

VAHS  
annual report  
2012–2013

1973–2013

1973 1979 1984 1988 1992 1993 1996 1998 2000 2004 2007 2008 2010 2012 2013



# *A snapshot* 1973 VAHS 2013

1973 1979 1984 1988 1993 1995 2000 2004 2009 2013





## The First VAHS 1974

The Victorian Aboriginal Health Service (VAHS) first came about from a Women's Group who used to give out blankets to the Koorie community. The VAHS was established in 1974 in a shop front building in Gertrude Street, Fitzroy with help from the Redfern AMS (the first Aboriginal Community Controlled Medical Service that was established in Redfern, Sydney, NSW in 1973).

In the early days, the 'Parkies' (homeless of the park) played a useful and supportive role when

VAHS operated from its first building. They helped to maintain the cleanliness of the building and they informed the VAHS about their needs and aspirations.

VAHS staff back then consisted of one Doctor and 3 Health Workers who worked voluntary for the first six months and the VAHS provided Screening, Eye health – Trachoma Eye Program, Under 5's Program, Dental Service, Outreach (local and to country areas) Social Support, and Hospital visits.



Right  
Kelvin Onus and Mick  
Edwards

Far Right  
Jan Chessels, Alma Thorpe  
and Minister Cavanagh  
inside the first VAHS site in  
Gertrude Street, Fitzroy



1974

1979



VAHS, 136 Gertrude Street and  
above, with Bruce McGuinness  
showing off the VAHS 10th  
Anniversary Plaque

## VAHS in 1979

In 1979 VAHS moved to a larger building following an expansion of services. It moved to an old State Government building at 136 Gertrude Street Fitzroy, some 500 metres from the original site. Some of the additional services provided included a Mental Health program (Dr Jane McKendrick), Client/Patient Transport, Outreach services, A Funeral Service and Fund, and an AIDS/STD program.

# VAHS - A SNAPSHOT OF 40 YEARS

## VAHS in 1992

Once again the VAHS expanded, and funding was sought and approved by State and Federal governments (that is, the State Health Department and the Department of Aboriginal Affairs).

VAHS was able to build a larger building to operate from and in 1992 it moved into the site at 186 Nicholson Street, Fitzroy where it currently stands.

Below: External view of VAHS in Fitzroy, 2013 and Denise McGuinness and a community member inside the 'new' VAHS



1992



The background to the design of the floor is:  
"The Figures of the dancers represent a corroboree or meeting place.

The Circles symbolise various Koorie communities with the boomerang symbolising the Elders of those communities.

The Snakes are the Rainbow Serpents.

The Plants were used for both medical and food purposes with the Animals used as a food source and also showed a close link between Koories and the land.

Bunjil meaning 'creator'.

Note: The floor of the VAHS building in Fitzroy (above) was designed by Lyn Briggs, a former VAHS staff member and current Board member and Lyn Thorpe, a community member.

artwork

workers



Far left  
AHWs Koori Kollij

Left  
Koori Kollij,  
Cambridge Street,  
Collingwood

## Aboriginal Health Workers

One of the community's expressed needs was to build the capacity of the services with community people, and thus Aboriginal Health Worker training was born and the appropriately developed Aboriginal Health Worker positions came into the services' structure. The first Health Worker Education Program was established in 1981 in

Collingwood. The program moved to Northcote then to Cambridge Street, Collingwood and was renamed, Koori Kollij. The Health Workers, coming from communities all over Australia, were trained by a Doctor in primary care, and this was combined with lectures and tutorials on the Politics of Aboriginal Health delivered by Aboriginal leaders.



# VAHS - A SNAP SHOT OF 40 YEARS

## Definition of Health

(as composed and defined by the NAIHO)

In 1974 the National Aboriginal and Islander Health Organisation (NAIHO) was formed. NAIHO comprised of members from all Aboriginal community controlled health organisations in Australia. It was the 'umbrella body' for all Aboriginal health bodies that retained autonomy and developed local health care systems for local Aboriginal and Islander communities. NAIHO was the strongest black organisation in Australia.

In 1979, VAHS had a major influence in the development of the NAIHO definition of health. The definition of health was relevant to Aboriginal people, and one that all Aboriginal communities and organisations could identify with. It was adopted by NAIHO and written as follows:

*"Health does not simply mean the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community. For Aboriginal people, this is seen in terms of the whole of life view, incorporating the cyclical concept of life-death-life and the relationship to the land."*

*Health care services should strive to achieve the state where every individual is able to achieve their potential as human beings and thus bring about the total well-being of their community".*



# definition

# reminder

## A Reminder about Community Control

(an extract from a paper written by Bruce McGuinness)

"Community Control means the **Community's Control of the health care delivery service**, NOT control of the community by the Service or its Office Bearers.

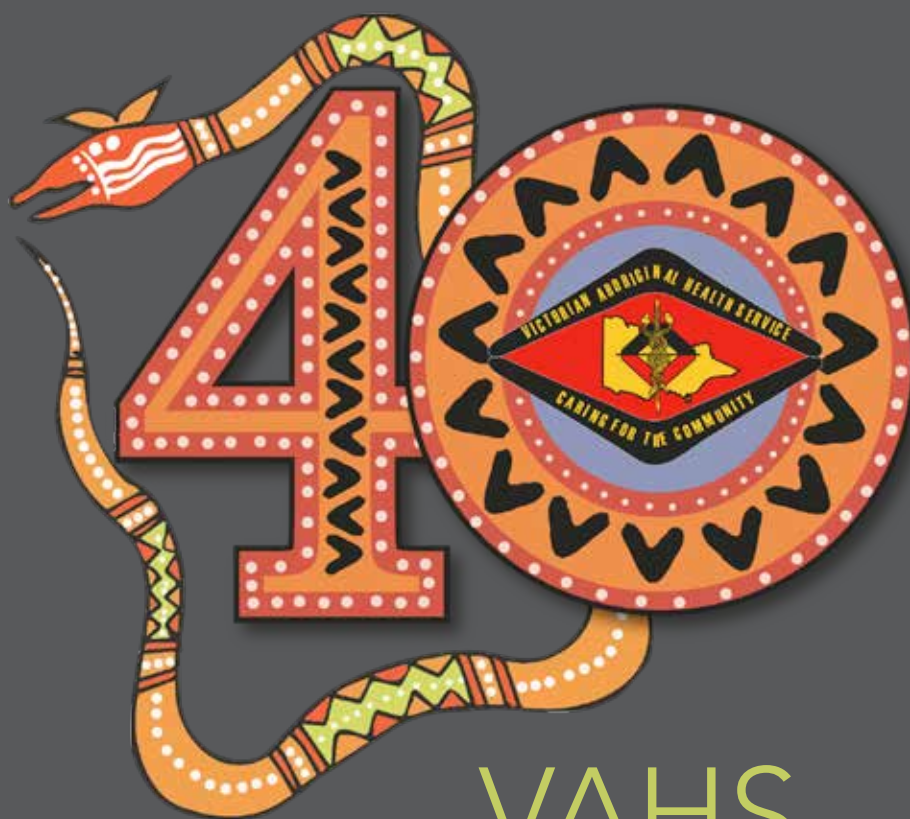
Community control is basic to the philosophy of Aboriginal health care delivery as exemplified by Aboriginal community initiated, community based health services throughout Australia. This philosophy of Community Control of necessity is reflected in the structure and the workings of the national support organisation of Aboriginal health services, which is known as the National Aboriginal and Islander Health Organisation (NAIHO).

Community Control means, "that each independent and autonomous health service is controlled **by the community it serves**, in order to provide that community with health care delivery to meet its health needs, **as defined by the community**. The solution to each community's health needs is in the hands of that community".

To ensure the highest level of community control, there must be participation **by the community as a whole in the decision-making process**.

This process, for practical reasons, varies from urban to rural to traditional communities, but participation remains a key element. Membership of the service should be open to all Aboriginal people in the community, so that they may contribute to the selection/election of the office bearers of a Board/Committee/Council of the health service. The selection/election process should take place at regular intervals as established by the community.

These principles must be reflected in the national organisation".



# VAHS

## annual report

2012–2013

1973–2014

1973 1979 1984 1988 1992 1993 1996 1998 2000 2004 2007 2008 2010 2012 2014

# *contents*

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09

Board of Directors

10

Chairperson's Report

11

VAHS Executive Report

13

Administration Report

17

Medical (Clinical) Program

23

Community Programs Unit

27

Family Counselling Services

38

Women and Children's Program

43

Oral Health Unit

47

Mens Health Unit

51

Close the Health Gap

55

Regional Tackling Tobacco  
and Healthy Lifestyle Program

59

Financial Report

## Victorian Aboriginal Health Service

### ACKNOWLEDGEMENTS

The Victorian Aboriginal Health Service acknowledges that it is located on the Lands of the Traditional Owners, the Wurundjeri people of the Kulin nations, and it pays its respects to its Elders past, and present. VAHS also respectfully acknowledges its past and present Board members, staff, clients and community members who have all contributed and supported VAHS from its early beginnings from in shopfront to the organisation it is today. VAHS especially acknowledge its visionaries; a group of Aboriginal people, along with non-Aboriginal people who were sympathetic to the situation of a growing number of Aboriginal people who needed care and attention.

VAHS is a social organisation whose early agenda was to respond to issues directly pertaining to the health of Aboriginal people, such as for those people needing health care, food, income, and housing, and advocated against racism and for rights.

VAHS is proud to be acknowledged today as an Aboriginal community-controlled health service that was initiated by those mentioned above, and it still is controlled and operated by Aboriginal people to deliver holistic, comprehensive and culturally-appropriate primary health care to the Aboriginal community.

As VAHS looks to the year 2020 its vision is to create and inspire healthy, resilient Aboriginal people and families through quality, effective community health services. It will do this with a flexible approach that is innovative and embraced by the community.





# the VAHS BOARD 2012–2013



Tony McCartney  
Chairperson  
Elected May 2012  
Resigned August 2013



Lyn Briggs  
Deputy Chairperson  
Re-elected December 2012



Ron Briggs  
Treasurer



Kelvin Onus  
Elected May 2012



Paul Stewart  
Elected May 2012  
Resigned February 2013

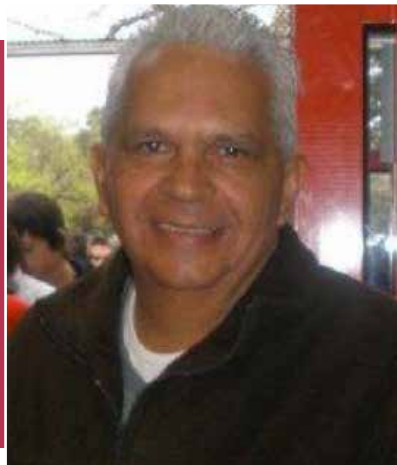


Michael Graham  
Elected December 2012



Karin Williams  
Re-elected 2012

# chairperson's REPORT



Tony McCartney, VAHS Chairperson

In the 2012/2013 year the Victorian Aboriginal Health Service had witnessed increases in staffing and some major planning exercises were undertaken in a year that was significant to VAHS. The Board also saw some changes to its membership with two Directors resigning throughout the year.

As we know and were expecting, VAHS would be celebrating its 40th year of operations; and 40 years of providing essential health care to the community. Planning is continuing and is underway where VAHS will be holding some major events as part of the celebrations.

In 2011/12 The Victorian Aboriginal Health Service purchased a site in Plenty Road Preston to house one of its major programs, the Family Counselling Services program. Other programs would also be housed at the site and the opening of the site would be held in August 2013.

VAHS was also involved in planning with the senior management team and Directors, and as a team it was able to set the directions of the organisation with a view to working towards the various goals that were identified.

During the early part of 2012, and as mentioned earlier the VAHS recruited a new Chief Executive Officer who commenced the planning processes for the celebration of events and initiated some major program

management restructures and recruiting to facilitate some reforms. This would ensure that VAHS was in control of its present, its future and the way it does its business.

However, further planning was interrupted when there was a change in the leadership at VAHS. Fortunately the VAHS 'foundations' had already been set, and the organisation was able to continue as it has always done.

There is no doubt, many experiences are valuable and such experiences test the 'will and resilience' of the organisation. It proves to us, that is the Board, the community, to our stakeholders and funding bodies, and to many others, that we have a highly skilled team working to improve the health of our people.

I wish to thank Board members and all staff for their continued leadership and resilience during these most difficult times. I would like to add that VAHS staff are the most committed and passionate people you could find anywhere in the Aboriginal Community Controlled Industry.

On behalf of the Board and staff, I would like to invite the community to enjoy the coming year of celebrations that marks this important achievement of continuing to deliver services in an Aboriginal Community Controlled environment for over 40 years of Caring for the Community.

# executive REPORT



Incorporating CEO/Deputy CEO Reports  
from Andrew Baker, Christine Ingram and  
Reg Thorpe



Andrew Baker, Christine Ingram and Reg Thorpe

## MAJOR ACHIEVEMENTS

During the latter part of the 2012-2013 year, VAHS continued to operate the continued to develop a 'business as usual' approach following some major staff turnovers. VAHS Managers were asked to perform the duties of the CEO, and to undertake a 'caretaker' role following the departure of the CEO in January 2013, until a new CEO was recruited. This was a valuable experience for those Managers.

In 2012 the VAHS management team attended some planning workshops to look at new programs and funding opportunities and to make plans for the future development of their programs. Some programs were rejuvenated like the Healthy Lifestyles Unit and the 40th Anniversary celebration planning. An increase in the VAHS Administration Unit resources was needed to address continuous quality improvement practices. Behind-the-scenes business processes and practices were reviewed with findings and recommendations now starting to take shape.

The greatest achievement for VAHS in the year was it reaching its 40th year of operating. A 40th Anniversary Officer was employed to commence the planning and organisation of activities and to organise some major events to be held during 2013 and 2014. The first of the events would be held at the new site of VAHS in Plenty Road, Preston in August 2013 that would also include the official Opening of the Plenty Road site.

During the year, it was great to see the commitment from all VAHS Managers and staff alike, who adopted a "business as usual" attitude whilst VAHS was going through a transition period.

The Executive Team thanks the former CEOs, who initiated some of the major projects underway, the Board for its support and advice, and the Managers and staff for their commitment throughout the year.





# administration REPORT



## CEOs for 2012 to 2013

Glenda Thorpe  
June 2012 – January 2013.

Andrew Baker  
January 2013 – July 2013)

## Deputy CEOs

Reg Thorpe  
January 2013 – May 2013

Christine Ingram  
May 2013 – July 2013



Andrew Baker, Christine Ingram and Reg Thorpe

## PROFILE

The Victorian Aboriginal Health Service employs staff to assist in the operations of the whole of VAHS that includes Human Resources, Recruitment and Employment, Staff Development and Training, Policy Development and Implementation, Information and Communication, Finance and Budgets, Research, Administration and Administrative support for Program Units, Information Technology, Corporate Services support re. purchasing, ordering of goods and services, property maintenance and

upkeep. Staff are employed in the various positions to assist in the delivery of the services to operate the above programs.

Senior administration staff and the management teams also maintain close links with, and are members of Committees of external mainstream agencies. They work closely with local, Regional, State and Federal government bodies, and maintain close contact with member Aboriginal health bodies at the local, regional, state and national levels.



Administration Staff at Fitzroy

## STAFF

Executive Assistant	Sandra Webber
Reception	Nikki Penrith, Janinna Chessels, Jnnaallii Penrith
Corporate Services/Finance Manager	Gerrit Pruis
Human Resources	Lesley Day
Senior Policy/Major Projects Office	Reg Thorpe
Education and Training	Jan Muller
40th Anniversary Co-ordinator	Rachael Stewart (May 2012)
Maintenance/Handyman	Jayden Lovett
Business Development and Governance Manager	Michelle Chiller
Medicare Enhancement Officer	Worrin Williams
Communicare	Dawn McGuinness
IT and IT Support	Paul Dunne, Fred Wilson
Research Officer	Joanne Luke
Research Assistant	Jade Young
Finance Manager	Sailaja Moturi
Payroll Officer	Narelle Carter
Accounts	Jhansi Vasireddy, Amedee Griffiths, Sherine Eldho
Security Officers	Alan Hedges, Tanya Saunders, Mario Bonetto

## MANAGEMENT RESTRUCTURE

In June/July 2012, VAHS was working towards an organizational management re-structure that would address the gaps in corporate services and management support.

In summary, VAHS and the management group sought to:

- Address the inadequate staffing levels and capacity within VAHS corporate services, especially in the areas of Human Resources;
- Ensure that the VAHS Corporate Services had the capacity to extend support to all offices and programs; and
- that the Corporate administrative staff positions should be aligned into logical units/teams.

Ensure that a new structure would avoid the tendency of VAHS health programs becoming "silos".

In recent years, the VAHS management structure has come under great pressure and scrutiny due to unprecedented funding growth and a rapid escalation of VAHS employees. For example, the expansion of services has placed unrealistic strain for additional office space, as well as, a call for the provision of greater support for staff.

It is found that Managers are increasingly spending less time with coaching and supervising staff, due to increased administrative workloads.

In late 2012/early 2013, the VAHS Administration developed new positions and recruited Aboriginal persons to these positions. During the year VAHS also filled a number of positions including the 40th Anniversary Co-ordinator position to start planning for events during its 40th year of celebrations (commencing August 2013).





Events planned included the first of the 40th Anniversary events to be held in conjunction with the Opening of the Plenty Road site of VAHS, A Family Day in the Park, and a Gala Diner in early 2014.

VAHS also filled the vacant positions in the Administration program including a new Cleaner, Maintenance/Handyman Worker, and a Security Officer.

### CONTINUOUS QUALITY UNIT

A newly created Continuous Quality Unit was planned for establishment in 2012. In health terms, a CQI is described as 'a structured organisational process for involving personnel in planning and executing a continuous stream of improvements in systems in order to provide quality health care that meets or exceeds customer expectations'.

From a VAHS Administration point of view, it allowed the organisation to meet:

- community need and expectations;
- VAHS corporate objectives of continuously improving efficiency; and
- VAHS expectations relating to maximising cost benefits, and capitalising on current technology and resources.

The members of the new Unit included:

- A CQI Manager;
- a PIRS Support Officer;
- a Medicare Enhancement Officer;
- an Enhancing Primary Care Co-ordinator;
- Research Co-ordinator, and a
- Policy/Planning Officer position



Worrin Williams (Medicare Enhancement Officer)



Jo Luke (Research) and  
Lesley Day (Human Resources Officer)

Unfortunately, the appointed CQI Manager moved out of Melbourne, and funding for the Enhancing Primary Care Co-ordinator position had ended. Neither position were replaced whilst VAHS was going through a major transition and staffing turnover.

This remains one of the key target areas for development.

During 2013 VAHS also engaged a person, Michelle Chiller to develop a Business Plan following a planning day by the Managers that incorporated program strategic and action plans.

After a Manager's Planning Workshop, where Managers developed strategic and plans, Michelle would go away and review, among other administration issues, things like VAHS Operational Standards, Processes and Protocols. A report was to be finalised and recommendations will considered for implementation in 2014.

### CLINICAL GOVERNANCE

VAHS plans to hold a two-day Managers' workshop in 2014 to look at Clinical Governance and to talk about operational matters like system reviews, health assessment processes, care planning and Medicare Enhancement processes.

## PLENTY ROAD SITE

As mentioned above VAHS purchased a new site in Preston, and staff from the VAHS offices in Sackville Street, Collingwood, and High Street Northcote relocated to the new site in Plenty Road, Preston. The Plenty Road site houses the following programs such as the Family Counselling Services program, the VAHS Men's Health Unit, some VAHS Administration Unit staff, Healthy Lifestyles and Tobacco Cessation teams, ASK and the North/North West Metropolitan Close the Gap Manager.



The Finance team from L to R  
Gerrit Prais, Sailaja Moturi, Narelle Carter,  
Amedee Griffiths and Jhansi Vasireddy

## FINANCIAL REVIEW AND STRATEGIC PLANNING

In 2013 VAHS engaged KPMG to review its finances and budgets. Recommendations made will be workshopped with senior staff and Managers for implementation in 2014.



Jan Muller  
(Education and Training)



Jimmy Brown  
(Transport Co-ordinator)



Tanya Saunders  
(Security)

# medical

## (CLINICAL) PROGRAM



### PROFILE

The Medical Programs Unit provides bulk-billed general medical services to the Aboriginal community of northern/north west metropolitan Melbourne.

The VAHS days and hours of operations are:

Monday to Thursday	8:30am – 5:30pm
Friday	8:30am – 4:30pm
Saturday	9:30am – 12:30pm



Andrew Baker, Practice Manager

### INTRODUCTION

What another interesting year it has been for the Medical Unit and the VAHS as a whole. With the departure of Glenda Thorpe our previous CEO in late January 2013, I was approached by the VAHS Board to act in the CEO role whilst a new CEO was recruited. I gladly accepted the challenge and am thankful for the opportunity the Board provided me with. It was a rich experience and one that I learned a great deal from.

During the time I was Acting CEO, Tracy Williams acted in my role as the Medical Practice Manager. Tracy fulfilled this role admirably and I would like to thank her and the whole Medical Team for their ongoing support and commitment during this period.

As the Acting CEO it was great to see the commitment from all VAHS Units and staff alike, adopting a “business as usual” attitude whilst we were in this transition period. New programs and funding opportunities arose during this time which the community will see the benefits of in 2014, and other programs were rejuvenated like the Healthy Lifestyles Unit. Behind the scenes business process and practices were reviewed with findings and recommendations now starting to take shape.

During this time within the Medical Unit a number of initiatives and plans came into effect; Reception staff studying for their Cert III as Aboriginal Health Workers and getting hands on experience within the Treatment Room to support their learnings; the creation of a dedicated Medical administration and study area for our staff; and a GP service, 3 days per week at our new Preston site.

I’d again like to thank all the staff of the Medical Unit for the seemingly tireless effort they put into each day caring for the community, from the front of house reception through to the AHW’s GP’s, Nurse’s, Transport, administration and management, it has been a great year under at times, enormous pressure and change.

The next 12 months, both for the organisation and the Medical Unit, are exciting times with a number of new initiatives about to take shape and I for one are looking forward to a new era for the VAHS with an equal amount of purpose and optimism.



## STAFFING (\* HAVE SINCE LEFT THE VAHS)

<b>Aboriginal Health Workers</b>			
Kim Dick Jade Young	Bonnie Kairouz Kesaia Levini	Ronnie McGuinness * Kelly McGuinness Snr *	
<b>Doctors</b>			
Dr Jon Cook Dr Ohnmar John Dr Chris O'Neill Dr Kieran Shiels	Alethea Dwyer Sarah Koh Niall Quiery Richard (Dick) Sloman	Nicole Minchin (Registrar)* Thanuja Ranatunga Owen Harris Sarah Cush	Alison Chew*
<b>Nurse/s</b>			
Danny Glasby	Sandra Gregson		
<b>Medical Reception</b>			
Nicole Austin * Tarneen Onus-Williams	Rieo Ellis	Sally Anne Lowden *	
<b>Pharmacy</b>			
Lucy Egerton			
<b>Transport</b>			
Cameron Brown	James Brown	Anthony Pappas	Mark Brooks
<b>Allied Health</b>			
Diabetes Educator	Mandy Williamson		
Dietician	Robyn Delbridge		
Podiatrist	Bang Nguyen *		
Physiotherapy	Chris Lane		
Optometrist/s	Australian College of Optometry		
<b>Visiting Medical Specialists</b>			
Cardiologist	Dr Andrew Burns		
Geriatrician	Dr Dina LoGuidice		
Ophthalmologist	Dr Damien Louis		
Surgeon	Dr James Keck		
<b>Project/Program &amp; Administration Staff</b>			
Enhanced Primary Care	Rosealie Vallance *		
Healthy for Life	Shelley Williams		
Sexual Health & BBV	Sandra Gregson/Kim Dick		
Administration	Chrissie Charles/Les Thorpe		
<b>Management Team</b>			
Team Leader	Tracy Williams		
Transport Coordinator	James Brown/Kim Kennedy *		
Medical Director	Dr Mary Belfrage		
Practice Manager	Andrew Baker		



## ACHIEVEMENTS FOR 2012 -2013

The VAHS Medical Unit consisting of: AHW's, GP's, Nurses, a range of Allied Health, Reception, Transport, Pharmacy, Administration and Management services, has once again provided another successful year of high quality Medical care as evident in these statistics;

### Individual clients seen

Female	1,873
Male	1,614
Total	3,487

### Episodes of care

Female	19,015	57%
Male	14,567	43%
Total	33,582	

This equates to approximately:

- 646 episodes per week;
- 2,799 episodes per month; and
- 117 episodes per day (5.5 days).

Note: this does not include phone or screening contacts.

### TRANSPORT STATISTICS

Per Day:	26
Per Week:	130
Per Month:	563
Per Year:	6,760

### BUILDING IMPROVEMENTS

Other achievements over the past financial year include:

There have been some building modifications over the 2013 year within the Medical Practice at our Fitzroy location, these include:

- A dedicated administration and study room for AHWs, Students, GP's and other clinical staff; and
- A dedicated room for Health screening and Care Planning, which will also be used to deliver Diabetes Education, Sexual health & host our Visiting Medical Specialists.



Lucy Egerton (Pharmacist)

### AHW CERT III TRAINING FOR OUR RECEPTIONISTS

Over the 2013 year our receptionists have been studying their Cert III as Aboriginal Health Workers. To support them in their studies, we have rotated these receptionists through our Medical Treatment Room to provide them with hands on clinical experience.

Their study combined with their experience within our Treatment Room will have a flow on effect for patients, in that it will better equip our receptionists to assist in the daily triaging of patients through our busy medical intake system.



Dr Jon Cook, Tarneen Onus-Williams (Receptionist) and Trevor Kirby

### VISITING MEDICAL SPECIALISTS

The VAHS continues to have a range of Visiting Medical Specialists – Cardiologist, Gynaecologist, Geriatrician, Ophthalmologist, General Surgeon and Ear Nose & Throat Surgeon - to provide services to patients instead of having to attend out-patient clinics in hospitals. These sessions are well attended by community members.

The VAHS will again review our list of Visiting Medical Specialists to ensure that they meet the needs of the community and the service. Some of the specialists that we are considering include; a Dermatologist (commenced December 2013); an Endocrinologist (Diabetes specialist); and a Liver specialist.

### GP SERVICES TO THE PRESTON SITE

With the opening of the new VAHS site in Preston, the Medical Unit are providing GP services 3 days per week, Tuesday, Thursday & Friday to the patients that frequent the services that operate out of our Preston site, this is mainly the patients of the Family Counselling Service.

In 2014 these GP services will be reviewed to ensure that they are operating effectively and servicing the needs of all the patients that visit our Preston site. Further changes/updates will be provided through our VAHS newsletters.



Kim Dick (AHW), Sandra Gregson (Nurse) and Danny Glasby (Nurse)

### STUDENTS

Once again the VAHS provided a rich learning environment for Medical & Nursing students; we know that having students is one way of building a health workforce that better understands and supports the needs of Aboriginal people.

We acknowledge the generosity of the Community in supporting these students whilst they are here and the contribution this makes to their education.

The VAHS will again host a number of students from various universities and colleges both locally and from interstate, through the next year.



Chris Lane (Physiotherapist) and Robyn Delbridge (Dietician)





## FUTURE PLANS

### CHRONIC CARE PLANNING & COORDINATION

The Medical Unit has been successful in obtaining recurrent funding to support the introduction of a Care Planning & Coordination team for patients with a diagnosed acute chronic condition.

Early in 2014 we will be employing the services of a dedicated Practice Nurse to work alongside Shelley Williams our Healthy for Life officer, together they will make up the VAHS Chronic Care Planning & Coordination group.

They will work closely with the GP's to support patients with a diagnosed chronic condition; in coordinating their health care both internally to our allied health and specialists and to external specialists and organisations as required.

### AGPAL ACCREDITATION

AGPAL, Australian General Practice Accreditation Limited, accreditation is due for renewal in August 2014 and the VAHS Medical Practice has commenced work in preparation for this industry accreditation. This occurs every 3 years and is an industry benchmark for Medical practices around the country.

What this means for the community is; That the AGPAL accreditation award states that the medical services provided by the VAHS Medical Unit is second to none and is in line with the very best medical standards and services that you will find in any "mainstream" community health and/or hospital medical service in Australia.

### INFRASTRUCTURE

To support the excellent clinical work we are providing to the community, and to keep up with industry trends, the GP/Specialist consulting rooms are to be upgraded over the next 12 months.

This will include equipment, furniture and paint, with the aim to create a balance between clinical service delivery requirements and the comfort of the patient.

### SERVICE REVIEW

In the context of continuous quality improvement, the Medical Unit will be reviewing the practices and services it provides.

To assist the Medical Unit in reviewing our services, we will be seeking patient feedback and staff input. These findings will provide a guide on the areas of opportunity, enabling us to enhance the services we provide.

Some of the services that we will be reviewing include; GP & Medical out-reach services including our Preston site, ACES, "Parkies", health screening and education & promotion with other VAHS program units.

Overall this will assist us in meeting the needs of our community through a combination of acute, primary and preventative health care.





# community PROGRAMS UNIT

## PROFILE

The Community Programs Unit is a HACC Service at the Victorian Aboriginal Health Service (VAHS) that provides a range of support services in line with the Active Service Model approach to Aboriginal and Torres Strait Islander communities.

This includes:

- Older and/or frail persons with a moderate, severe or profound disability;
- Younger persons with a moderate, severe or profound disability; and
- People living with a chronic health condition which impacts on their ability to remain living at home (assessment process via your General Practitioner).

Community Programs targets its services for people who have the greatest need for services and/or the greatest capacity to benefit from them. The program aim is to support clients to live at home and in the community as independently as possible and to help improve existing conditions and avoid further health decline.

VAHS seeks to ensure that all clients are supported through the program, but in some of the HACC programs allied health service are limited, so priorities are given to those most in need.

During the year the VAHS Community Programs became an accredited program that saw it become a program that met all industry standards required to operate a full HACC service, and the Community programs team can be proud of this achievement. The Accreditation occurs every three years.



Denise McGuinness, Manager

## HACC SERVICES PROVIDED

- HACC Intake and Assessment
- Aboriginal Health Workers Outreach
- Home visiting doctor (GP)
- Nursing
- Aboriginal Health Worker
- Physiotherapy
- Occupational Therapy
- Dietician/Nutritionist
- Podiatry
- Active Koories (Active Lifestyle Programs)

## STAFFING

Denise McGuinness	Manager
Jermaine Charles	HACC Intake & Assessment
Lorraine Cunningham	Aboriginal Health Worker
Dr Sara Cush	Home Visiting Doctor
Mary Jane Hammond	Nursing
Janaya Charles	Physical Activity & Nutrition Workers
John Green	Physical Activity & Nutrition Workers
Robert McGuinness (Casual)	Physical Activity & Nutrition Workers
Merindah Brown (Casual)	Physical Activity & Nutrition Workers
Chris Lane	Physiotherapist
Josie Leys	Physiotherapist
Caroline Francis	Occupational Therapy
Vivian Petrie	Occupational Therapy
Dietician/Nutritionist	Robyn Delbridge
Podiatry	Bang Nguyen

## ACHIEVEMENTS 2012-2013

In March 2013 the Program had its HACC Common Care Standards Review. Arising out of the review, a Program Improvement Plan was put together with hard work from the team and a VAHS Consultant, Juliet Frizell. The following resulted in:

- Janaya Charles being granted a promotion in the program in May 2013 where she assisted in the development of the Program Improvement Plan and the implementation of the recommendations arising out of the review. She is now a Project Officer – Community Care Common Standards Improvement Plan (from May 2013 until 15th November, 2013);
- The new HACC Client Booklet was developed by the Unit; and
- The HACC program also developed a new improved intake process.

One of the workers, Bang the Podiatrist has worked with VAHS for some 10 years and is a very much liked staff member. He is acknowledged for his years of service and the contribution he has made to the Unit.

## ACTIVE KOORIES

During the year, Community Programs ran an active lifestyle program 'Active Koories' that gave the participants the opportunity for social contact through group based physical and community activities outside of participant's homes.

The program is designed to meet individual physical, emotional and social needs. It does this by providing a culturally safe environment that enhances the participant's wellbeing required for their independent living. Up to 15 persons participated each session - this program was one of the more popular and well attended throughout the year.

The Program's Aboriginal Health Workers help with ensuring cultural safety, and they help clients during the doctors' home visits, with health assessments, wound and chronic disease management, and with referrals to services in VAHS or to other external service providers.

Other 'Active' programs on offer:

- Gentle Gym
- Diabetes Club
- Hydrotherapy





VAHS staff encourage all participants to undertake a Pre-Exercise Health check (PEHC) before attending the 'Active Koories' programs. These can be completed by the VAHS Doctor (your treating Doctor) before commencement. The VAHS Intake and Assessment Officer assists with this.

### TRANSPORT

Transport is provided for participants who do not have access to a vehicle. Transport has been provided for all programs during the year including the Diabetes Club, Active Elders and Hydrotherapy.

### LUNCH/AFTERNOON TEA

It is VAHS policy to provide all participants with nutritional lunch/ afternoon tea for all programs.



John Green (Physical AHW) and  
Germaine Charles (Intake and Assessment Worker)

## ALLIED HEALTH SERVICES

### COMMUNITY PROGRAMS NURSE (ALLIED HEALTH NURSE)

The Allied Health Nurse provides outreach and assistance to clients who are frail, elderly and disabled clients. The Nurse can see you at VAHS or if you prefer, in the home. At all times the Nurse works closely with the Aboriginal Health Workers.

The Nurses also helped clients to keep appointments with other health providers, and to make appropriate referrals and to be actively involved in discharge from Hospitals.

The Nurse can also help with and explain client's medications, assist with the collecting of pathology tests and will arrange for this to be done in the home, if you prefer.

### PODIATRY

Podiatrists focus on the health of your feet and lower limbs.

As the Podiatrist for the year, Bang worked with clients for various conditions ranging from calluses, corns, ingrown toenails, to treating conditions that result in pain from associated bone and joint disorders, and diabetes and vascular diseases-related foot problems.

Bang suggest that people with diabetes should visit a Podiatrist at least once a year.

### PHYSIOTHERAPY

Physiotherapy can help manage many painful conditions to do with muscles and joints. During the year the Physiotherapist was able to assist clients with a variety of conditions, including, with issues that affects mobility re. walking and balance.

The types of conditions that the Physiotherapists were able to attend to were:

- Neck Pain
- Back pain
- Sciatica
- Arthritis
- Shoulder pain
- Knee pain
- Head ache
- Balance problems
- Dizziness
- Overuse injuries
- Sports injuries
- Pelvic floor/ continence issues

With any of these conditions the Physiotherapy treatment included:

- Education, stretches, supervised exercise;
- Pain relief techniques such as joint mobilisation, massage, heat, ultrasound or laser;
- Home exercise program; and
- Referral to a group exercise program.

### OCCUPATIONAL THERAPY

The Occupational Therapist helps to maximize clients' independence in day to day activities, and to improve their safety at home and in the community.

During the year, the program helped by:

- Modifying the home environment with rails, ramps or other safety improvements for clients.
- Prescribing equipment such as bath seats, wheelchairs and scooters, where necessary.



Mandy Williamson (Diabetes Educator)

### NUTRITION AND DIETETICS

Robyn Delbridge was very busy during the year and most of her work involved working with VAHS programs and community members about food and nutrition. The Dietician not only works with the HACC program, but she works across other programs within VAHS.

Robyn also worked very closely with Mandy Williamson, the Diabetes Educator and both ran the Diabetes Program each fortnight for VAHS patients with Diabetes. Some of the activities during the year included:

- Cooking meals using the best foods for your specific health conditions such as Type 2 Diabetes, Heart Disease, Kidney Failure, or Gut issues;
- Help you with cooking and meal preparation skills and strategies; and
- Help you to find joy in food.

#### Partnerships and Networks

- Aborigines Advancement League (AAL)
- Wunga program @ AAL
- Aboriginal Community Elders' Services
- HACC Aboriginal Liaison Officer, Hume and Whittlesea Darebin
- Reservoir Leisure Centre
- Darebin Community Health
- North Yarra Community Health
- Aged Care Assessment Team
- VACCHO Palliative Care Worker
- Melbourne City Mission
- Melbourne City Mission palliative Care
- VCAAD HACC Network

# family COUNSELLING SERVICES PROGRAM



## PROFILE

Family Counselling Programs included:

- Specialist GP service provided three days a week
- Counselling Services
- Sexual Assault Outreach Counseling Service (CASA)
- Adult Mental Health clinical services
- Drug & Alcohol Outreach Services
- Home-Based Outreach Support
- Child & Adolescent Mental Health (Koori Kids)
- Men's fortnightly support program
- New model to better support clients with Hepatitis C
- Carers and Consumers Crisis Support
- Women's Healing Program
- Healing Service – Minajalku



Helen Kennedy, Manager

## INTRODUCTION

In the June 2012 – July 2013 reporting period, the VAHS Family Counselling Services program experienced a busy year with increasing demand for services across all program areas. The program saw increasing needs of young people under 25, and children, with this group representing well over half of all referrals. The increasing visibility of the service and relocation to the new Preston site may be the cause of this increase. The program has bigger profile as well as a more positive a reputation in the community.

Whilst there is less 'stigma' around seeking general counselling support and/or other forms of clinical and specialist well-being support, this also highlights other issues that the program is struggling to respond to e.g. the escalating ICE usage and associated issues around mental health for young people and the support needs for families.

These are serious challenges that the community and VAHS faces, and to address these issues there is a need to expand much needed culturally appropriate services in this area.

The development of Aboriginal detox services is one of the issues that arises every year, as well as the provision of other support, information and awareness. VAHS cannot address this on its own.

## THEN AND NOW

### 2009–2010

In 2009/2010 the service provided 13 programs that were supported by around 40 staff from the new Preston site. Many of the staff members were employed part time and some are visiting consultants. The work of all staff members frequently involve responding to significant trauma,

crises, and grief and loss of individuals and families within the community.

Over the last couple of years, VAHS was fortunate to receive some funding for new projects that have increased our awareness of trauma, resilience (including lateral violence and family violence/alternative dispute resolutions) as well as community education for families impacted by mental health and substance abuse issues.

VAHS FCS continues to grow its Aboriginal and non-Aboriginal workforce and the organization is very proud that it has employed three Aboriginal Psychologists (two provisional) at the Preston site. This is a major achievement for VAHS and the community. To put this in context we believe there is only one other Aboriginal Psychologist in Victoria.

VAHS has also supported Graham Gee's PhD research that will be finished in 2014. Many VAHS clients directly participated in this research which will ultimately increase the program's own evidence base around understanding trauma and resilience. This will have an impact on VAHS services as well as future healing programs run at Minajalku.

#### 2012–2013

During the 2012/13 financial year, the program achieved a great deal, building on the foundations laid in previous years. It has continued to improve its internal systems and processes across all areas, enhancing pathways for community member clients and improving the level of wellbeing support and care that is provided. But, it is acknowledged that it was a very challenging twelve months for staff – resources have reduced in some areas. This has put more pressure on all staff including the VAHS FCS leadership team, where it now has to do more work with fewer resources in the area of administration and clinical governance support.

At the same time services have expanded in some areas. This has been challenging for the organization because of the time needed

to invest in developing new partnerships and relationships. In this environment the experience of change is always a difficult adjustment for many staff.

Clearly one of our two biggest challenges remain. How we can better support families and individuals impacted by the ICE epidemic that has plagued our families and broader Aboriginal community with devastating impacts?

The FCS program staff continue to do all they can with limited resources to respond to needs as they arise, and wherever possible plan for new services and support.

VAHS operates with one dedicated Drug and Alcohol Worker only, Bev Hanley, and in a community where the problem is paramount, this is clearly insufficient. However, VAHS is fortunate to have such a highly experienced and well regarded worker who has been able to manage and address the many complex and challenging issues faced by all drug and alcohol workers in Aboriginal communities.

Other significant challenges relate to the need to build the capacity and increase the numbers of staff in the Koori Kids and Adolescent Mental Health team. VAHS has had limited growth despite having the knowledge of the importance of early intervention and the meeting the needs of vulnerable children and young people.

VAHS hopes that it, along with the community, can support the much needed growth to support our children and young people access high quality culturally appropriate therapeutic and other support to meet their growing needs.

I would like to thank the Family Counselling Services program staff for sticking through the tough times and the uncertainty that has been experienced, but I would particularly like to thank our Team Leaders John Egan, Joanne Dwyer and Esther Gregory for their leadership, resilience and support. I would also like to thank the rest of the VAHS management team for its support and advice in a year filled with pressure and change.





## ADMINISTRATION STAFF

Manager	Helen Kennedy
Samantha Downie	Reception
Admin Support/Reception	Peter Ellis/Trevor Kirby (February 2012 to December 2012)
Project support staff	Karen McAlear (Mental Health Service Development Project) Raelene Lesowinski (Healing Foundation 'Trauma' Project Co-ordinator) Tammy Hunter (Community Safety Project Co-ordinator)

## ADULT SOCIAL EMOTIONAL WELL BEING/MENTAL HEALTH

Team Leader	John Egan
Intake Worker	Linda Holmes
D & A Counselor	Bev Hanley
D & A/MH Outreach Worker	Garry Fitzgerald Tracey Onus
Senior Consulting Psychiatrist	Dr Sue Weigall
Psychiatric Registrar	Dr Gabrielle Hart* (Feb 2012 – Feb 2013) Dr Swee Ghee Khoo (Feb 2013 – Dec 2013)
General practitioner	Dr Thanuja Ranatunga
Psychiatric Nurse	Ken Marston (3 days a week)
Provisional Psychologist	Graham Gee*
Counselors	Robyn Sketchley Karen Holl*
Problem Gambling Counselor	Ian Gray
Hep C and Sexual Health Nurse	Sandra Gregson (2 days a week)

## VISITING CONSULTANTS

Centre Against Sexual Assault (CASA) Worker	Kim Robinson (1/2 day a week)
Psychiatric Registrar (3 months placement on Rotations from St Vincent Hospital for ½ a day a week)	Dr Swee Ghee Khoo*, Dr Tareq Abuelroos, Dr Andy Ang



Peter Ellis (Admin Support/Reception)  
and Samantha Downie (Reception)

Graham Gee had been on study leave from the end of January for six months, starting back on the 1st August.

John Egan and Graham Gee also co-facilitate the men's group at Minajalku, on Wednesday nights from 5.30pm-8.00pm each fortnight.

Daria Atkinson facilitates the weekly women's groups with support from Suzanne Nelson, Sharon Bamblett and Tracey Onus.

Karen Holl works across both the Adult Social Emotional Well-being (SEWB) team and the Koori Kids and Adolescence SEWB teams as a Family Therapist.

Ian Gray works across the Financial Wellbeing team as well as the general Adult SEWB team.

### ADULT MENTAL HEALTH

Under the leadership and management support provided by John Egan the Adult SEWB/mental health team have an experienced and proud team that works well between Aboriginal Health workers and clinicians to care, support, treat and assist in the recovery of clients.

Clinical Services provided by the Adult Mental Health program includes:

- Intake assessment, which includes referring clients to appropriate services /treatment;
- Psychiatric assessment and treatment;
- Clinical treatment;
- Psychotherapy;
- Case management and outreach support;
- Anger management and management of anxiety and stress related disorders.

The addition of a year-long psychiatry position has added to our capacity to provide psychiatric care within a culturally safe environment.

During this period there was significant and increasing demand on all staff working in Adult Mental Health and the complexities of issues presented.

### CARERS & CONSUMERS CRISIS SUPPORT

The program continues to provide a limited service. A small amount of funds are also available to provide for Carers and Consumers in 'financial crisis or hardship' to provide them with White Goods furniture and some clothing. Due to the small funding available a cap is needed for each client to ensure the resources are spread evenly.

The program also provides for:

- Families of consumers with additional social and emotional support;
- Carer and consumer groups including lunches; and
- Outreach support.

### DRUG AND ALCOHOL OUTREACH AND MENTAL HEALTH SUPPORT

#### STAFF

Drug and Alcohol Workers
Bev Hanley (full-time)
Garry Fitzgerald (full-time outreach)
Tracey Onus (full-time outreach)
Sandra Gregson (part-time)

**The drug and alcohol program** provides support to clients with social, emotional and spiritual well-being issues, particularly those with alcohol and/or drug problem.

**The mental health outreach program** provides mental health and social emotional wellbeing support services in the north western regions of Melbourne.

The program provides:

- Assessment, Case Management and Counselling Support;
- Referral to other Aboriginal or mainstream drug withdrawal units or residential rehabilitation (recovery) centres;
- Outreach support;
- Harm minimization and relapse prevention strategies;



- Support and Counselling to families and carers;
- Referral and linkages to social welfare support services;
- Linkages and network with other alcohol and drug services;
- Advocacy on behalf of clients;
- Statewide Koori A&D network (Telkaya);
- Lead role in the development of the Hepatitis C treatment shared care program with St Vincent's Hospital;
- Assessment, education and support for individuals and carers with Hepatitis C;

- Blood Borne Virus pre and post test counseling; and
- Work in partnership with GP's working at FCS to ensure there is a holistic approach to patient care.

As reported in previous AGM reports the demand for these services is greater than what is able to be offered. On most days appointments are full.

This also restricts much needed community education, early intervention and health promotion work.

## COUNSELLING SERVICES

### STAFF

Senior Counselor (Provisional Psychologist)	Graham Gee (full-time)
Counselor/Family Therapist	Karen Holl* (part-time)
Counselor	Robyn Sketchley* (part-time)
Specialist Counselor (sexual assault/abuse)	Kim Robinson

This program provides therapeutic counselling support to clients generally with social, emotional and spiritual well-being issues.

This may include trauma, grief and loss, low level anxiety, depression, addictive behaviors, anger management, low self-esteem/self-worth and loss of identity/culture.

Demands from the community for the services of the counseling team continue to grow and the FCS hopes to be able to attract more resources in the future to increase services.

It is significant to note the number of counseling staff at the Family Counselling Service effectively amounts to three full time staff. This is a very low level of resources given the strong demand from community and clients for this part of our service.

It is also significant that in this area of the FCS we do not have resources for a full time

Psychologist, where on average more than 50 clients per week are seen.

Additionally, FCS is increasingly being called upon to provide specialist counselling advice, services and support to not only other VAHS programs but outside Aboriginal and mainstream agencies.

### OUTREACH COUNSELLING

Kim Robinson, Specialist Counsellor

The VAHS FCS is able to offer a counseling service for women affected by sexual assault – either recently or at some time in the past for adults and children over 12.

This service is available through a new partnership between VAHS and the Northern Centre Against Sexual Assault. Appointments can be made through the Northcote CASA office or directly at NCASA on 9497 1768.

## KOORI KIDS AND CHILD ADOLESCENTS MENTAL HEALTH PROGRAM/S

### STAFF

Team Leader	Joanne Dwyer
Family Therapist	Karen Holl
Child & Adolescent Social & Emotional Well Being Workers	Daryl Smith, Kristy Smith (3rd AHW is vacant)
Child Psychologists	Dr Robyn Ball and Dr Radhika Santhanam
Paediatric Registrar	Dr Mark Safe
Youth Justice Mental Health Clinician	Joel Wickham
Child & Adolescent Psychiatrist	Ola Krupinska

### VISITING CONSULTANT/THERAPISTS

Alfred CAMHS	Kaye Geoghegan - Social Worker/Family Therapist
Riwai Wilson	Social Worker
Fiona McDonald	Child Psychologist/Family Therapist
Heinz Bauer	Social Worker (finished during this time period)
Kate Douglas	Paediatrician Registrar and
Margaret Rowell	Paediatrician continued to attend internal program meetings. This helps maintain close working relationships with the FCS Koori Kids and the Women's and Children's programs, and therefore it continues to benefit our ability to work holistically with clients to ensure that their medical and mental health needs are met.
Volunteer David Mushin continues to offer his invaluable services by co-chairing the koori kids intake and peer reflection meetings.	

Koori and non-Koori staff make up the team with the most common approach being Aboriginal staff delivering services alongside other clinical and therapeutic staff. This has benefited community member clients visiting the Koori Kids program to ensure that both their cultural and clinical needs are catered for. The team work approach occurs in a number of ways including with fortnightly team and intake meetings. This approach is further enhanced by fortnightly reflective meetings which focus on talking about the work and supporting the workers to do the work to a high standard.

The Koori Kids CAMHS program provides social and emotional wellbeing support to Aboriginal children aged from 0 to 18 years of age, their parents and families.

This involves:

- Intake assessment;
- Mental health and social and emotional well-being assessment;
- Case management;
- Counselling and therapeutic interventions at FCS or by outreach in the community;





- Therapy: including child play therapy and/or Counselling, parenting skills, family therapy, and parental counselling, guidance and support;
- Crisis intervention where required with children, adolescents and families;
- Providing secondary and cultural consultation;
- Liaising and working partnerships with other Aboriginal and mainstream organisations;
- Mentoring; and
- Monthly secondary consultation to Hutton Street Primary School.

Generally, clients would normally stay with the program for several months (and often longer) depending upon individual needs. The Koori Kids program continued to offer programs to support parents to develop positive relationships with their children.

## YOUTH JUSTICE MENTAL HEALTH

During the reporting period, the Minister of Mental Health, The Honorable Mary Wooldridge, MP approved funding for the Youth Justice Mental Health position to be funded as ongoing. This was significant as this is the first time for over a decade that the Koori Kids Program has been able to increase its core funding.

The aims of the Youth Justice Mental Health initiative are to improve Aboriginal youth justice clients' access to mental health services, and enhance capacity of youth justice and mental health staff to effectively meet the needs of youth justice clients requiring mental health services.

The Koori Kids team has been active in trying to improve and develop the program to better overcome gaps in our service.

## FINANCIAL WELL BEING – FINANCIAL & GAMBLING COUNSELING PROGRAM

### STAFF

Financial Counsellor/Team Leader	Esther Gregory
Therapeutic/Gambling Counsellor	Ian Gray
Community Engagement/ Financial Counsellor Cadet	Chantelle McGuinness
Financial Counsellor/Community Education	Anna Taylor (casual)
Social Support/Emergency Relief	Rebekah (Rieo) Ellis

The overall aim of the Financial Well Being Program is to deliver relevant culturally informed services which contribute to increasing the confidence and financial skills and knowledge of individual clients and the broader Community to participate in the financial sector and retail market place without fear of loss or exploitation.

The Financial Wellbeing Program functions provide:

- Personal & gambling counselling services;
- Financial Counselling casework services (managing household expenses, credit & debt matters, referral to relevant external material aid and housing services etc);

- Financial literacy & gambling awareness - Community Education; and
- Initial Housing information and assistance services.

The Financial Wellbeing Program is located within VAHS Family Counselling Services program and operates across both Fitzroy & Preston sites, by appointment.

The Financial Well Being Program continues to experience a high demand its services. The VAHS core gambling and financial counselling and information services function provides confidential counselling and financial advice to community members **experiencing financial hardship & personal stress;** particularly clients directly **affected by the adverse impact of problem gambling behaviors.**

## RESPONSIBLE GAMBLING – YOUNG AMBASSADOR

Financial Wellbeing program Team member Chantelle McGuinness was appointed **Young Victorian Responsible Gambling Ambassador for 2012-2013.** In her role, Chantelle attended the State Government Responsible Gambling Week launch in addition to organising a series of successful Community events at the Health Service.

## COMMITMENT TO CAPACITY BUILDING

Chantelle McGuinness commenced her cadetship with the Financial Wellbeing Team (Victorian Aboriginal Health Service) when she was 19 years of age. In 2012 Chantelle completed her Diploma in Community Services (financial counseling electives) and performs a key role in relation to community engagement with Financial Wellbeing services and activities.

The Financial Wellbeing Program team and Managers are committed to ensuring ongoing opportunities to train and employ Aboriginal Community members in the social welfare and the financial and gambling counselling sector.

VAHS is appreciative of ongoing funding and support received from the **Victorian Responsible Gambling Foundation** towards the development and delivery of a culturally informed Financial Well Being services and commitment to building the capacity of the Aboriginal workforce within this sector.

In December 2012 the Financial Wellbeing Team welcomed Rieo (Rebekah) Ellis to the team. Rieo Ellis is an experienced Aboriginal Health worker. Her primary role is to be an initial first point of contact to assist clients presenting with financial crises. Rieo is able to provide people with information and referral services, both internally and externally as appropriate. She also provides and assists with assessments for emergency material aid assistance.

## HOMEGROUND HOUSING SERVICES PARTNERSHIP -REBECCA WILLIAMS / RICHARD VETTE

In January 2012 Rebecca Williams commenced at the VAHS Preston site (3 days per week) providing initial housing information and assistance and advocacy housing services.

Housing insecurity remains a significant presenting issue for Aboriginal clients of the Financial Wellbeing Program. This position is funded until June 2016 and is a welcome initiative.

Rebecca Williams and Richard Vette (housing workers) settled in to work very closely with financial counselling staff to provide one-on-one personal service to clients experiencing housing stress.



## MINAJALKU HEALING CENTRE

### STAFF

Sharon Bamblett	Coordinator
Darlene Wright	Cleaner
Daria Atkinson	Woman's Group Facilitator

The Centre continues to grow from strength to strength and programs are in growing demand. However there are key challenges associated with ensuring the sustainability of the Centre. Whilst VAHS has been able to secure grants to contribute to operating costs, the challenge remains.

A review of the Centre, its operations, programs and potential is being undertaken by VAHS in early 2014. A sustainable business model will be developed that will show some digital stories produced as part of capturing the uniqueness of what Minajalku is able to offer the community.

### PROGRAMS

Play Groups	Monday & Tuesdays
Men's Group	Monday & Wednesday evenings (alternate)
N/A	Tuesday Evenings
Woman's Group	Thursday 12 – 3pm
KYLA Youth leadership (VACCA)	3 afternoons weekly 4pm -6pm
Hands of Serenity	Massage Healing Friday by appointment
Youth Drop In, Whitelion	Wednesdays

The Centre continues to grow from strength to strength and programs and support are in growing demand.

## PROJECTS

### Trauma, Healing and Recovery Project – Aboriginal and Torres Strait Islander Healing Foundation

On 17th April 2013, Raelene Lesniowska was appointed as part-time Project Coordinator for the Trauma, Healing and Recovery Project.

Raelene has extensive experience in health policy and projects, including government experience in Aboriginal health.

The trauma project is funded by the Aboriginal and Torres Strait Islander Healing Foundation for 12 months. The project aims to raise community and staff awareness and understanding about trauma, healing and recovery and provide new information about managing symptoms of trauma within the context of parenting.

A reference group comprising 13 VAHS staff and representatives from VACCA and VACCHO oversee the project. The project reference group met for the first time on May 30th and will meet at least quarterly throughout the project.

The first phase of the project has focused on the development of a staff training and education program. The program commenced with Aunty Lorraine Peeters' Marumali Training for a total of 28 staff. Feedback from this training was highly positive, including several requests that it be mandatory for all staff.

The following training and presentations have been planned for August-December, 2013:

- Trauma Informed-care - Sue Anne Hunter & Vicky Nicholson, VACCA;
- Lateral Violence - Richard Frankland, Koorreen Enterprises;
- Trauma and Attachment - Les Corlett & Marcus Coats, Take Two/Berry Street;
- Vicarious Trauma and Self-care - Shawn Goldberg, Psychologist; and
- Resilience, Recovery and Healing from Trauma in an Urban Aboriginal Community - Graham Gee, VAHS.

The Trauma project also contributed to the planning of additional staff and community workshops around Aboriginal mental health first aid, cyberbullying, family violence and substance abuse. These sessions have since been picked up by the three-year Strong Relationships/Strong Communities Project, funded by the Victorian Department of Justice.

In December staff and community yarning circles will be run to gather local information about trauma and parenting. Information from these sessions will inform the development of resources and programs to help Aboriginal parents break the cycle of intergenerational trauma.



John Egan (Team Leader) and  
Graham Gee (Senior Counsellor)

## STRONG RELATIONSHIP/ STRONG COMMUNITY

VAHS was successful in gaining a three year grant from the Department of Justice that aims to build on and extend the work of the Minajalku Healing Centre and promote community safety and cultural well-being.

Some of the work includes:

- Supporting Men's and Women's specific healing programs at Minajalku;
- new opportunities to promote alternative dispute resolution by training community mediators and a community campaign to grow awareness (in partnership with the Dispute Settlement Centre); and
- Providing a social marketing/education campaign to improve violence prevention (including community education workshops, written resources and on-line elements). This would include lateral violence, cyber bullying as well as family violence.

## PROGRAMS TO DATE 2013

- Two Mental Health Information Sessions, 16 community members attended the sessions
- Two – Two day Mental Health First Aid Training, 16 community members attending the 2 day sessions
- Mediation information session 12 community and staff members attended the full day session, In partnership with the dispute Settlement Centre.





## Testimonial statements from other services working with VAHS Family counselling Services in the growing north/western region

*"Our partnership with VAHS has spanned more than two decades, during which we have worked on a number of projects to improve the wellbeing of Aboriginal people with mental health issues.*

*More recently the relationship has strengthened further with the adoption of the Collaborative Recovery Model by both agencies, working together in the Partners in Recovery program and through our partnership in Wadamba Wilam, a new program focusing on Aboriginal people with mental health issues who are homeless in Melbourne's north.*

*Neami is proud to be a partner with VAHS and would like to acknowledge how they have "gone the extra mile" in assisting Neami staff to build their capacity to provide more culturally safe and sensitive services to Aboriginal people".*

Glen Tobias, Victorian State Manager,  
Neami National

*"The relationship between VAHS Family counselling service and the Northern Area Mental Health Service began slowly two years ago and over the last twelve months has developed way beyond what we imagined.*

*Partnering with VAHS in the development of the Aboriginal Mental Health Liaison Officer, to deliver Wadamba Wilam and Partners in Recovery has been such a positive, affirming and practice changing experience for the NAMHS as an organisation, for individual staff, teams and most of all for Aboriginal consumers.*

*We are grateful for the generosity, patience and willingness of VAHS to support our work at the NAMHS to ensure our services are getting better to meet the needs of the Aboriginal community in the north.*

*We are excited about future possibilities, including those that we may not even have thought of yet. VAHS leadership and vision for better outcomes for the Aboriginal community in the northern region has enabled this partnership to grow and we are so proud to be working together with VAHS!"*

Robyn Humphries (Manager)  
Sabin Fernbacher (Project Manager)

Clinical Engagement Project/  
Aboriginal Mental Health  
Northern Area Mental Health Service (NAMHS)

# women AND CHILDREN'S PROGRAM



Sue Hedges, Manager

## PROGRAM PROFILE

The Program provides Key Ages and Stages Checks, Immunisations for Children and Adults, Pregnancy care, Women's Health, Support with parenting, Child Health and Development, Paediatric assessments and follow up.

The program has visiting specialist services including from the Australian Hearing Services, Eye and Ear Hospital and a Gynaecologist who works closely with the Aboriginal Health Workers and who provide cultural awareness and knowledge to our non-Aboriginal staff.

We honour our links that care for our women and children and empower them through education, healthcare, housing and employment.



Staff

## UNIT PRIORITIES

Our priorities include:

- Providing a quality service and meeting program targets;
- Increasing income for the Women and Children's Unit by developing an improved model of care (to increase capital works);
- Continuing to provide information and maintaining the Minimum data set;
- Cross program resource sharing/ integration and pathways;
- Community/service awareness and delivery targets;
- Increasing awareness of Breastfeeding;
- Ensuring the Program meets workforce priorities within given timeframes;
- Quality/innovation (VAHS own accreditation and annual reviews); and
- Aboriginal Health Workers in the program to be qualified at either Certificate 3 or 4 levels.



## STAFF

Manager	Susan Hedges	
Team Leader	Marg Davidson	
Aboriginal Health Workers	Judy Singleton Georgina Austin Cheryl Bamblett Kate Edney Jodie Lovett (17/1/2013)	Patricia Lowden Rikki Bamblett Anita Bayliss Shirley Blackwood
Nurses	Cindy Scott Lalitha Chelliar Janice Robinson (28/6/2013 – VHVP) Lucinda Russell (28/6/2013 – VHVP) Therese Brazzale (25/3/2013 – MCH Nurse)	Toni Balher
Medical Staff	Dr Marg Rowell Dr Yasmin Jayasinghe	Dr Kate Douglas Dr Katherine Wilkins (28/1/2013)
Paediatrician	Dr Margaret Rowell	
Paediatric Registrars	Dr Kate Wilkins (Feb 2012 – Feb 2013) Dr Kento Dongles (Feb 2013 – Feb 2014)	
Gynaecologist	Dr Yasmin Jayasinghe	

## KOORI MATERNITY SERVICES (KMS)

### ACHIEVEMENTS

The program is pleased to inform that numbers are continually increasing for both pregnancy related visits and Pap smears. In this regard:

- Breast feeding rates are increasing/ the ability to deliver lactation support to antenatal and postnatal women has meant that many women are now more prepared to attempt breast feeding, and many have continued well into the post-natal period;
- Cindy and Toni both completed the Midwifery Initiated Oral Health Program through the Dental hospital and now incorporate Oral health care into initial antenatal visits;
- Cindy Scott and Toni Bahler, Midwives have completed the Certificate IV in Clinical Hypnotherapy and hope to be able to offer Hypnotherapy birthing to VAHS clients along with other clinical hypnosis therapies to the wider VAHS community;
- Margie Davidson was seconded to the Medical program for a period of time and continued to work alongside KMS workers at the same time;
- KMS workers and Midwives attended a number of VACCHO-led training programs and have recently returned from the KMS Annual Forum in Shepparton; and
- KMS workers and Midwives continue to make inroads with the birthing hospitals they are affiliated with. They continue to advocate for women attending the hospitals and try very hard to ensure the care they receive is culturally appropriate and safe.



Georgina Austin, Katie Edney, Anita Bayliss, Cindy Scott, Judy Singleton, Cheryl Bamblett

### KOORI MATERNITY SERVICES PLANS 2014

The program plans to continue with the above services and is aiming to increase our client numbers and to provide the best care that we can.

Midwives are planning to commence hypnobirthing classes as both are now qualified hypnotherapists.

The Program plans to improve Boorai classes, making them more accessible and appropriate to the needs of the community, and to increase the access, the program will be increasing its outreach ability, and this will help to facilitate easier access to services that cannot be reached by some women.

The program continues to advocate on behalf of birthing women at the hospitals they attended, and it aims always to provide the best possible care that we can.

### PAEDIATRIC ACHIEVEMENTS

Dr Margaret Rowell has been the Paediatrician for another year. In addition, 2012–2013 is the fifth year of having a Paediatric Registrar, and as a result of this the number of children attending the clinic has increased. The person works closely with the Occupational Therapist and the Koori Kids Mental Health program in the Family Counselling Services program.

The program has seen around 150 clients with or who have had DHS involvement.

### PAEDIATRIC FUTURE PLANS

In future years, the program seeks to:

- Increase Paediatric services in VAHS, and to
- Increase workforce in the program to assist Paediatricians.

### IN HOME SUPPORT

The In-Home Support program commenced the year with two Playgroups with Best Start and VACCA on Mondays and Tuesdays.

A Terms of Reference being developed to look at the program and its relationships, to develop new referral forms for In Home Support and Playgroups activities, to deliver Personal Development Days for staff, and to support families of children to obtain accommodation from the Kids Under Cover program (a program that provides self-contained units for young people at risk or who could become homeless).

### FUTURE PLANS

- Increase co-operative and supportive work in the In-Home Support, Maternity and MCH programs;
- Increase Fathers participation with playgroups and other activities;
- Increase cooperative work with other agencies like the Men's Health Groups, CPS and other agencies;
- Work along with Best Start and VACCA to carry out training sessions with a certificate at the end e.g. First Aid and Food Handling Courses; and
- Increase group activities to include Boorai Classes and Play groups.





## MATERNAL AND CHILD HEALTH

### ACHIEVEMENTS

- Increase in KAS checks done;
- Provide an immunization service for all children below the age of 6;
- Opportunistic immunization;
- Attend playgroups as necessary;
- Attend to child care facilities like: Yappera to provide MCH services;
- Participate in Child Health Services plans and discussions for VAHS;
- Contribute to the overall Unit Business plan;
- Participate in DHS discussions for MCH services;
- Maintain immunisation records for all children at ACIR;
- Co-operate with midwives to provide a seamless service for clients who attend shared care;
- Provide a breastfeeding service as required;
- Refer clients to dental, audio and paediatric services as necessary;
- Refer children and adults (who are parents) to counselling services as necessary;
- Participate in discussions regarding men's groups;
- Organize material aid for clients who need material aid especially cots and car seat for infants;
- Maintain IRIS data input;
- Offer home visiting services for clients as necessary;
- Work with In Home support where relevant; and
- work co-cooperatively with managements and the W&C team in regards to children under the care of DHS.



Georgina Austin (AHW), Katie Edney (AHW) and Cheryl Bamblett (AHW)

### MATERNAL AND CHILD HEALTH FUTURE PLANS

- Maritain and increase KAS checks;
- Increase co-operative and supportive work with the In Home Support program;
- Increase contact with clients regarding timely immunisation for children;
- Increase contact with clients regarding timely KAS checks for children;
- Increase co-operative work with new paediatricians and GPs in relation to child health;
- Work with management to establish a less complicated system for referrals to paediatricians;
- Follow up audiology checks that have been missed by clients;
- Co-operation with midwives regarding newly born babies;
- Improve work on the VAHS reporting program, IRIS;
- Clarify material aid program for clients;
- Maintain services to child care centres and playgroups;
- Work with management regarding the establishment of a Paediatric Allied Health team; and
- Opportunistic immunization for teenagers.

### HEALTHY FOR LIFE

- Successful Child Health Check days;
- Supports for the ENT Clinics each month.

### FUTURE PLANS

- Increase the conduct of Adult and Child Health Checks; and
- Work with other areas to develop a Breast feeding Policy.



Susan Hedges (Manager), Marg Rowell (Paediatrician) and Margaret Davidson (Team Leader)

## AUSTRALIAN NURSE FAMILY PARTNERSHIP PROGRAM (VAHS HOME VISITING PROGRAM)

VAHS no longer operates the program due a decision by the funding body to cease the program. The program had some successful stories and some program outcomes achieved include the following:

- Two clients have entered into the workforce - one client has a traineeship and another is in the corporate sector;
- One client continues to work part time;
- One client will resume employment when her bub reaches 24 months of age;
- One client is attending TAFE part time;
- There has been an overall improvement in dietary habits, safe-sex practices; healthy habits such as exercise, dental hygiene, alcohol consumption;
- Seven clients have effective family planning strategies in place;
- Three clients have subsequent pregnancies and attending ante-natal care due to parenting capacity;
- Two clients attend the VAHS/VACCA playgroup which runs weekly;
- Two clients attend the Boorai class which is held once a month;
- The number of infants breastfeeding have increased according to the ten steps of successful breastfeeding;
- Clients have increasingly attended VAHS services such as Women's Health, Dental and Audiology;
- Children are meeting their ASQ milestones and benefit from PIPE activities; and
- Two clients out of three had DHS withdraw due to the VAHS HVP service support.

## EYE AND EAR HOSPITAL

The service provided in partnership with the Royal Victorian Eye and Ear Hospital is a monthly service that has good attendance rates, resulting in good Hospital attendance rates and surgery numbers.

The Program will be continue in 2014.

## AUSTRALIAN HEARING SERVICES

Australian Hearing Services continue to provide a fortnightly service.

## GYNAECOLOGIST

Dr Yasmin Jayasinghe is a specialist Gynaecologist who works at VAHS every second Monday. She also works at the Royal Women's and Royal Children's Hospitals.

# oral HEALTH PROGRAM



## PROGRAM PROFILE

The VAHS Oral Health Unit provides a range of comprehensive and general dentistry and advocates on behalf of VAHS clients seeking outside specialist or other oral health services.



Christine Ingram, Manager

## STAFF

Christine Ingram	Oral Health Manager (to June 2013)
Dr Chris Fredericks	Senior Dentist
Dr Alex Thomas	Senior Dentist
Dr Ravi Buchireddy	Dentist
Dr Rasheed Shaik	Dentist
Dr Ammu Ruby	Dentist
Dr Lovedeep Kaur	Dentist
Dr Saeid Pedram	Locum Dentist
Gillian Wells	Dental Therapist (Resigned 21 March 2013)
Ismahan Elmi	Dental Assistant (Acting Manager from June 2013)
Nakita Kelly	Dental Assistant (Resigned 27 February 2013)
Sarah Flynn	Dental Assistant
Nazia Hassan-Shaik	Dental Assistant
Jazmyn Fuller	Trainee Dental Assistant (Resigned 13 March 2013)
Shaygne Hamilton	Trainee Dental Assistant
Nikita Smith	Trainee Dental Assistant
Luke Boney	Trainee Dental Assistant
Dr Bala Anand	Oral Surgeon

The 2012/2013 financial year has seen the Unit face some challenging situations but staff maintained their professionalism and continued to deliver high quality services to the community.

Without the dedication, hard work, ongoing support and commitment of such a great team, this would not have happened.

Overall the Unit continues to provide essential services to the state and also many interstate visitors, who welcome the opportunity to be seen. We are fortunate to continue to be able to offer such a comprehensive service to the community, with a very steady flow of patients and emergency patients being seen throughout the year.

We continually review our internal processes and systems to ensure that the patient's journey and needs are met in all areas.

## PARTNERSHIPS

There has been an increase in the number of patients seeing the visiting Oral Surgeon Dr Bala Anand. VAHS continues to work with the Royal Dental Hospital of Melbourne which is a service of the Dental Health Services Victoria which VAHS has a Memorandum Of Understanding with. Dr Bala attends VAHS once a month. He averages between 5-7 patients per visit for the removal of difficult and impacted wisdom teeth. He has also performed biopsy and identified oral cancers in some cases.

Dr Anand has also consulted and referred VAHS patients for General Anaesthetic surgery at the Royal Dental Hospital Melbourne.

## PRISON SERVICES

VAHS continues to provide another valuable program to our women from Dame Phyllis Frost Women's Prison, who attends VAHS regularly for necessary treatment. We have also received requests from individuals from the men's prison to have VAHS come and provide dental care.

## HEALTH PROMOTION

Part of the program's health promotion strategy is to provide each patient with oral hygiene instructions and essential hygiene products to maintain their oral healthcare. This includes a toothbrush, toothpaste, floss, mouth rinse and pamphlets. These are given out to patients at their first appointment with the Dentist or Dental Therapist.

The program also supports other units of VAHS and requests from other organisation's with show bags to give to their clients.

Other program health promotion activities included outreach screening, information sessions to VACCA playgroups, High School students, BWAYS 3-on-3 Basketball tournament, NAIDOC events, VAHS health screening events, and the Open days of VAHS and other Aboriginal organisations. The unit also did a presentation at Dental Health Services, Victoria.

## STAFF MATTERS

During 2012-2013 some staff left the organisation and this created vacancies in positions in the program. VAHS said farewell to Gillian (Jill) Wells, the Dental Therapist and Nakita Kelly who decided to pursue a new career path. The Program congratulated and acknowledged Sarah Flynn for completing the Certificate 3 in Dental Assisting. It also congratulated Dr Lovedeep Kaur on successfully completing her Australian Dental Commission exams and is now one of VAHS' practicing Dentist.

VAHS had many staff attending specific training and professional development programs e.g. Shaygne Hamilton commenced her Certificate 3 in Dental Assisting at RMIT. Other courses attended by staff include Infection Control seminars, Chair-side Medical Emergencies and CPR, Continued Professional Development courses through the Royal Dental Hospital Melbourne and an Oral Surgery Course.

In the latter part of the year, Christine Ingram, Oral Health Manager was invited to take on the Acting Deputy CEO role and Ismahan Elmi, the Dental Assistant took on the role of the Acting Oral Health Manager.



As the then Oral Health Manager, Christine continued to be an active participant on the following external committees and groups on behalf of the VAHS:

- North West Metropolitan Regional Oral Health Leadership Group;
- Inner North Catchment Group;
- Victorian Oral Health Promotion Plan Steering Committee;
- Victorian Advisory Committee Koori Health / Oral Health Subcommittee;
- Dental Health Services Victoria Aboriginal Oral Health Reference Group; and
- Community Advisory Committee member of DHSV.

Internal meetings:

- Manager/CEO Supervision meetings
- Staff meetings
- MAC'S meetings
- Unit meeting
- OH&S committee
- VAHS WAH committee
- DHS and VAHS round table
- Finance meetings
- VAHS 40th Anniversary meetings

Christine is also an active board member of the National Aboriginal and Torres Strait Islander Health Worker Association.

## STUDENT PLACEMENTS

Continually the unit receives enquiries to host students on work experience or students studying Bachelor of Health course and also dentist seeking employment at VAHS.

Several requests have also come for volunteer students who are overseas trained dentist to observe our staff in practice – this helps them with their Australian Dental Council exams.

Over this period we saw a total of 5019 patients for a variety of treatments. It needs to be noted that on some days we were short staffed. Each year we are increasing our numbers. Below is a broken down snapshot for the year:

		U5	5-9	10-14	15-54	55-64	Over 65	Total
Aboriginal	Female	42	125	184	1779	284	157	2571
Aboriginal	Male	43	121	134	1209	252	71	1839
Non Aboriginal	Female	0	0	2	188	52	14	256
Non- Aboriginal	Male	1	0	5	247	66	34	353

Finally we would like to be able to secure additional funds to be able implement a specific IT Dental System and Digital Imaging program that enhances our service delivery for the community.



Our Oral Health Team





# men's HEALTH PROGRAM



Alan Brown, Manager

## WHO ARE WE?

At time of publication of this report the Men's Unit has four positions, those being two full time and two part time. All the staff are male and we have a good mix of age, experiences, skills and personalities. The unit members work well as a small team, and take on the challenges that pop up with strong and safe discussions, transparent information sharing and a mutual respect despite age and experience. Everybody is important in this team.

## MEN'S HEALTH UNIT - "MEN'S HEALTH MATTERS"

WOW, what a difficult time.

Anyway we look at it we cannot dispute it's been a tough time for the VAHS community. And the Men's Unit cannot sugar coat the impact it's had on us, like others we too felt the pain. We recognised the challenges and like others in VAHS it was heads down and get on with business. There have been some major changes and Men's Unit team look ahead with optimism.

The Unit continues to find its place in VAHS, and we endeavor to live in a continual mode of development, reflection and redirection. This style of development is due to

1. Service delivery limitations due to our primary funding source and core business. (DHS family violence grants)
2. Working on responses to crisis and urgent matters, and less on preventative and educational areas.



John Byrne (Counsellor), Kaelun Brown (AHW) and Alan Brown (Manager)

## THE STAFF ARE: "THE B TEAM"

**Alan Brown: (AB) Manager.** 55 year old Gunditjmara man, who brings experience and skills in the management and delivery of Aboriginal community health programs.

**John Byrne: (JB) Family Violence Counselor.** Has been working with Koori men for 15 years. John brings a passion for the well-being of males, including a determination for positive behavior changes in men.

**Kaelun Brown: (KB) Family Violence case manager.** 25 year old Gunditjmara, Yorta Yorta, Wiradjuri man. An active advocate of Koori dance as a tool for male healing. KB is also developing his social entrepreneur skills for the Unit's growth. A new dad who brings a strong young man's presence to the team.

Note: The Men's Unit Family Violence Healing position is vacant at the time of the report.

## OUR SCORE

When we considered the Unit's work, we are not completely satisfied with it. We know there are some impacts on opportunity including the:

- Family violence core business requirement compared to expectations and need from other areas of male clients life situation;
- The disruptions of leadership changes at VAHS;
- Settling in at Plenty road;
- Time taken for partnerships, relationships and networks to develop and become increasingly more effective; and
- Time taken for our funding agency and other like areas to make decisions that impact on the Men's Unit.

However the Men's Unit gives itself a score of 6.0 out of 10. Clearly the challenges ahead are to find ways to raise the bar and to maintain a reasonable level.

## CORE BUSINESS – FAMILY VIOLENCE

Three of the four positions in the Men's Health Unit are funded from the Department of Human Services Family Violence program. This area concentrates more on responses to violence rather than the preventative need in our community. None the less the Unit works diligently with males who come into the Unit.

The external referral process into the Unit for family violence matters is multi-layered and includes, self, family, internal and external. The external referrals into the Unit are from these critical areas:

- Koori Court;
- Magistrates Court;
- Corrections;
- Police;
- Men's Active Referral Service (MARS) L17s faxed in;
- Victoria police high risk group; and
- The Unit also has relationships with other family centred service providers including those from our community and those from mainstream.

However, there is a challenge for the Men's Unit in developing a relationship strategy for external referrals from other Aboriginal organisations.

## DARDEE MUNWURRO

The relationship and the work of the DARDI MUNWURRO Men's Behavioural Change program (MBCP) has been a significant outcome for the Unit. During the year the Dardi Munwurro team (Alan Thorpe & John Byrne) held two (2) camps and have a total of sixty (60) men go through the MBCP.

## OTHER WORK

It is in these areas we are finding a rising increase which clearly demonstrates the need. An interesting component of the "other work" is the separation of CRISIS/ URGENT and the preventative opportunities that could arise. The majority of the males that have presented all do so in the CRISIS / URGENT mode.

These areas are:

- Accommodation - Urgent and short term;
- Housing (Long term);
- Emergency relief - Petrol and food vouchers;
- Transport - Met tickets, occasional taxi or pick up;
- Outreach - Family centred traumas;
- VAHS Internal referral - face to face counselling, support or case management;
- Advocacy on a range of matters ranging from Centrelink, courts or mainstream;
- Other needs of a various nature.

The Unit also supports the Family Counselling Services program's Men's Group.

This program preceded the VAHS Men's Health Unit and continues to play an important role in the personal development of local Koori men. The outstanding work of John Egan and Graham Gee needs to be acknowledged.



### L17S POLICE REPORTS

The VAHS Men's Health Unit is now locked into the procedure of receiving police L17s; these are reports of family violence incidents. These reports are received via the Men's Active Referral Services (Plenty Valley Community Health Service, and Djerriwarrah Health Service) and cover all reports of police involvement in instances of Aboriginal men using violence in the home.

The coverage of the area includes all police stations in Northern and North Western metropolitan Melbourne. The sad news is that the Unit receives quite a lot, so it is able to contact the Koori person and discuss a range of options for dealing with violent behaviour, including counselling and access to Men's Groups and Men's Behaviour Change programs.

### HIGH RISK COMMITTEE

The VAHS Men's Unit also sits on the Victoria Police High Risk Group. This involves the family violence officers from the three local police regions, Whittlesea, Darebin and Banyule as well as other mainstream, government and Koori Family services. The Unit is called in when Koori males are identified as high risk to others (partners and family members) and a strategy is considered for contacts and options.

### RELATIONSHIPS AND PARTNERSHIPS

The VAHS Men's Unit is sought after in a range of areas to be actively involved in external relationships and partnerships. This is an indication of the kudos that all of VAHS has, by being seen as a can do service provider. We engage at various levels of intensity with differing groups.

The Unit has formal relationships with local Koori men's groups including the Aboriginal centre for males, and the Fitzroy Stars football club. As well we work with the Northern RAJAC, and the Northern and Western family violence regional action groups. Other groups included in a semi-formal environment including Odyssey House, CPS Heidelberg, Northern and western metropolitan men's family violence networks, Kildonan, and Victoria Police.

### NACCHO: A BLUEPRINT FOR ABORIGINAL MALE HEALTHY FUTURES FOR GENERATIONAL CHANGE.

Please see below the web link for the NACCHO blueprint for Men's Health.  
<http://www.naccho.org.au/health-reform/aboriginal-male-health/>

The VAHS Men's Unit and other Aboriginal health services from around the country attended the launch of the above plan, in Canberra. The blueprint provides a strategy for a positive change in Aboriginal men's health that incorporates the key principle of local Aboriginal community control.

The blueprint is guided by Aboriginal masculinity and social and cultural determinants with respect for LAW, ELDERS, CULTURE & TRADITIONS.

It invests in Aboriginal male health to deliver innovative comprehensive health care for males, driven by HEALTH, SOCIAL & EMOTIONAL WELL BEING & SOCIAL DETERMINANTS. Underpinned by the need to improve, access, men's health workforce, integration of services and appropriate research.

The VAHS Men's Unit sees this framework as potential to form the VAHS Men's Health Policy.



John, Kaelun & Alan at the Men's Health National Conference, Brisbane 2013



## URBAN DJARMBI

### - "Koori males in the city"

The "URBAN DJARMBI" (city brother) is the symbol of the VAHS Men's Unit identifying who we work with.

The vast majority of the men associated with the Unit are not living on their traditional lands; as Koorie men we are not in the country, thereby having easy access to space, water or bush. We live in the city and our environment is what it is, that is noisy, busy, hectic, and concrete. We do have access to more services and opportunities, but do we take them and..... are they really accessible? This environment can be challenging and our services need to reflect who and where we are - URBAN DJARMBIs!

The symbol above highlights working across the spectrum of male age groups, with a cityscape showing where we live, all URBAN DJARMBIs are connected spiritually to culture, represented with the image of Bunjil the Eagle.

## CHALLENGES

There are several challenges that the Unit has identified and a key one for us to focus on is, "IS VAHS MALE FRIENDLY AND SAFE?". The Unit should not shy away from having a look at itself and from asking the question of itself.

Included in this are:

- areas of males accessing our services,
- men seeking help and promoting it,
- working across and with other VAHS Units and their role, as well as
- defining community perceptions and expectations of the Men's Health Unit.

## FUTURE WORK

The work of the Unit will continue to be developed as it grows into what the community wants it to be. In order to get there the Unit will seek to develop as part of the current work, the following:

- Detailed audit of male use of VAHS;
- Further development of VAHS Men's Health Advocacy or Consumer Group or Sub-committee;
- VAHS to identify and develop strategies re. specific men's health campaigns, for example Andrology, Prostate;
- Development of a VAHS Men's Health community consultation project;
- Development of a VAHS internal "wrap around" integrated service for males that covers key service delivery areas including, the VAHS clinic, oral health, Healthy Lifestyles (Inc. smoking cessation), services for Elders;
- Further development of the Unit's work in promoting and supporting fatherhood and working with Dads on this;
- Increased focus on health checks and other preventative programs;
- Design and delivery of a pre-release health strategy for male prisoners;
- Design and delivery of a Male Hospital Visitors program; and
- Design and delivery of a Dispute Settlement Program (mediation).



# close THE HEALTH GAP



I would firstly like to acknowledge that I work on the lands of the Wurundjeri people of the Kullin Nation and pay my respects to the Elders past and present.

I commenced in the CtHG Partnership Managers position in June 2012. I would like to acknowledge the staff and the Board of Directors at VAHS who serve our community with passion and commitment. I admire the work this organisation does to care for our community.

## NORTH/WEST REGIONAL CLOSE THE HEALTH GAP PROJECTS

The Close the Health Gap initiative is a State-funded initiative that commenced in 2009.

The focus for the North West Metropolitan Region (NWMR) was on:

- Screening for health issues (early, every time, everywhere) amongst vulnerable children, youth, adults and the elderly in the N&WMR;
- Engagement of Aboriginal people in the health system supporting early intervention and acceptance of the screening process and the need for the follow-up of the health issues identified;
- Navigation, assisting Aboriginal people to navigate the NWMR health system once issues are identified and the need for more complex help is recognised; and
- A focus across the life span by responding to the needs of vulnerable children, youth, adults and the elderly.

Joanne Atkinson  
Closing the Health Gap (CtHG)  
Partnership Manager

The NWMR plan has developed a holistic approach whereby Aboriginal Community Controlled Organisations and Aboriginal Community Controlled Health Organisations engaged Aboriginal communities to facilitate screening across the life span.

Mainstream services have begun the work to create safe pathways to address the health needs that were identified through screening. The final phase remains where they build on the earlier work and focus on facilitating families in crisis to navigate the system.

Since the implementation of the CtHG initiative in 2009, the CTHG Committee funded 25 programs across the NWMR. The programs that were developed and implemented include:

## AGENCY NAME INITIATIVE TITLE

- Aboriginal Advancement League - Supporting the Elderly & Enabling Responsibility in Response to Chronic Disease
- Aborigines Advancement League (Auspice agency)  
- Family Centred Co-ordinated Care Model
- Dental Hospital - Regional Smiles for Miles Dental Pilot
- Doutta Galla - Prevention & Early Intervention of Asthma with Children
- Health West (Primary Care Partnership) - Establishment of Outer West Aboriginal Children, Youth, Adults & Elderly partnerships
- Hume Whittlesea (Primary Care Partnership) - Establishment of Outer North Aboriginal Children, Youth, Adults & Elderly partnerships
- Inner North (Primary Care Partnership) - Establishment of Inner North West Aboriginal Children, Youth, Adults & Elderly partnerships
- Merri Community Health - Culturally Sensitive Children's Ear Health Pilot
- North East Primary Care Partnership - Banyule Community Health  
- Establishment of Outer North Aboriginal Children, Youth, Adults & Elderly partnerships
- Northern Division of General Practice  
- Promotion & Distribution of Culturally Appropriate Resources
- Northern Division of General Practices  
- Regional Network & Sector Planning Forums
- St Vincent's Hospital - Improving the Pathways to Hospital Care in the NWMR Project
- Victorian Aboriginal Childcare Agency Co-operative  
- Health & Culturally Strong Koorie Kids Having Fun
- Victorian Aboriginal Childcare Agency Co-operative  
- Extension of 09/10 Priority Projects Children & Youth activities
- Victorian Aboriginal Community Services Association Limited  
- Youth Health Promotion & Cultural Screening
- Victorian Aboriginal Community Services Association Limited  
- Extension of 09/10 Priority Projects Children & Youth activities
- Victorian Aboriginal Health Service - Minajulku Healing Centre
- Victorian Aboriginal Health Service - Reduce Smoking Pilot
- Victorian Aboriginal Health Service - Coordinated Tackling Smoking Approach
- Victorian Aboriginal Health Service - Relocation of Family Counselling Service & Establishment Of Rehabilitation Service
- Victorian Aboriginal Health Service - Indigenous Men's Centre
- Victorian Aboriginal Health Service - Improving Access, Support & Pathways to Antenatal Care
- Victorian Aboriginal Health Service - Improving health partnerships Across NWMR (CtHG Partnership Managers Position)
- Victorian Aboriginal Health Service - Health Screening & Mentoring,
- Fitzroy Stars Football Team - Youth Leadership
- Western Region indigenous Health Centre - Adult Healing Place West Pilot.



Each of these projects have contributed to improved outcomes for community members and it is hoped it has a on long term change and effect on their lives.

I particularly acknowledge the work of the Primary Care Partnerships (PCP's) in the regions who are working with their member agencies to impact change. The PCPs seek and deliver cultural awareness training to improve the knowledge and understanding of mainstream health services.

## KOORIE COORDINATED CARE MODEL PROJECT - CLOSING THE HEALTH GAP SERVICE CO-ORDINATION PROJECT

This project was initiated by the North and Western Metropolitan Region (NWMR) Closing the Health Gap Advisory Committee to develop more co-ordinated approaches to service provision. The co-ordinated approaches will improve the health and wellbeing of vulnerable people and families by responding to clients more pressing support needs.

The core principles informing the project are:

1. Aboriginal cultural well-being is fundamental to health
2. Aboriginal health and well-being is everyone's responsibility
3. A holistic family-centred approach will deliver better health outcomes
4. Families and individuals in crisis need to be empowered to improve their health and wellbeing.

The project aim is to develop a series of trials and to evaluate culturally safe processes involving clients' decision-making about their care and support. It also involves greater co-operation between health and other support services.

Reflecting on this client-centred and more integrated service approach, the

project management group comprises representatives of the Victorian Aboriginal Health Service, Victorian Aboriginal Community Services Association Limited, Aboriginal Community Elders Services, Victorian Aboriginal Child Care Agency and the Aborigines Advancement League.

The project addresses priority areas for action in the 2010 NWMR Closing the Health Gap Strategic Plan and the six key Koolin Balit priorities by:

- strengthening client connections to services, family, culture and community;
- supporting people to make choices which help them live a healthier lifestyle;
- making the health and human services system less complex and easier to navigate by facilitating referrals and cooperation between services; and
- making health decisions more central to decisions people make where they live, learn and work whether in their homes, or in personal relationships, in neighbourhoods, and at schools and in their jobs.

The project commenced in June 2013. A draft Koorie Co-ordinated Care Model was tabled in September for consideration by the management committee. A work plan for trialling the model commenced where the Committee is able to monitor achievable stages. Trials will commence in early 2014

Preliminary discussions have commenced between project partner organisations and allied services around trialling the model.

Key elements initially being tested include:

- client confidentiality standards and related client advisory documentation;
- processes and documentation which facilitate client referral, interagency cooperation and greater client involvement in care planning.

Further information can be provided can contact Don Stewart who is based at the Aborigines Advancement League or Joanne Atkinson at the VAHS Preston site.

## FROM CLOSE THE GAP TO KOOLIN BALIT

At the end of 2013 the Department of Health engaged Eades Consultancy to undertake a review of the CtHG over the past 4 years.

All stakeholders were given the opportunity to participate in the review via one on one meeting with the consultations or community group sessions.

## NORTH/NORTH WESTERN REGIONAL PRIORITIES UNDER KOOLIN BALIT

### PRIORITY HEALTH ISSUES

1. Drug and Alcohol
2. Mental Health
3. Chronic disease

### PRIORITY COHORTS

1. Children and adolescents
2. Post-release prisoners
3. Elders and Aged Care

### ENABLERS

1. Quality data that informs decision making
2. Strong services - Aboriginal & universal

# regional TACKLING TOBACCO AND HEALTHY LIFESTYLE PROGRAM



## PROFILE

The Regional Tackling Tobacco and Healthy Lifestyles Team has a preventative health focus and are active in providing healthy lifestyle programs that promote exercise and healthy eating to the whole of the Aboriginal community in metropolitan Melbourne with a focus on the northern suburbs.

The Tackling Tobacco workers support community members to quit smoking and have developed smoke free and healthy catering policies to create supportive health environments at VAHS.



Laura Thompson, Regional Co-ordinator

## STAFF

### Regional Coordinator/s

Lionel Austin	May 2012	March 2012
Laura Thompson	(started May 2013 – current)	
Note the Regional Coordinator position was vacant for 2 months		

### Tobacco Action Workers

Tyson Lovett-Murray	June 2012 – current
Eric Edwards	June 2012 – June 2013

### Health Lifestyle Workers

Kelli McGuinness Jnr	June 2012 – current
Clayton Murray-Mitchell	June 2012 – June 2013

### Physical Activity Workers

Brayden Williams	June 2012 – June 2013
Greg Semmler	June 2012 – current (re-employed as a Healthy Lifestyle Worker)



Eric Edwards (Healthy Lifestyle Worker) engaging the Kids at Melton



## INTRODUCTION

It was during this year that VAHS appointed the Regional Coordinator, Lionel Austin to manage and have overall responsibility of program delivery. The Regional coordinator led the team recruitment and program design and recruitment focused on the building the capacity of young Indigenous people.

The up skilling of team members was a key component of program delivery, and it evident from the spread of activities, partnerships and training programs the managed to evolve throughout the period in a positive and constructive manner.

The team designed their own logo and created a brand for the unit which was launched through signage, displays, uniforms and all related social marketing material. The team successfully partnered with local and state based organisations to promote tobacco cessation and health lifestyles key messages. These organisations include:

- Quit Victoria;
- VACCHO;
- Medicare Locals;
- Plenty Valley Community Health Centre;
- City of Whittlesea; and
- the Richmond Football Club.

## ACHIEVEMENTS 2012 -2013

There have been many achievements in this unit however the highlights for this reporting period are:

### STAFFING AND TRAINING

Staff recruitment focused on attracting a workforce from the local Indigenous community and the staff appointed had a strong cultural connection with the Aboriginal and Torres Strait Islander community however, they were relatively new to designing and leading activities. Training in the first year was a priority to build the capacity of the new workforce.

Some of the training undertaken included:

- a Certificate III and IV in Aboriginal Health Worker Training (VACCHO);
- Mend Childhood Obesity Training;
- Quit Victoria, Brief Intervention Training; and
- the Centre for Excellence in Indigenous Tobacco Control (CEITC) Training.

## TEN (10) DEADLY HEALTH DAYS AND EVENTS

Over the year the team held Ten Deadly Health Days where the activities at the events included health assessments and screening, health promotion/smoking cessation workshops, education sessions, physical activity sessions/games.



Cigarette beaten up by Deadly Dan and his warriors

### THE MARQUEE

The VAHS Healthy Lifestyle set up their marquee that contains health promotional material and delivered tobacco cessation and healthy lifestyle messages at the Ballarat Junior Football Carnival, VACSAL & Bill Muir Basketball Tournament and the Fitzroy Stars first game back at the Aborigines Advancement League.

The marquee usually attracts large numbers of children and youth and this is facilitated by inviting the Indigenous Hip Hop Project to attend events and by having 'Deadly Dan' the smoke free superhero costume.



Healthy breakfast and water is also available from the marquee. At the Ballarat Junior Football and Netball Carnival, the VAHS Health Check Van was present to conduct individual health checks. The Healthy Lifestyle Team also had a presence at some other community events in the West and North suburbs of Melbourne. For example, the team was present at:

- the Melton Community Health Day
- the Whittlesea Koori Christmas BBQ.

These are extremely successful activities as the team was able to work in partnership with other organisations in these municipalities and it is continuing to proactively build on these relationships.

Some of the deadly health days at VAHS included:

- the VAHS Community Christmas Day;
- VAHS Closing the Gap Day; and
- the Cancer Council Walk (8) where by the team coordinated a walk from the VAHS Preston site to the VAHS Nicholson Street Site. The walkers held yellow balloons which symbolised cancer.

## FUN RUNS

The two stand out deadly health events were the VAHS Fun Run teams entered in the Melbourne Marathon in October and Run for Kids in April.

The Melbourne Marathon was leveraged to build momentum for the Healthy Lifestyle Challenge, and retain participants. It enabled participants to develop a realistic training plan with a goal in mind.

VAHS provided community support with the development and implementation of training plans for the run.

Forty-five people participated in this event which was in partnership with the Plenty Valley Community Health 'Feedin' the Mob' Project.

VAHS 6 months later entered a team in the Run for Kids fun run again in partnership with Plenty Valley Community Health, Bubup Wilam for Early Learning & Dianella Community Health.

The event attracted ninety participants, an increase of fifty percent from the previous fun run.



Fun Run Participants, Melbourne Marathon



Fun Run participants Run for the Kids

## HEALTHY LIFESTYLE CHALLENGE

The 3-month Healthy Lifestyle Challenge ran from August to October 2012. It provided an opportunity for the whole community to participate in free physical activity. The focus was on preparing for the Melbourne Marathon. The initiative aimed to help individuals physically prepare for an event. Participants received a cash prize for the person with the most points accumulated by not smoking, attending exercise and eating healthy.



## SMOKES AND JOKES COMEDY SHOW

The team was successful in its submission to develop a community theatre production to promote tobacco cessation and healthy lifestyles. Working with the Malthouse Theatre, Producer Jason Tamiru, Director Nelly Thomas and the cast Kevin Kropinyeri, Denise McGuinness and Dawn McGuinness developed a forty-five minute theatre/comedy show that explored the challenges, messages of hope and inspiration relevant to smoking cessation and healthy living.



Photos above right: Kelli McGuinness Jnr and Eric Edwards (Healthy Lifestyle Team) staff sharing no smoking messages for No Tobacco Day.



Comedian Denise McGuinness



Cast Smokes and Jokes (L-R) Nelly Thomas, Jason Tamiru, Dawn McGuinness, Denise McGuinness & Kevin Kropinyeri.



Comedian Kevin Kropinyeri

# *financials*

2012–2013



**VICTORIAN ABORIGINAL HEALTH SERVICE CO-OPERATIVE LIMITED**  
**ABN : 51 825 578 859**

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**FINANCIAL REPORT**  
**FOR THE YEAR ENDED 30 JUNE 2013**



## **DIRECTORS' REPORT**

Your directors present their report on the Co-operative for the financial year ended 30 June, 2013.

The surplus amounted to \$170,813 (2012: \$1,391,485).

No dividends have been paid or recommended during the year.

During the year, 58 shares were issued (2012: 4 shares).

No person has applied for leave of Court to bring proceedings on behalf of the Co-operative or intervene in any proceedings to which the Co-operative is a party for the purpose of taking responsibility on behalf of the Co-operative for all or any part of those proceedings.

The Co-operative was not a party to any such proceedings during the year.

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Co-operative, the results of those operations, or the state of affairs of the Co-operative in future financial years.

The Co-operative's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the Co-operative.

The names of the directors in office during or since the end of the year are: Karin Williams, Lynette Briggs, Tony McCartney, Ronald Briggs, Kelvin Onus-King, Paul Stewart, Jill Gallagher, Peter Rotumah and Michael Graham. The secretary is Karin Williams.

The principal activity during the financial year was the provision of health services to Koori communities within the State of Victoria. Funding to conduct these services was provided by grants received from government agencies. The information contained herein is presented on a consolidated basis covering all services provided under the programs. There was no significant change in the nature of the activity during the year.

Total grant revenue increased by 3.25% to \$10,776,686. No significant changes in the state of affairs occurred during the financial year.

During this period, Victorian Aboriginal Health Service Co-operative Limited (VAHS) has been challenged by the constantly evolving and highly complex environment in which it works, and to maintain the level of change required to ensure its systems and processes are able to operate effectively within this setting.

During the 2012-2013 financial year, the Board became aware that the finance systems and processes at VAHS were struggling to keep up with the growth of the organisation. The Board engaged an external third party to provide recommendations to improve the systems to support the continued growth. The recommendations were accepted in their entirety and are being implemented according to the priority of the recommendations.

In August 2013 the new VAHS site was opened by community Elders who spoke about their historical experiences with VAHS. Key people in the founding of VAHS were acknowledged, in particular Aunty Alma Thorpe and Uncle Bruce McGuinness. A Welcome to Country was conducted by a Wurundjeri Elder followed by speeches, dances and food.



## **DIRECTORS' REPORT (cont'd)**

To complement the Opening of the new Preston site, VAHS also used the occasion to celebrate the first range of 40th Anniversary events. It is estimated that approximately 450 people attended on the day.

During the year, the Board had also seen some changes to its membership and its executive. Two new Directors were seconded onto the Board, and there was a reshuffle of its Executive.

VAHS has been provisioning for the growth that it has experienced. This money has been expended in the 2012-2013 financial year when VAHS moved into the Preston Site.

VAHS has seconded a new Chief Financial Officer to implement the recommendations from the recently completed KPMG review of the VAHS financial processes and systems. The person has been engaged for a short period to develop the new systems and structure as a way forward. This will 'trigger' an exercise in the completion of future strategic and operational planning to be workshopped at a VAHS Board and Senior Management Inservice.

Qualifications, experience and special responsibilities of Directors are as follows:

Karin Williams	Karin was with Koori Kolij in 1985 before joining VAHS where she was an Aboriginal health worker for 18 years. She spent 4 years as a Koori youth justice worker with VACSAL/ Bert Williams Aboriginal Youth Service. Karin has been on the Boards of Yappera for 10 years, Koori Diabetes Service for 5 years and Fitzroy Stars Gym & MAYSAR for 3 years. (Re-elected December 2012).
Lynette Briggs	Lynette is a proud Wiradjuri Yorta Yorta women has 35 years experience in the Aboriginal health field. She joined VAHS in 1984 as a clinical health worker and worked in a number of senior positions before leaving in 2008 as manager of the Women's and Children's Unit. She has been a past board member of a number of Aboriginal Organisations, Eliz Hoffman House Women's Refuge, VACCA and Yappera Children's Services. Lynette has worked as a project officer with Mercy Health New Directions Program and is currently working in HACC services as the Assessment Officer at the Aborigines Advancement League. (Re-elected December 2012).
Tony McCartney	Tony has worked in Aboriginal Affairs for over 30 years in youth, housing, employment and health. This includes senior executive roles in local, regional and national Aboriginal organisations. Tony comes with considerable knowledge and experience in governance and is a qualified trainer and facilitator. Tony has qualifications in community development business governance and management. Tony works as a teacher at Victoria University. Tony has passion for empowering individuals to achieve or reach their goals. (Elected May 2012). (Resigned August 2013).
Ronald Briggs	Ron has a Certificate IV in Aboriginal Health and is on the men's health sub-committee at VAHS. He is actively involved in the community with health promotion for men. Ron has a keen interest to see his community grow old and healthy, to help community members get involved in sport and to encourage men to become healthy role models for their families and communities. He has been on various Committees in Health and is currently working with new fathers and encourages more support for the father. He has been involved in men health for 10 years and is aware of health needs of community. He is also involved in sport for young warriors in basketball, football, etc. (Elected May 2012).

## DIRECTORS' REPORT (cont'd)

- |                  |  |
|------------------|--|
| Kelvin Onus-King | Kelvin has been involved with Aboriginal Health for the last 35 years. He has involved in the establishment of many Aboriginal community controlled health and dental services. He has currently completed a degree in Community Development at Victoria University and has a particular interest in men's health, oral health and age care. (Elected May 2012).   |
| Paul Stewart     | Paul is a Taungurong man from Central Victoria, who has 10 years experience working in Aboriginal Community Organisations in Victoria. Currently, Paul has been working with Onemda VicHealth Koori Health Unit at The University of Melbourne for the past 10 years. During this time Paul has been involved in a variety of research, teaching and community development projects that primarily focusses on Aboriginal Health. (Elected May 2012). (Resigned February 2013).  |
| Michael Graham   | Michael Graham has been part of the Melbourne Aboriginal Community all of his life. He has worked in Community organisations for over 20 years. Michael now works as a Koorie engagement support officer (KESO) for the DEECD and is passionate about improving outcomes for his people.<br>Michael has been the Chairman of Fitzroy Stars Aboriginal community youth club gymnasium, and a Director of Victorian Aboriginal Youth Sport And Recreation Co-operative Limited.<br>A number of organisations Michael has worked at within the Aboriginal Community are VACCA, VAEAI, VAHS, VACSAL, VALS. (Elected December 2012).  |
| Jill Gallagher   | Jill Gallagher AO is a Gunditjmara woman from Western Victoria who has worked within, led and advocated for the Victorian Aboriginal community all her life. Since 1998 this has been through the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). Jill has been the CEO of VACCHO since 2001 and her work was instrumental in achieving bipartisan support for the vital 'Statement of Intent' signed by the Premier in August 2008 on behalf of the State Government to 'Close the Gap' in Aboriginal life expectancy. Prior to her work at VACCHO, Jill was a member of the Museum of Victoria and worked for the return of Indigenous skeletal remains and Indigenous cultural property. (Co-opted September 2013). |
| Peter Rotumah    | Since 1973 Peter has worked in a number of community –controlled organisation including: Victorian Aboriginal Legal Service Co-operative Limited; Central Australian Aboriginal Legal Aid Service; Victorian Aboriginal Child Care Agency; Victorian Aboriginal Health Service Cooperative Limited; Central Gippsland Aboriginal Health & Housing Co-op and Victorian Aboriginal Youth Sport & Recreation Co-operative Limited.<br>In 2003 he joined the Victorian Department of Justice as the Metropolitan Regional Aboriginal Justice Advisory Committee as their Executive Officer.<br>In 2012 he left the department to work as Station Manager for 3KND KoolnDeadly radio, a position he currently enjoys. (Co-opted September 2013).    |

**DIRECTORS' REPORT (cont'd)**

During the financial year, 12 meetings of directors were held.

Attendances were: Directors' Meetings


Director:	Number eligible to attend	Number of meetings attended
Karin Williams	12	9
Lynette Briggs	12	11
Tony McCartney	12	11
Ronald Briggs	12	12
Kelvin Onus-King	12	11
Paul Stewart	9	4
Michael Graham	5	5

**Auditor's Independence Declaration**

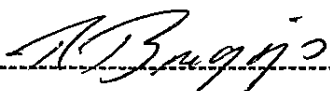
A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on page 5.

Signed in accordance with a resolution of the Board of Directors:

Chairperson

  
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Treasurer

  
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Dated this 31 day of October, 2013

**AUDITOR'S INDEPENDENCE DECLARATION  
PURSUANT TO SECTION 238 OF THE CO-OPERATIVES ACT 1996  
TO THE DIRECTORS OF VICTORIAN ABORIGINAL HEALTH SERVICE CO-OPERATIVE LIMITED**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2013 there have been no contraventions of:

- (i) the auditor independence requirements as set out in the Corporations Act 2001 (to which Section 238 of the Co-operatives Act 1996 refers) in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

  
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McLean Delmo Bentley's Audit Pty Ltd

  
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KEVIN P. ADAMS  
Director

Hawthorn  
31<sup>st</sup> October 2013

**INCOME STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2013**

	<b>Note</b>	<b>2013</b> <b>\$</b>	<b>2012</b> <b>\$</b>
Revenue grants received	2	10,776,686	10,437,486
Other revenue	2	1,754,728	1,663,292
Employee benefits expense		(9,027,355)	(8,165,623)
Depreciation expense	4	(550,805)	(508,466)
Communications expense		(171,633)	(157,860)
Travel and accommodation expense		(104,322)	(55,656)
Medical and dental supplies		(250,598)	(175,158)
Repairs and maintenance		(308,931)	(121,276)
Cleaning expense		(37,626)	(31,312)
Professional and consulting fees		(630,911)	(410,254)
Contracted professional service fees		(32,930)	(49,800)
Computer software		(59,915)	(41,063)
Rent		(89,997)	(252,909)
Computer Services		(6,515)	(43,829)
Electricity usage		(74,312)	(83,094)
Program specific expenses		(329,771)	(139,416)
Pharmacy Supplies		(112,327)	(127,265)
Motor Vehicle Expenses		(129,995)	(131,730)
Photocopy and stationery expenses		(80,730)	(78,621)
Rates		(44,574)	(19,581)
Contract Cleaning		(87,860)	(80,272)
Food Supplies		(48,251)	(40,968)
Materials and Stores		(26,960)	(2,509)
Community Canteen and Provisions		(35,855)	(24,913)
Other expenses		(171,630)	(2,980)
Profit on sale of assets		<u>53,202</u>	<u>35,262</u>
Surplus		<u><u>170,813</u></u>	<u><u>1,391,485</u></u>

The accompanying notes form part of these financial statements.



STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2013

	Note	2013 \$	2012 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents - specific purpose	5	2,420,050	2,472,000
Cash and cash equivalents - other	5	4,901,897	4,704,723
Trade and other receivables	6	348,357	225,231
Other assets	7	87,750	87,750
<b>TOTAL CURRENT ASSETS</b>		<u>7,758,054</u>	<u>7,489,704</u>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	8	<u>8,023,052</u>	<u>9,393,581</u>
<b>TOTAL NON-CURRENT ASSETS</b>		<u>8,023,052</u>	<u>9,393,581</u>
<b>TOTAL ASSETS</b>		<u>15,781,106</u>	<u>16,883,285</u>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	9	3,027,750	3,144,521
Provisions	10	<u>823,383</u>	<u>715,560</u>
<b>TOTAL CURRENT LIABILITIES</b>		<u>3,851,133</u>	<u>3,860,081</u>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	10	<u>239,600</u>	<u>174,993</u>
<b>TOTAL NON-CURRENT LIABILITIES</b>		<u>239,600</u>	<u>174,993</u>
<b>TOTAL LIABILITIES</b>		<u>4,090,733</u>	<u>4,035,074</u>
<b>NET ASSETS</b>		<u>11,690,373</u>	<u>12,848,211</u>
<b>EQUITY</b>			
Contributed equity		512	454
Reserves	11	2,857,443	4,186,152
Retained surplus		<u>8,832,418</u>	<u>8,661,605</u>
<b>TOTAL EQUITY</b>		<u>11,690,373</u>	<u>12,848,211</u>

The accompanying notes form part of these financial statements.

STATEMENT OF COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2013

	Note	2013 \$	2012 \$
Surplus		170,813	1,391,485
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss:			
Revaluation decrement of land and buildings		(1,328,709)	-
Total other comprehensive income for the year		(1,328,709)	-
Total comprehensive income for the year		(1,157,896)	1,391,485

STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2013

	Contributed Equity \$	Reserves \$	Retained Surplus \$	Total \$
Balance as at 1 July 2011	450	4,186,152	7,270,120	11,456,722
Additional equity contributed	4	-	-	4
Surplus for the year	-	-	1,391,485	1,391,485
Balance as at 30 June 2012	454	4,186,152	8,661,605	12,848,211
Additional equity contributed	58	-	-	58
Other comprehensive income for the year	-	(1,328,709)	-	(1,328,709)
Surplus for the year	-	-	170,813	170,813
Balance as at 30 June 2013	512	2,857,443	8,832,418	11,690,373

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2013

	Note	2013 \$	2012 \$
<b>Cash Flows from Operating Activities</b>			
Grants received - operating	3	10,455,978	9,758,003
Interest received		398,874	311,320
Other receipts		1,355,854	489,784
Borrowing costs		(4,616)	(5,023)
Payments to suppliers and employees		<u>(11,595,594)</u>	<u>(8,877,135)</u>
<b>Net cash provided by operating activities</b>	15(b)	<u>610,496</u>	<u>1,676,949</u>
<b>Cash Flows from Investing Activities</b>			
Payments for property, plant and equipment		(628,198)	(6,324,352)
Proceeds from disposal of plant and equipment		<u>162,868</u>	<u>157,790</u>
<b>Net cash used in investing activities</b>		<u>(465,330)</u>	<u>(6,166,562)</u>
<b>Cash Flows from Financing Activities</b>			
Proceeds from new members		<u>58</u>	<u>4</u>
<b>Net cash provided by financing activities</b>		<u>58</u>	<u>4</u>
Net increase in cash held		145,224	(4,489,609)
Cash and cash equivalents at the beginning of the year		<u>7,176,723</u>	<u>11,666,332</u>
<b>Cash and cash equivalents at the end of the year</b>	15(a)	<u><u>7,321,947</u></u>	<u><u>7,176,723</u></u>

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of preparation**

The financial report covers Victorian Aboriginal Health Services Co-operative Limited as an individual entity. Victorian Aboriginal Health Services Co-operative Limited is incorporated and domiciled in Australia.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the Co-operatives Act 1996. The Co-operative is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

**(a) Income Tax**

The Co-operative, being established for community services purposes, is exempt from income tax.

**(b) Property, Plant and Equipment**

Each class of property, plant and equipment is carried at cost or fair value as indicated less, where applicable, any accumulated depreciation and impairment losses.

The depreciable amount of all fixed assets, excluding land, are depreciated either on the straight line basis or the reducing balance method over the useful lives of the assets to the Co-operative commencing from the time the asset is available for use.

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

<i>Class of Fixed Asset</i>	<i>Depreciation Rate</i>
Buildings	2.5%
Furniture and equipment	7.5% to 40%
Motor vehicles	22.5%
Copyright of floor design	5%

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

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

(c) Impairment of Assets

At the end of each reporting period, the Co-operative reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the Co-operative would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

Where it is not possible to estimate the recoverable amount of an individual asset, the Co-operative estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

(d) Leases

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

(e) Employee Benefits

Provision is made for the Co-operative's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year together with benefits arising from wages and salaries and annual leave which will be settled after one year, have been measured at the amounts expected to be paid when the liability is settled plus related on-costs. Other employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows attributable to employee benefits.

Contributions are made by the Co-operative to an employee superannuation fund and are charged as an expense when incurred.

(f) Cash

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.



NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

(g) Government Grants

Government grants for the current year are brought to account as revenue upon receipt. Any grants which are reciprocal where a present obligation exists to repay the grant, are treated as a liability in accordance with AASB 1004 Contributions. Grants received in relation to future periods' funding are treated as grants received in advance in the financial statements.

(h) Donations and Other Revenue

Revenue from donations is accounted for on a cash receipts basis. Interest revenue is recognised on a proportional basis taking into account the applicable interest rates. Revenue from the disposal of assets is recognised at the time of sale of the asset. Medicare revenue is accounted for on an accruals basis. Sundry income is recognised at the time it becomes due and receivable.

All revenue is stated net of the amount of goods and service tax (GST).

(i) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST except where the amount of GST incurred is not recoverable from the Australian Taxation Office.

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

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts or payments to suppliers.

(j) Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the company commits itself to either purchase or sell the asset (ie trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are recognised as expenses in profit or loss immediately.

Classification and Subsequent Measurement

- (i) *Receivables*  
Receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market.
- (ii) *Held-to-maturity investments*  
Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the intention to hold these investments to maturity.
- (iii) *Financial Liabilities*  
Non-derivative financial liabilities are subsequently measured at amortised cost using the effective interest rate method.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

(j) Financial Instruments (cont'd)

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the entity is no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire.

(k) Critical Accounting Estimates and Judgments

The Board evaluates the estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Co-operative.

(l) New Accounting Standards for Application in Future Periods

The AASB has issued a number of new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods, some of which are relevant to the Co-operative. The Co-operative has decided not to early adopt any of the new and amended pronouncements. The Co-operative's assessment of the new and amended pronouncements that are relevant to the Co-operative but applicable in future reporting periods is set out below:

AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010-2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements (applicable for annual reporting periods commencing on or after 1 July 2013).

AASB 9: Financial Instruments (December 2010) and AASB 2010-7: Amendments to Australian Accounting Standards arising from AASB 9 (December 2010).

AASB 13: Fair Value Measurement and AASB 2011-8: Amendments to Australian Accounting Standards arising from AASB 13 (applicable for annual reporting periods commencing on or after 1 January 2013)

AASB 119: Employee Benefits (September 2011) and AASB 2011-10: Amendments to Australian Accounting Standards arising from AASB 119 (September 2011) (applicable for annual reporting periods commencing on or after 1 January 2013).

The financial report was authorised for issue on 31 October 2013 by the board of directors.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

	2013 \$	2012 \$
<b>NOTE 2: REVENUE</b>		
<i>Operating activities</i>		
<b>Grants Received and Receivable - Revenue</b>		
<b>Department of Health and Ageing (DoHA) - Commonwealth</b>		
Health recurrent	3,446,391	3,382,123
FBT	20,043	20,043
Performance and Quality	75,002	73,228
National Diabetes Strategy	42,240	41,453
Koori kids mental health	221,091	219,645
Stolen Generation	108,951	106,920
Substance use	50,273	69,619
Healthy for life	469,824	461,066
Healthy Life Styles	705,519	63,710
Nurse Family Partnership	200,000	291,475
	<u>5,339,334</u>	<u>4,729,282</u>
<b>Department of Health (DoH)</b>		
Adolescent Mental Health	240,000	211,689
Home and Community care (HACC)	980,603	966,431
Home Based Outreach Support & PDRSS	653,628	678,499
AIDS/STD	139,351	203,007
Koori Maternity Services	283,508	277,244
Drug & Alcohol	81,736	79,150
Carer Crisis Support	29,928	25,286
Adult Continuing Care	388,155	414,723
AHPACC	52,952	110,503
Strengthen Primary Care	41,349	111,263
CTG - Tackling Smoking & Tobacco Coordinator	-	120,000
CTG - Project (Minajalku)	50,000	210,888
CTG - Unallocated	-	10,251
CTG - Fitzroy Stars Health Screening	-	15,000
CTG - Workforce training	14,550	30,000
CTG - Nursing & Midwifery	-	66,728
CTG - Service Development project	-	14,300
CTG - Allied Health Assessments Training	-	14,950
CTG - Workers with Learners Grant	-	7,000
CTG - Small infrastructure grant	-	5,700
FCS relocation - one off	60,649	280,000
PDRSS Minor Works - one off	-	46,919
Youth Justice M/H Project (NR)	114,479	42,287
Case Coordination	30,222	11,386
Regional Partnership manager	155,846	25,168
Community Programs project manager	-	50,000
	<u>3,316,956</u>	<u>4,028,372</u>

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

	2013 \$	2012 \$
<b>NOTE 2: REVENUE (cont'd)</b>		
<b>Department of Human Services (DHS)</b>		
Dardee Munwaro Mens Health	176,633	70,659
Indigenous family violence	210,356	15,789
Indigenous family violence (Men's)	117,873	141,571
	<u>504,862</u>	<u>228,019</u>
<b>DEECD</b>		
In Home support (IHS)	330,672	324,189
Maternal and Child Health Services	238,299	282,114
Pediatric consultancy	11,787	11,556
	<u>580,758</u>	<u>617,859</u>
<b>Other Specific Grants</b>		
RACP Specialist training program	95,600	75,800
RACGP FMP Program	219,829	154,537
FACSCIA - Emergency relief	14,875	14,875
Trainee grant refund	1,500	4,500
Department of Justice - Financial Wellbeing and others	291,185	282,883
Dental Health Services Victoria	100,828	117,679
ACIR Immunisation	1,650	1,710
Qumax	11,494	7,652
Affiliated Government Grants	38,294	9,091
COATS	17,013	1,616
Indigenous Money Mentor NAB	-	24,106
NHMRC	146,719	84,450
VACCHO grant for New Year's Resolution	-	3,352
AAL - Men's health	-	51,352
Teas Dale Corti	886	351
REACCH	34,091	-
Miscellaneous grants	60,812	-
	<u>1,034,776</u>	<u>833,954</u>
<b>Total Grants Received and Receivable - Revenue</b>	<u>10,776,686</u>	<u>10,437,486</u>
<b>Other Revenue</b>		
Donations	1,200	2,200
Interest received - other	398,874	311,320
Medicare reimbursements	842,244	862,188
Sundry income	152,514	89,359
Workcover Recovery	31,157	38,964
PIP Payments	142,966	192,031
Paid parental leave	32,751	-
Administration services provided	153,022	167,230
<b>Total Other Revenue</b>	<u>1,754,728</u>	<u>1,663,292</u>

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

	2013 \$	2012 \$
<b>NOTE 3: GRANTS</b>		
Grants received during the financial year comprise:		
<b>Department of Health and Ageing (DoHA) - Commonwealth</b>		
Health recurrent (Clinical & Dental)	3,446,391	3,382,123
National Diabetes Strategy	42,240	41,453
Koori kids mental health	223,918	219,645
Stolen Generation	108,951	106,920
Substance use	70,941	69,619
Healthy for life	469,824	461,066
Healthy life styles	684,990	374,781
FBT	20,043	20,043
Performance and Quality	75,002	73,228
Nurse and Family Program	200,000	521,037
	<u>5,342,300</u>	<u>5,269,915</u>
<b>Department of Health (DoH)</b>		
Adolescent mental health	240,000	211,689
Home and Community care (HACC)	975,603	1,012,103
Home based outreach support	679,324	763,279
AIDS/STD	139,351	134,617
Koori Maternity Services	283,508	277,244
Drug & alcohol	81,736	79,150
Carer crisis support	19,990	18,490
Adult Continuing Care	388,188	414,723
AHPACC	124,105	121,270
Minajalku	100,000	-
Koori Youth Justice Mental Health Worker	129,177	-
Regional Partnership Manager (NR)	120,000	-
HACC MAYA Services / Family violence	-	111,451
	<u>3,280,982</u>	<u>3,144,016</u>
<b>Department of Human Service (DHS)</b>		
Indigenous family violence	122,657	111,451
Mens Health - Clinical Referral Pathways & Services	-	28,643
Dardee Munwaroo	108,024	-
Mens Health - Intake Assessment / Case management	122,656	87,392
	<u>353,337</u>	<u>227,486</u>
<b>DEECD</b>		
In home support	330,672	324,189
Maternal and child health services	238,299	220,382
Pediatric consultancy	11,787	11,556
	<u>580,758</u>	<u>556,127</u>



NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

	2013 \$	2012 \$
<b>NOTE 3: GRANTS (cont'd)</b>		
<b>Department of Justice</b>		
Financial Wellbeing Problem Gambling Services	268,230	255,720
Victims of Crime	-	9,091
Koori Community Safety Grants	171,000	-
	<u>439,230</u>	<u>264,811</u>
<b>FHCSIA</b>		
Emergency relief	14,875	14,875
Problem Gambling	18,100	-
	<u>32,975</u>	<u>14,875</u>
<b>Other Specific Grants</b>		
Mens Health - AAL	-	51,352
RACP - Specialist Training Program	90,600	75,800
Koori community cook book	-	15,216
Dental Health Services Victoria	100,828	117,679
ACIR Immunisation	1,650	1,710
Qumax	11,494	7,652
REACCH	34,091	11,364
NHMRC	120,233	-
University of Melbourne ICCTG	37,500	-
Healing Foundation	30,000	-
	<u>426,396</u>	<u>280,773</u>
<b>Total Grants received - operating</b>	<u>10,455,978</u>	<u>9,758,003</u>

**NOTE 4: SURPLUS**

Surplus has been determined after:

Charging as expenses / crediting as revenue:

Depreciation of property, plant and equipment	549,805	507,466
Amortisation of copyright	1,000	1,000
<b>Total depreciation and amortisation</b>	<u>550,805</u>	<u>508,466</u>
Rental expense on operating leases	89,997	252,909
Profit on disposal of plant and equipment	<u>(53,202)</u>	<u>(35,262)</u>

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

	2013 \$	2012 \$
<b>NOTE 5: CASH AND CASH EQUIVALENTS</b>		
Cash on hand	450	300
Cash at bank	<u>7,321,497</u>	<u>7,176,423</u>
	<u>7,321,947</u>	<u>7,176,723</u>
Cash is on hand or available on demand.		
Non-interest bearing	450	300
Interest bearing	<u>7,321,497</u>	<u>7,176,423</u>
	<u>7,321,947</u>	<u>7,176,723</u>
<b>Specific purpose cash assets</b>		
Cash and cash equivalents are held for the following specific purposes:		
Unexpended grants (Note 9(a))	<u>2,420,050</u>	<u>2,472,000</u>
Total specific purpose cash and cash equivalents	<u>2,420,050</u>	<u>2,472,000</u>
Other cash and cash equivalents	<u>4,901,897</u>	<u>4,704,723</u>
<b>NOTE 6: TRADE AND OTHER RECEIVABLES</b>		
GST receivable	77,711	-
Sundry debtors	<u>270,646</u>	<u>225,231</u>
	<u>348,357</u>	<u>225,231</u>
No interest is payable on overdue debtors		
<b>NOTE 7: OTHER CURRENT ASSETS</b>		
Security deposits	<u>87,750</u>	<u>87,750</u>

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

	2013 \$	2012 \$
<b>NOTE 8: PROPERTY, PLANT AND EQUIPMENT</b>		
Land at valuation 2013	2,050,000	-
Land at cost	320,000	320,000
	<u>2,370,000</u>	<u>320,000</u>
Building at valuation 2013	2,450,000	-
Less: accumulated depreciation	(15,774)	-
Buildings at cost	4,027,406	4,055,711
Less: accumulated depreciation	(1,894,947)	(1,757,818)
	<u>4,566,685</u>	<u>2,297,893</u>
Furniture and equipment at cost	2,008,848	1,896,389
Less: accumulated depreciation	(1,588,962)	(1,481,580)
Less: accumulated impairment losses	-	(16,525)
	<u>419,886</u>	<u>398,284</u>
Copyright of floor design at cost	20,000	20,000
Less: accumulated amortisation	(15,000)	(14,000)
	<u>5,000</u>	<u>6,000</u>
Motor vehicles at cost	1,020,244	973,263
Less: accumulated depreciation	(358,763)	(450,288)
	<u>661,481</u>	<u>522,975</u>
Land and Buildings - WIP	-	5,848,429
Total property, plant and equipment	<u>8,023,052</u>	<u>9,393,581</u>

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

(a) Movement in carrying amounts

2013	Land \$	Buildings \$	Furniture & equipment \$	Copyright of floor design \$	Motor Vehicles \$	WIP \$	Total \$
Opening Balance	320,000	2,297,893	398,284	6,000	522,975	5,848,429	9,393,581
Additions	-	-	208,640	-	419,558	-	628,198
Depreciation	-	(157,108)	(222,141)	(1,000)	(170,556)	-	(550,805)
Disposals	-	(28,305)	(116,911)	-	(349,740)	-	(494,956)
Revaluations	-	(1,328,709)	-	-	-	-	(1,328,709)
Transfer from WIP	2,050,000	3,778,709	19,720	-	-	(5,848,429)	-
Adjustments	-	2,457	15,383	-	(27,387)	-	(9,547)
Writeback of depreciation	-	1,748	116,911	-	266,631	-	385,290
Closing balance	2,370,000	4,566,685	419,886	5,000	661,481	-	8,023,052

2012	Land \$	Buildings \$	Furniture & equipment \$	Copyright of floor design \$	Motor Vehicles \$	WIP \$	Total \$
Opening Balance	320,000	2,437,479	440,289	7,000	498,738	-	3,703,506
Additions	-	-	157,650	-	318,273	5,848,429	6,324,352
Depreciation	-	(139,586)	(196,373)	(1,000)	(171,507)	-	(508,466)
Disposals	-	-	-	-	(260,722)	-	(260,722)
Adjustments	-	-	(3,282)	-	-	-	(3,282)
Writeback of depreciation	-	-	-	-	138,193	-	138,193
Closing balance	320,000	2,297,893	398,284	6,000	522,975	5,848,429	9,393,581

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

	2013 \$	2012 \$
<b>NOTE 9: TRADE AND OTHER PAYABLES</b>		
Trade creditors	371,111	284,311
Accruals	236,589	368,210
GST Payable	-	20,000
Unexpended grants (a)	2,420,050	2,472,000
	<u>3,027,750</u>	<u>3,144,521</u>
(a) Unexpended grants:		
<b>Department of Health and Ageing (DoHA) - Commonwealth</b>		
Substance Misuse	20,668	-
Koori Kids Mental Health	2,827	-
Healthy Life Styles - Regional Tackling & Smoking	212,832	311,071
Healthy Life Styles - Business case	59,227	-
	<u>295,554</u>	<u>311,071</u>
<b>Department of Health (DoH)</b>		
Aged Community Grants - Strategic Planning	-	16,787
AHPACC	441,180	370,027
HACC Minor Capital	-	31,258
Annual Provisions	206,369	156,369
AIDS/STD (BBV)	12,347	12,347
Carer Crisis	17,259	27,197
Case Coordination	48,629	78,851
CTHG Training Grant (Dr Mary Belfrage)	2,388	-
Minajalku Program Costs	50,000	-
Dulap Binninang	-	13,168
Youth Justice M/H Project (NR)	14,698	-
Allied Health	31,258	20,298
Flexi Service Response	105,324	105,324
HACC Nursing	-	19,854
Service System Resourcing	41,885	56,733
IT Consulting	120,000	120,000
Homebased Outreach - PDRSS	110,476	84,780
PDRSS Minor Works - Refit High Street	8,213	37,081
Regional Partnership Manager	58,986	94,832
Service Development Project	59,768	85,700
Strengthen Primary Care	-	41,349
Service Development High Street (NR)	-	23,568
	<u>1,328,780</u>	<u>1,395,523</u>
<b>Department of Human Service (DHS)</b>		
Clinical Referral Pathways & Intake Assessment	-	100,246
Dardee Munwaro Mens health	-	40,792
Indigenous Family Violence	-	117,873
Men's Health Family Violence Funds	135,203	-
Indigenous Family Violence (CIF)	5,000	-
HACC MAYA Services (Family Violence Funding)	99,676	112,976
	<u>239,879</u>	<u>371,887</u>
<b>DEECD</b>		
Maternal and Child Health Services - Universal	51,209	51,209
	<u>51,209</u>	<u>51,209</u>



NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

	2013 \$	2012 \$
<b>NOTE 9: TRADE AND OTHER PAYABLES (cont'd)</b>		
(a) Unexpended grants (cont'd)		
<b>Department of Justice</b>		
Koori Youth Well Being Project	-	7,907
Koori Community Safety Grant	171,000	-
Financial Wellbeing Problem Gambling Services	146,293	169,248
	<u>317,293</u>	<u>177,155</u>
<b>FHCSIA</b>		
FHASIA - Problem Gambling	18,100	-
	<u>18,100</u>	<u>-</u>
<b>Other Specific Grants</b>		
Community Grants	-	15,216
CTG VACCA Grants	-	35,000
Healing Foundation	12,259	-
Uni Of Melbourne - ICCTG	35,318	-
Uni Of Melbourne - NHMRC	22,043	48,529
REACCH	88,636	54,545
Teas Dale Corti	10,979	11,865
	<u>169,235</u>	<u>165,155</u>
<b>Total unexpended grants</b>	<u>2,420,050</u>	<u>2,472,000</u>

**NOTE 10: PROVISIONS**

<b>CURRENT</b>		
Provision for annual leave	515,609	432,190
Provision for long service leave	307,774	267,369
Provision for lease reinstatement	-	16,000
	<u>823,383</u>	<u>715,560</u>
<b>NON-CURRENT</b>		
Provision for long service leave	<u>239,600</u>	<u>174,993</u>

	1 July 2012 \$	Additional Provisions \$	Amounts Used \$	30 June 2013 \$
<i>Movement in leave provisions</i>				
Annual leave	432,190	557,240	(473,822)	515,608
Long service leave	442,362	124,848	(19,836)	547,374
	<u>874,552</u>	<u>682,088</u>	<u>(493,658)</u>	<u>1,062,982</u>

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

NOTE 11: RESERVES

**Building project**

The building project reserve of \$2,157,443 represents funds for the replacement of buildings and revaluations of land and buildings.

**Capital Reserve**

The capital reserve of \$700,000 represents the fair value of the Smith Street property acquired at no cost.

NOTE 12: SEGMENT REPORTING

The Co-operative operates in the health services industry in Australia.

NOTE 13: AUDITORS' REMUNERATION

	2013 \$	2012 \$
Audit fees for auditing the financial statements	37,050	35,450
Fees for other consulting services	8,630	7,850
	<u>45,680</u>	<u>43,300</u>

NOTE 14: KEY MANAGEMENT PERSONNEL COMPENSATION

Salary	537,894	544,904
Superannuation	78,020	74,631
Other non-cash benefits	8,043	20,531
	<u>623,957</u>	<u>640,066</u>

NOTE 15: CASH FLOW INFORMATION

(a) *Reconciliation of Cash*

Cash as at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the relevant items in the Statement of Financial Position as follows:

Cash on hand and at bank	<u>7,321,947</u>	<u>7,176,723</u>
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(b) *Reconciliation of cash flow from operations with surplus*

Surplus	170,813	1,391,485
Depreciation and amortisation	550,805	508,466
Profit on disposal of plant and equipment	(53,202)	(35,262)
Adjustments to plant and equipment	9,547	3,283
Changes in assets and liabilities:		
Decrease (increase) in trade and other receivables	(123,126)	403,040
Increase (decrease) in trade and other payables	(116,771)	(750,975)
Increase (decrease) in provisions	172,430	156,912
Net Cash provided by operating activities	<u>610,496</u>	<u>1,676,949</u>

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

	2013 \$	2012 \$
<b>NOTE 16: LEASE COMMITMENTS</b>		
Payable - minimum lease payments		
Not later than 1 year	17,700	120,305
Later than 1 year but not later than 5 years	33,925	51,625
	<u>51,625</u>	<u>171,930</u>

The office equipment leases are non-cancellable leases with up to three-year terms.

**NOTE 17: EVENTS AFTER BALANCE SHEET DATE**

No matters or circumstances have arisen since the end of the reporting year which significantly affected or may significantly affect the operations of the Co-operative, the results of those operations, or the state of affairs of the Co-operative in future financial years.

**NOTE 18: FINANCIAL RISK MANAGEMENT**

**(a) Financial Risk Management**

The Co-operative's financial instruments consist mainly of deposits with banks, accounts receivable and payable.

**i. Treasury Risk Management**

The Board meet on a regular basis to analyse financial risk exposure and to evaluate treasury management strategies in the context of the most recent economic conditions and forecasts.

The Co-operative's overall risk management strategy seeks to assist the Co-operative in meeting its financial targets, whilst minimising potential adverse effects on financial performance.

Risk management policies are approved and reviewed by the Board on a regular basis. These include credit risk policies and future cash flow requirements.

**ii. Financial Risk Exposures and Management**

The main risks the Co-operative is exposed to through its financial instruments are interest rate risk, liquidity risk and credit risk.

*Interest Rate Risk*

Interest rate risk is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates. For further details on interest rate risk refer to Note 18(b).

*Liquidity risk*

The Co-operative manages liquidity risk by monitoring forecast cash flows and ensuring that adequate unutilised borrowing facilities are maintained.

*Credit Risk*

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

There are no material amounts of collateral held as security at 30 June 2013.

Credit risk is managed and reviewed by the directors. It arises from exposures to customers as well as through loans, other financial assets and deposits with financial institutions.

The Co-operative does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the Co-operative.

*Price risk*

The Co-operative is not exposed to any material commodity price risk.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

NOTE 18: FINANCIAL RISK MANAGEMENT (Cont'd)

(b) Interest Rate Risk

The Co-operative's exposure to interest rate risk and the effective weighted average interest rates on those financial assets and financial liabilities, is as follows:

	2013 %	2012 %	2013 \$	2012 \$
<b>Financial Assets</b>				
Cash at bank (floating interest rate)	3.8	4.67	7,321,497	7,176,423
Cash on hand (non-interest bearing)			450	300
Trade and other receivables (non-interest bearing)			270,646	225,231
Security deposits (interest bearing)	3.95	3.95	87,750	87,750
<b>Total Financial Assets</b>			<u>7,680,343</u>	<u>7,489,704</u>
<b>Financial Liabilities</b>				
Trade and other payables (non-interest bearing)			<u>607,699</u>	<u>672,520</u>
<b>Total Financial Liabilities</b>			<u>607,699</u>	<u>672,520</u>

(c) Ageing Analysis of Financial Assets

As at the reporting date, there is no event to indicate that any of the financial assets were impaired. The following table discloses the ageing analysis of significant financial assets that are past due but not impaired.

	2013 \$	2012 \$
<b>Trade and other receivables</b>		
- Not past due and not impaired	-	-
- Past due but not impaired		
Less than 1 month	270,646	225,231
	<u>270,646</u>	<u>225,231</u>

(d) Net Fair Values

For other assets and other liabilities, the net fair value approximates their carrying value. No financial assets and financial liabilities are readily traded on organised markets in standardised form. Financial assets where the carrying amount exceeds net fair values have not been written down as the Co-operative intends to hold these assets to maturity.

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

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2013

NOTE 18: FINANCIAL RISK MANAGEMENT (Cont'd)

(e) Sensitivity Analysis

*Interest Rate Risk*

The Co-operative has performed a sensitivity analysis relating to its exposure to interest rate risk at balance date. This sensitivity analysis demonstrates the effect on the current year results and equity which could result from a change in this risk.

*Interest Rate Sensitivity Analysis*

At 30 June 2013, the effect on surplus and equity as a result of changes in the interest rate for financial assets and liabilities with floating interest rates, with all other variables remaining constant, would be as follows:

	2013 \$	2012 \$
Change in surplus		
- Increase in interest rate by 1%	74,092	72,642
- Decrease in interest rate by 1%	(74,092)	(72,642)
Change in equity		
- Increase in interest rate by 1%	74,092	72,642
- Decrease in interest rate by 1%	(74,092)	(72,642)

NOTE 19: CONTINGENT LIABILITIES

In respect to the Smith St. Property, the Minister for Aboriginal Affairs has a mortgage of \$400,000 over the property.

NOTE 20: CO-OPERATIVE DETAILS

The registered office and principal place of business of the Co-operative is:

Victorian Aboriginal Health Service Co-operative Ltd  
186 Nicholson St  
FITZROY VIC 3065

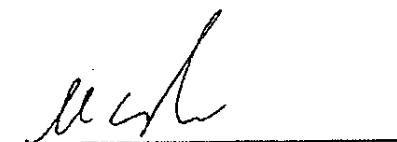
## DIRECTORS' DECLARATION

The directors of the Victorian Aboriginal Health Service Co-operative Limited declare that:

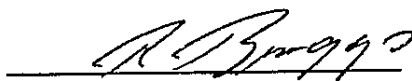
1. The financial statements and notes, as set out on pages 6 to 26:
  - (a) comply with Australian Accounting Standards and the Co-operatives Act 1996; and
  - (b) give a true and fair view of the financial position as at 30 June 2013 and of the performance for the year ended on that date of the Co-operative;
2. In the directors' opinion there are reasonable grounds to believe that the Co-operative will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Chairperson



Treasurer



Dated this 31 day of October, 2013



## **INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF VICTORIAN ABORIGINAL HEALTH SERVICE CO-OPERATIVE LIMITED**

### **Report on the Financial Report**

We have audited the accompanying financial report of Victorian Aboriginal Health Service Co-operative Limited (the co-operative), which comprises the statement of financial position as at 30 June 2013, the income statement, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory notes and the directors' declaration.

#### *Directors' Responsibility for the Financial Report*

The directors of the co-operative are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Co-operatives Act 1996* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

#### *Auditor's Responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### *Independence*

In conducting our audit, we have complied with the independence requirements of the *Co-operatives Act 1996*.

We confirm that the independence declaration required by the *Co-operatives Act 1996*, which has been given to the directors of the co-operative, would be in the same terms if given to the directors as at the time of this auditor's report.

*Auditor's Opinion*

In our opinion, the financial report of Victorian Aboriginal Health Service Co-operative Limited is in accordance with the *Co-operatives Act 1996*, including:

- i. giving a true and fair view of the co-operative's financial position as at 30 June 2013 and of its performance for the year ended on that date; and
- ii. complying with Australian Accounting Standards and the *Co-operatives Regulations 1997*.



McLean Delmo Bentleys Audit Pty Ltd



Kevin P Adams  
Director

Hawthorn

7<sup>th</sup> November 2013



