Evaluation surveys sent to Arthritis Assist clients who supply an email address once their case has been resolved. 998 Surveys sent out, 178 completed. 89% found the service helpful, and the average satisfaction rating was 4.3 out of 5. Evaluation of Porirua Gout Project by Ajay Kumar (completed, in alliance with groups in partnership listed in Strategic Initiative 1). Launch of MyRA (My Rheumatoid Arthritis) at NZRA conference. The Whanganui Stop Gout project with Whanganui DHB finished in FY23. There are therefore no comparable metrics for this year.
Funders recognise the value of Arthritis IQ programmes and resources and fund it appropriately	On Hold - revised program	Arthritis IQ programme on hold and discussing a joint venture approach with other Long-term conditions. Proposal submitted to Te Whatu Ora.
Commentary The continued improvements made to the Arthritis Assist team has been a major achievement in the reporting year with results from client surveys showing 89% of clients were satisfied or very satisfied		

Strategic Initiative 3

We will be a catalyst of change in the development of programmes with a focus on equity, specifically Māori communities which will then link across to our Pacific Island communities

Why?

Māori and Pacific are disproportionately affected by gout arthritis due to genetic factors. Development of equity in the treatment and management of this gout is an organizational priority because of this and Māori and Pacific providers are key partners in the development of equity in gout management

The Te Tiriti o Waitangi underpin this work

- Partnership
- Participation
- Protection

Desired Outcome	Measure 2022/2023	Measure 2023/2024
<ul style="list-style-type: none"> • Outcomes show evidence that the principles of Te Tiriti o Waitangi are being implemented. 	<ul style="list-style-type: none"> • Te Kawa program has been developed – staff survey results showed that 84% of staff believed that the inclusion of Te Kawa adds value to our organisation. 	<ul style="list-style-type: none"> • Te Kawa programme continues, with the values being presented by staff. • The development of the Tohu (and integration into our branding) is in progress. • Te Kawa values are included in Staff Recognition form to embed these. • Health Equity and commitment to Te Tiriti o Waitangi are a key component of the Research Grant application process.
<ul style="list-style-type: none"> • All relevant agencies are working collaboratively and creating active partnerships 	<ul style="list-style-type: none"> • Porirua – partnerships with key agencies as outlined above • Discussions with The Fono, re Gout programs in South Auckland in the 2023 - 24 year 	<p>We continue our relationships to work on gout initiatives with:</p> <ul style="list-style-type: none"> • Porirua initiative - Pacific Health Plus, Porirua Pharmacies, Taeamanino Trust • Developing relationships in South Auckland with researchers, and attendance at Pasifika. Community Lead - Pacific has partnered with Pacific churches. • Staff were invited to talanoa with The Fono, Procure and the Regional Commissioner for Pacific Northern. • Community Lead - Pacific attended Pasifika 2024.
<ul style="list-style-type: none"> • Cultural awareness is embedded in the organisation 	<ul style="list-style-type: none"> • Te Kawa program rolled out by Health Equity Manager to all staff and Board members and values identified and used as a guide for future activities. • Staff hui focus on Te Kawa and ongoing staff training 	<ul style="list-style-type: none"> • Te Kawa programme continues, with the values being presented by staff. • Te Tiriti training for the Board took place. • The Board are committed to setting up Te Tiriti Committee. • Karakia at the start of meetings. • Kaumatua attended staff hui and July 2023 Board meeting.
Commentary: The development of Te Kawa as a key organisational initiative with staff as a first step in embedding the values of Te Tiriti and working in partnership with other agencies		

Strategic Initiative 4

We will have a proactive and translational research program which includes clinical, social, and economic research

Why?

So we have the evidence to inform the development and delivery of programs, services, and awareness

Desired Outcome	Measure 2022/2023	Measure 2023/2024
Research is reputable and reliable about arthritis and its impact	<ul style="list-style-type: none"> 21 grant applications received – 6 granted (\$405,706). The grant holders are recognised as leaders within Arthritis sector (based on publications, research conducted and peer recognition) Summer scholarship recipients publish findings. 	<ul style="list-style-type: none"> 15 grant applications received - 6 granted (\$395,854). The grant holders are recognised as leaders within Arthritis sector (based on publications, research conducted and peer recognition). Summer scholarship recipients publish findings in Joint Support.
Research is actively being used to inform the development and delivery of programs, services, and awareness	<ul style="list-style-type: none"> Initiated evaluation of Porirua Gout Education project Publications from Lupus/SLE Postdoctoral Fellowship (titles and where published) ACL injury rehabilitation – partnership with AUT and ACC. Rapid response grant (\$10k) awarded to AUT. 	<ul style="list-style-type: none"> Evaluation of Porirua Gout Project by Ajay Kumar (completed, in alliance with groups in partnership listed in Strategic Initiative 1). South Auckland gout research project. Lupus/SLE Postdoctoral Fellowship continues to publish findings in several journals and conferences. ACL injury rehabilitation research continues in partnership with AUT and ACC.
Commentary Research is a growth area of our work and has facilitated the formation of significant partnerships that will have long lived benefits for people who live with arthritis		

Strategic initiative five

We will generate sustainable income streams

Why?

So, we can ensure the continuity of the organisation and its purpose

Desired Outcome	Measure 2022/2023	Measure 2023/2024
<ul style="list-style-type: none"> Sustainable income streams are in place to enable Arthritis NZ to achieve its kaupapa 	<ul style="list-style-type: none"> Increase in grant income to \$463,779 (72% increase on YE 2022) – see FY2022 and FY2023 financial statements. Board have agreed to increase the upper limit for contracting income from 20% to 35% to take advantage of contracting opportunities under the new health reforms Development and implementation of a Challenge- intended to raise awareness of issues that people with arthritis face. 	<ul style="list-style-type: none"> Grant income for FY24 was \$338,724. This was lower than FY2023 due to the economic climate. Board continues to support seeking alternative income streams including: <ul style="list-style-type: none"> Proposal to Te Whatu Ora as joint venture with other LTCs. Good Boost project. Get Active challenge launched in October 2023.
Commentary Diversification of funding income continues to be a driving factor in funding campaigns and planning		

Statement of Comprehensive Revenue and Expense

Arthritis New Zealand (Mateponapona Aotearoa)
For the year ended 30 June 2024

	NOTES	2024	2023
Operating income			
Contributions from the Community	6	2,102,788	1,131,422
Income from Services and Programmes	7	561,080	593,832
Total Operating income		2,663,868	1,725,254
Operating expenses			
Fundraising Costs	6	729,296	309,072
Expenditure on Services & Programmes	7	460,640	965,647
Administration Expenses	8	955,955	938,595
Governance		15,013	8,950
Research Grants & Expenses		331,400	289,157
Depreciation and Amortisation expenses		73,260	66,672
Total Operating expenses		2,565,564	2,578,093
Operating surplus/(deficit) before finance income		98,305	(852,839)
Net finance income			
Net finance Income	9	558,035	349,977
Total Net finance income		558,035	349,977
Operating surplus/(deficit) after finance income		656,340	(502,862)
Other Comprehensive Revenue and Expenses			
Net change in fair value of investments		(465,003)	248,914
Total Other Comprehensive Revenue and Expenses		(465,003)	248,914
Total Comprehensive Revenue and Expense for the year		191,337	(253,948)

Statement of Changes in Equity

Arthritis New Zealand (Mateponapona Aotearoa)

For the year ended 30 June 2024

	2024	2023
Statement of Movements in Equity		
Research Funds		
Opening Balance	6,973,802	7,092,653
Share of surplus/deficit for the period - Research Funds	106,549	19,332
Transfers between funds	(116,280)	(138,183)
Total Research Funds	6,964,071	6,973,802
Trustees Funds		
Opening Balance	413,149	825,360
Share of Surplus/(Deficit) for the period	456,398	(553,551)
Transfers between funds	194,873	141,340
Total Trustees Funds	1,064,420	413,149
Special Purpose Funds		
Opening Balance	1,486,338	1,458,138
Share of surplus/deficit for the period - Special Purpose Funds	93,393	31,357
Transfers between funds	(78,593)	(3,157)
Total Special Purpose Funds	1,501,138	1,486,338
Investment Revaluation Reserve		
Opening Balance	1,898,505	1,649,592
Unrealised gain/(loss) on revaluation of investments	(356,682)	291,781
Cumulative gain on investments sold transferred to Statement of Comprehensive Revenue and Expense	(108,322)	(42,867)
Total Investment Revaluation Reserve	1,433,502	1,898,505
Total Equity	10,963,131	10,771,795
	2024	2023

Summary of movements in equity

Equity		
Opening balance	10,771,795	11,025,741
Surplus/deficit for the period	656,340	(502,860)
Unrealised gain/(loss) on revaluation of investments	(356,682)	291,781
Cumulative gain on investments sold transferred to Statement of Comprehensive Revenue and Expense	(108,322)	(42,867)
Total Equity	10,963,131	10,771,795

Statement of Financial Position

Arthritis New Zealand (Mateponapona Aotearoa)

As at 30 June 2024

	NOTES	30 JUN 2024	30 JUN 2023
Assets			
Property, Plant, Equipment & Motor Vehicles		344,661	368,949
Intangible Assets		91,431	126,315
Investments	10	10,188,324	10,127,314
Trade & Other Receivables		62,822	68,588
Cash & Cash Equivalents		570,150	341,415
Total Assets		11,257,389	11,032,581
Equity			
Trustees Funds	11	1,064,420	413,149
Research Funds	11	6,964,071	6,973,802
Special Purpose Funds	11	1,501,138	1,486,338
Investment Revaluation Reserve		1,433,502	1,898,505
Total Equity		10,963,131	10,771,795
Liabilities			
Employee Entitlements		170,789	135,996
Trade & Other Payables		123,469	124,791
Total Liabilities		294,258	260,787
Total Equity and Liabilities		11,257,389	11,032,581

Signed by:



Philip Kearney
Chief Executive

Date: 25 September 2024



Rebecca Roberts
Chairperson

Date: 25 September 2024

Statement of Cashflows

Arthritis New Zealand (Mateponapona Aotearoa) For the year ended 30 June 2024

	2024	2023
Cash Analysis		
Cash Flows from Operating Activities		
Cash was provided from:		
Contributions from the community	2,102,788	1,160,422
Sales, Services & Programmes	566,846	566,333
Members Subscriptions	-	-
Total cash provided	2,669,634	1,726,755
Cash was applied to:		
Payments to suppliers	(761,445)	(719,731)
Payments to employees	(1,452,487)	(1,612,476)
Research Expenditure	(244,901)	(197,705)
Total cash applied	(2,458,833)	(2,529,912)
Net Cash Inflow/ (Outflow) from Operating Activities	210,801	(803,157)
Cash Flows from Investing Activities		
Cash was provided from:		
Sale of property, furniture and equipment	-	-
Interest & Dividends Received	449,713	396,838
Sale of Investments	373,093	620,000
Total cash provided	822,806	1,016,838
Cash was applied to:		
Purchase of property, furniture and equipment	(14,088)	(32,137)
Purchase of Investments	(790,784)	(100,553)
Total cash applied	(804,872)	(132,690)
Net Cash Inflow/(Outflow) from Investing Activities	17,934	884,148
Net increase/(decrease) in cash and cash equivalents	228,735	80,991
Cash and cash equivalents at 1 July		
Cash and cash equivalents at 1 July	341,415	260,424
Cash and cash equivalents at 30 June	570,150	341,415

Notes to the Financial Statements

Arthritis New Zealand (Matepona Aotearoa) For the year ended 30 June 2024

1. Reporting Entity

Arthritis New Zealand (Matepona Aotearoa) (the "Trust") is an incorporated charitable trust registered under the Charitable Trusts Act 1957 and the Charities Act 2005 and is domiciled in New Zealand. It operates under the name Arthritis New Zealand.

The principal activity of the Trust is to raise awareness and provide advocacy, information, education and support services for people affected by arthritis.

The financial statements were authorised for issue by the Board of Trustees on 25 September 2024.

2. Basis of Preparation

Statement of compliance and basis of preparation

The financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice ("NZ GAAP"). They comply with Public Benefit Entity International Public Sector Accounting Standards (PBE Standards) Reduced Disclosure Regime, as appropriate for Tier 2 not-for-profit public benefit entities. The Trust is a public benefit not-for-profit entity and is eligible to apply PBE Standards RDR on the basis that it does not have public accountability and is not defined as large.

The going concern basis of preparing the financial statements has been used.

Basis of measurement

The financial statements are presented in New Zealand dollars (\$) and prepared on the historical cost basis except for financial instruments that are classified as available-for-sale which are stated at their fair value.

3. Significant Accounting Policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements. Certain comparative amounts have been reclassified to conform with the current year's presentation.

Taxation

Income tax

The Trust is registered as a Charitable Trust and is exempt from Income Tax

Goods and Services Tax

All amounts are shown exclusive of Goods and Services Tax (GST), except for receivables and payables that are stated inclusive of GST.

Property, plant and equipment

Items of property, plant and equipment, are stated at cost, less accumulated depreciation and impairment losses. Depreciation is charged to the Statement of Comprehensive Revenue and Expense using the straight-line method. Depreciation is set at rates that will write off the cost or fair value of the assets, less their estimated residual values, over their useful lives. The residual value of assets is reassessed annually. The estimated useful lives of major classes of assets and resulting rates of depreciation are as follows:

- Office Furniture & Equipment: 10 - 30% SL
- Motor Vehicles: 33.3% SL
- IT Equipment: 33.3%SL
- Improvements to Leasehold Premises: 10-16.7% SL
- Buildings: 3% SL

Intangible Assets

Intangible assets, including capitalised software development costs, where Arthritis controls the underlying asset, are stated at cost less accumulated amortisation and any accumulated impairment losses. Subsequent expenditure is capitalised only when it increases the future economic benefits embodied in the specific asset to which it relates. Amortisation is calculated to write off the cost of the intangible assets less their estimated residual value using the straight-line method over their estimated useful lives and is generally recognised in surplus or deficit. The estimate useful lives for software intangibles are 5 years. Amortisation methods, useful lives and residual values are reviewed at each reporting date and adjusted if appropriate.

Financial Instruments

Financial instruments consist principally of investments in New Zealand and Australian equities and managed bond funds. These assets are measured at fair value. Dividends and interest are recognised as income in surplus or deficit unless dividends clearly represent a recovery of part of the cost of the investment. Other net gains and losses are recognised in Other Comprehensive Revenue and Expenses and are never reclassified to surplus or deficit.

Cash and cash equivalents

Cash and cash equivalents comprise cash balances, foreign exchange call accounts and short-term deposits with a maturity of 3 months or less from acquisition date.

4. Financial Risk Management

The Trust is subject to market risk (including currency and price risk), credit risk, cash flow interest rate risk and liquidity risk. The Trust does not have any derivatives.

Market risk

The Trust invests cash in bank accounts, fixed interest investments and equities. Investments are constantly monitored by the Trust. There has been no change to the Trust's exposure to market risks or the manner in which it manages and measures the risk.

Foreign currency risk

The Trust is exposed to currency risk on its Australian investments. The Board of Trustees does not consider this to be a significant financial risk for the Trust and accordingly, no sensitivity analysis is provided. The Trust has no other exposure to foreign currency risk.

Price risk

The Trust has moderate exposure to price risk through its investments in New Zealand and Australian equities. The risk is managed by holding a diversified portfolio across a broad range of companies. The Trust has no other exposure to price risk. A 10% change in price will increase/decrease the value of investments held at reporting date by \$566,868 (2023: \$606,461) with a corresponding increase/decrease in the reserves.

Interest rate risk

The Trust has minimal exposure to interest rate risk on financial liabilities as it does not have borrowings which are subject to interest charge. The sensitivity below has been determined based on the exposure to interest rates on the book value of interest bearing financial instruments at the reporting date and the stipulated change taking place at the beginning of the financial year and held constant throughout the reporting period. A 50 basis points increase or decrease in interest rate is used. At reporting date, if the interest rate had been 50 basis points higher or lower and all other variables held constant, the surplus would increase/decrease by \$22,847 (2023: \$24,876).

Credit risk

Credit risk is the risk that the counter party to a transaction with the Trust will fail to discharge its obligations, causing the Trust to incur a financial loss. Financial instruments, which potentially subject the Trust to credit risk, consist principally of bank balances, trade and other receivables, and managed bond funds. The carrying amounts of these terms reflected in the Statement of Financial Position represent the Trust's maximum exposure to credit risk for such loans and receivables. The Trust does not have any guarantees. The Trust continuously monitors its exposure to credit risk.

Liquidity risk

Liquidity risk is the risk that the Trust will have insufficient funds on hand to meet its commitments. The Trust actively monitors its liquid position to ensure that sufficient funds are available to meet its liabilities as they arise. The Trust deems that exposure to liquidity risk is minimal due to minimal long-term liabilities. Short term liquidity risk is managed through maintaining adequate reserves and cash to match financial liabilities. The Trust continuously monitors forecast and actual cash flows and matches the maturity profiles of financial assets and obligations.

	2024	2023
5. Reconciliation of Surplus/(Deficit) to Net Cash Flows from Operating Activities		
Surplus/(Deficit) for the year	656,340	(502,862)
Adjustments		
Depreciation and Amortisation	73,260	66,672
Net finance income	(558,035)	(349,977)
Total Adjustments	(484,775)	(283,305)
Movements in working capital and liabilities		
(Increase)/Decrease in trade and other receivables	5,765	35,400
Increase/(Decrease) in liabilities	33,471	(59,598)
Total Movements in working capital and liabilities	39,236	(24,198)
Net cash inflow/(outflow) from operating activities	210,801	(810,365)
	2024	2023

6. Contributions from the Community

Revenue		
Donations, appeals and fundraising	345,959	320,813
General purpose bequests	1,397,739	331,138
Grants from community trusts	293,724	343,779
Grants from NZ Lottery Grants Board	45,000	90,000
Sponsorship Income	20,366	45,692
Total contributions from the community	2,102,788	1,131,422
Expenses		
Employee benefits	569,306	232,844
Advertising and direct marketing	57,456	45,179
Other fundraising costs	102,534	31,050
Total Expenses	729,296	309,072
Net contributions from the community	1,373,493	822,350

Revenue from non-exchange transactions

Grant funding

Grant revenue includes grants given by other charitable organisations, philanthropic organisations and businesses. Grant revenue is recognised when the conditions attached to the grant have been complied with. Where there are unfulfilled conditions attaching to the grant, the amount relating to the unfulfilled condition is recognised as a liability and released to revenue as the conditions are fulfilled.

Bequests

Revenue from bequests is recognised when the bequest funds are received unless there is an attached condition. Where a bequest is given with specified restrictions, the funds received are placed in an appropriate reserve fund and applied to expenditure that meets the specified restriction.

Cash contributions from the community

Cash contributions from the community in the form of general donations and appeals are recognised in the Statement of Comprehensive Revenue and Expense at the point at which they are receipted into the Trust's bank account.

Contributions from the community to support the Trust in pursuit of its mission are gratefully acknowledged. Gifts of money and property are included in the financial statements. Support is also given through the provision of services at special or discounted rates.

The Trust gratefully acknowledges all bequests from deceased estates.

The Trust also relies on gifts of volunteer time and expertise to complete work in many essential roles such as national governance (Board and committees), regional liaison groups, promotion, fundraising, investments, administration, accounting, awards and grants. No attempt has been made to record the value of these contributions.

Sponsorship income is received as part of cooperative projects completed with other organisations.

	2024	2023
7. Services and Programmes		
Revenue		
National health contract income	447,629	424,461
Other contract income	104,128	124,695
Client service charges	9,322	13,391
Grant Income Teens/Childrens Camps	-	30,000
Other income	-	1,285
Total Revenue	561,080	593,832
Expenses		
Employee benefits	294,820	731,255
Arthritis Information Resources	5,090	11,254
Volunteer coordination and development	-	482
National Conference	2,763	3,130
General awareness and newsletters	22,980	119,045
Service delivery direct costs	108,066	75,708
Service delivery support	26,921	24,774
Total Expenses	460,640	965,647
Total Services and Programmes	100,440	(371,815)

Revenue from services rendered is recognised in the Statement of Comprehensive Revenue and Expense as services are provided.

The Trust is contracted nationally to the Ministry of Health/Te Whatu Ora through the Capital & Coast DHB, West Coast DHB and APEPSI Trust to provide arthritis services.

	2024	2023
8. Administration Expenses		
Audit Fees	40,950	34,210
Employee Benefits	569,539	543,657
Legal Expenses	-	7,677
Property and Office Expenses	187,531	150,863
Information Technology & Communication Expenses	101,831	160,141
Travel & Meeting Expenses	46,531	35,311
General Expenses	9,573	6,737
Total Administration Expenses	955,955	938,595
	2024	2023

9. Net Finance Income

Dividends	224,292	220,206
Interest	225,290	182,535
Profit/(Loss) on Sale of Investments	108,453	(52,764)
Total Net Finance Income	558,035	349,977

Interest income is recognised as it accrues, using the effective interest method. Dividend income is recognized when dividends are received.

	2024	2023
10. Investments		
General and special purpose funds		
Shares	1,101,030	1,352,041
Units in managed bond funds	1,459,704	613,843
Total General and special purpose funds	2,560,734	1,965,885
Research funds		
Shares	4,567,648	4,716,617
Units in managed bond funds	3,059,942	3,444,813
Total Research funds	7,627,590	8,161,430
Total Investments - non current	10,188,324	10,127,314

The Trust holds investments in listed New Zealand and Australian companies and managed bond funds. These investments are held as available-for-sale investments which means that they are recorded at fair value which is the market price at balance date.

Share investments are considered to be Level 1 in the fair value hierarchy, whereby market prices are readily available. The Trust's investments in shares are classified as available-for-sale financial assets. Subsequent to initial recognition, they are

measured at fair value which is based on the listed market information. The fair value of these investments is their quoted bid price at the end of the reporting period.

Managed bond funds are considered to be Level 2 in the fair value hierarchy, as they are not traded in an active market. The Trust's investments in managed bond funds are classified as available-for-sale financial assets. Subsequent to initial recognition, they are measured at fair value. The fair value of financial assets that are not traded in an active market is determined using valuation techniques for which all significant inputs are based on observable market data. The fair value of these investments is based on the latest available redemption prices of the units in each respective underlying fund.

Changes in fair value are recognised within reserves in equity.

11. Equity

Trustees Fund

This fund comprises the accumulated net surpluses of the Trust that have not been restricted by donors or designated by the Board of Trustees for specified purposes. It provides:

- Working capital for the Trust's operations
- A source of income to contribute to financing the work of the Trust
- Assurance of the financial stability to complete major projects

Research Funds

These funds comprise the National and Auckland General Research Funds, the Wellington Osteoporosis Research Fund and the Lupus Bequest Fund and are maintained to ensure a continuing source of financial contribution toward the cost of grants provided by the Trust for quantitative and qualitative research studies in the field of arthritis. The Lupus Bequest Fund is specifically for research studies on Lupus.

The funds receive contributions from specified bequests, donations and income earned on the capital sum invested. Grants from the funds are considered by the Board of Trustees each year following an advertising, review and recommendation process completed by the Research Grants Committee. Expenditure incurred in the administration of research activity is paid from the fund.

Other Special Purpose Funds

- *Irwin Isdale Memorial Fund* - this fund commemorates the work of the late Dr Irwin Isdale in the field of rheumatology by providing support for rheumatology trainees to attend rheumatology conferences in Australia and New Zealand.
- *Whitwell Bequest Fund* - this fund originated in 1983 from a bequest from the estate of the late Mrs. Whitwell and is held to support the Trust's services in the Canterbury/Westland region.
- *Pierce Bequest Fund* - this fund was established from a bequest from the estate of the late Mr. Pierce and is held to support the Trust's services in the Waikato region.
- *Ham Bequest Fund* - this fund has been established from the estate of the late Ms. H.B. Ham and is held to support the Trust's services in the Northland region.
- *Taranaki Education Fund* - this fund was established by the previous Taranaki Division to assist young arthritis sufferers from the Taranaki region with their education. It has been repurposed to include supporting the Trust's services in the Taranaki region.
- *Wellington Education Fund* - this fund was established by the previous Wellington Division to assist young arthritis sufferers from the Wellington region with their education. It has been repurposed to include supporting the Trust's services in the Wellington region.

	2024	2023
Appropriations (to)/from Trustees Funds		
Appropriations to/(from) Special Purpose Funds:		
Share of investment returns for the year	93,393	31,357
Appropriation from Ham Bequest Fund	(53,962)	(12,707)
Appropriation from Whitwell Bequest Fund	(11,969)	20,757
Appropriations from other funds	(12,662)	(11,207)
Net Appropriations to/(from) Special Purpose Funds	14,800	28,200
Appropriations to/(from) Research Funds:		
Appropriations from National Research Fund	(53,628)	(92,122)
Appropriations from Lupus Bequest Fund	(62,652)	(46,061)
Net Appropriations to/(from) Research Funds	(116,280)	(138,183)
Total Appropriations (to)/from Trustees Funds	(101,480)	(109,983)

Appropriations from Special Purpose Funds and Research Funds to Trustees Funds include a contribution to operating overhead expenditure.

	2024	2023
12. Operating Leases		
Non-cancellable property lease rentals are payable as follows:		
Less than one year	66,500	66,500
Later than one year and no later than five years	-	66,500
Later than five years	-	-

13. Related Party Disclosure

Key Management Remuneration

The total remuneration of the senior management group and the number of managers, on a full-time equivalent basis, receiving remuneration on this basis is:

	2024	2023
Related Party Disclosure		
Senior Managers	440,739	705,054
Number of Persons (FTE)	3	5

There were no related party transactions in the 2024 year (2023: A Trustee of the Trust is also a Trustee of the Sutherland Self-Help Trust. During the 2021 financial year, the Trust received a grant of \$30,000 from the Sutherland Self-Help Trust which was carried forward as income in advance at 30 June 2022. This was recognised in revenue in 2023.)

14. Contingencies

There are no material contingent liabilities at the end of the reporting period.

15. Subsequent Events

There have been no significant events after the end of the reporting period that have affected the accuracy of these financial statements.