



Victorian Aboriginal Health Service

Co-operative Limited

Annual Report 2015 - 2016



Acknowledgement

The Victorian Aboriginal Health Service acknowledges that it is located on the lands of the Traditional Owners and it pays its respects to its Elders, past and present.

VAHS also acknowledges its past and present Board members, staff, clients and community members who have contributed and supported VAHS from its early beginnings.

What does the practice and philosophy of Community Control mean in an Aboriginal Community Controlled Aboriginal Health Organisation?

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”

An extract from the “Bruce Mac Essays and Other Writings.

“Essays, Papers and Other and Other Writings” by Bruce McGuinness – Aboriginal Community Initiation/Involvement/Participation and Control of Aboriginal Affairs

THE VAHS BOARD MEMBERS

.....



Karin Williams



Jimi Peters



Bradley Brown



Linda Bamblett



Michael Graham



Doreen Lovett



Ronald Briggs



CONTENTS

| | |
|---|----|
| The Chairperson's Report | 6 |
| The Chief Executive Officer's Report | 8 |
| Medical Unit | 11 |
| Family Counselling Services Program | 16 |
| Women's and Children's Unit | 28 |
| Oral Health Unit | 34 |
| Men's Health Unit | 36 |
| Community Programs & HACC | 38 |
| Koorie Co-ordinated Care Program | 40 |
| Regional Tackling Tobacco and Healthy Lifestyle Program | 44 |
| Financial Report | 50 |

Disclaimer

While all care has been taken to ensure that information contained in this report is true and correct at the time of publication, changes in circumstances after the time of printing may impact on the accuracy of its information.

Aboriginal and Torres Strait islander readers should be aware that this document may contain images and names of deceased persons.



CHAIRPERSON'S REPORT

Karin Williams,
Chairperson

I would firstly like to extend my appreciation and congratulations to all staff at the Victorian Aboriginal Health Service for all of their commitment and hard work during the 2016. This year has seen us go through some big changes and as the Chairperson, it has been a pleasure not only to see but also a great opportunity be a part of such a dynamic team and Organisation, not to mention watching future leaders emerging from VAHS.

I would also like to take a moment to thank the current Board for their trust and support over the past year as we lead VAHS into the future. Many of the current Board members are former VAHS staff who have 'been through the mill' and who know VAHS, its programs, and its community members well. So it has really been a pleasure working with the current Board members, whilst undertaking the role.

Reflecting back over the past 12 months, we have had some significant changes that should be highlighted such as:

- VAHS received Dental Accreditation (the very first ACCHO to do so),
- The 2015-16 year has been a year of consolidation of some of the initiatives that were started in the areas of accreditation, continuous quality improvement and compliance. As a result, the Men's Unit and once again, the Medical Units also went through an extensive accreditation process and these Units passed and are now successfully accredited for the next couple of years (until 2017/18). The Accreditation process runs in cycles of 3 years.
- The establishment of the Quality and Compliance Committee made up of senior VAHS staff a Board member and a community representative,

These are only some of the highlights that VAHS has achieved in the last 12 months, and we will continue to strengthen VAHS, so all Aboriginal people who visit our service will continue to receive the best quality care.

Quality and Compliance

The Quality and Compliance Committee is responsible for advising and making recommendations to the Board of Directors and staff on standards of practice, compliance, accreditation and continuous quality improvement.

With its membership and the passion of those staff on the Committee, VAHS worked hard to put in provisions for health service improvement to assist with addressing health needs within our community.

Over the last couple of years, VAHS was able to achieve some impressive outcomes and it was able to do this because of the commitment of staff and the improvements to the delivery of services, for example:

- 89.3% of Aboriginal babies have been born with a high birth weight;
- 15.6% reduction of Aboriginal pregnant woman smoking, with a combined 48.4% of Aboriginal woman who have presented have quit or never smoked;
- 100% Child immunisation rates amongst children within the first 2 years, 3 years and 5 years;
- 56,000 service contacts annually, and
- Over 48,000 episodes of care provided to clients using VAHS.

Through the Quality and Compliance Committee's work, VAHS was able to facilitate better understanding about quality of care which begins to build on the development of resources and tools to provide better support and good practice to maintain the currency of accreditation standards.

The Board congratulates the Quality and Compliance Team and all staff who have contributed to the ever-improving environment at VAHS and the community members who attend VAHS services.

Thank you from the VAHS Chair and Board of Directors

As we end the 2015-2016 year, I say thank you to my fellow Board members for their support, and I hope that VAHS continues to be well placed to provide the services that are needed by our community.



CEO/ ADMINISTRATION REPORT

Jason King, VAHS
Chief Executive
Officer

*Please Note: This report is
written by Michael Graham,
Acting CEO*

As is the tradition of our people, I pay my respects to the traditional custodians of the land and to their Elders both past and present. I also pay my respects to Elders in the community and to those who are present today.

As respectful and thankful VAHS is to be located on the lands of the traditional owners, it also values highly those people who have walked before us, and the visionaries who were mindful of our people suffering bad health and wellbeing because they had nowhere to go for proper treatment. Some of those Elders at the time are still with us today, and are walking libraries with a lot of history behind them.

For those who have lost loved ones over the past year, I send my condolences.

VAHS has had a busy year and we have been working hard to meet some of the needs of the community. I know that the Board and management at VAHS recognises the continuous hard work of staff members, and it is through this hard work that we have been able to meet most of the demands put on us, and to remain accountable to our funding bodies, our supporters and our community.

VAHS Inservice

In September 2015 VAHS had its Inservice at the Darebin Arts and Entertainment Centre. About 150 staff members attended the day, and many reported that it had been useful for most who were there.

Many staff enjoyed the fact that they had shared their views with staff across the other sites and it appeared to highlight the fact that although we work from different sites the commitment and hard work is no different in whatever program you are working.

Koolin Balit and Taskforce 1000

The Taskforce 1000 report was finalised and tabled in the State Parliament in late October. VAHS has been part of the inquiry having attended several meetings of the Taskforce.



Administration Staff members

Bunjilwarra

As mentioned in an earlier report, Bunjilwarra is a 12-bed Alcohol and Other Drugs residential rehabilitation and healing service for Aboriginal young people (male and female) aged between 16 and 25 years. It has been operating for over two years with a service model that is firmly placed in context of the Aboriginal-defined notion of healing and in a cultural framework. Staff employed at Bunjilwarra are from different professional backgrounds and are able to facilitate varied groups for the clients to engage in.

VAHS Healthy Lifestyles team

Following on from their deadly work in 2014-15 the Healthy Lifestyles Team continues to do their bit for our community members health and wellbeing. Despite limited funding and staff turnover, the VAHS Gym continued to operate during the year on a five day per week basis and supervised by a qualified personal trainers. The gym and its exercise programs complements the provision of the VAHS holistic health approach to health wellbeing and recovery.

Healthy Liver Clinic

In 2015 VAHS established a Healthy Liver Clinic at the Preston site in partnership with St Vincent's Hospital.

Hep C Treatment

New medications and treatments for Hep C became available in March 2016. Already community members have accessed these treatments and many have finished the treatment successfully with excellent results.

Prisons Dental Treatment

VAHS continues to provide oral health treatment for women at the Dame Phyllis Frost Women's Prison. The women attend VAHS regularly for necessary treatment.

The VAHS Oral Health Unit has received requests for VAHS to attend Men's Prisons in Melbourne to provide oral health care.

Quality and Compliance

The VAHS Quality Unit was endorsed by the Board in April 2016. VAHS has been committed to quality and continuous improvement for the last 3 years and has set up a Quality Team made up of members as follows:

- Quality Manager
- Medical Director
- Audit Team
- QCC members
- Members of the Management Team,
- Staff and a Community Member.

What is Quality and Quality Assurance?

As you know quality in a community controlled Aboriginal Organisation is important because it puts the focus on the continued care of community, a focus on the consumer (or patient/community member) experience throughout the continuum of care, and it will guide us in a direction that will help us to achieve our goals.

The processes behind quality and continuous improvement supports achievement of goals, strong clinical leadership and ownership and these help to maintain rigorous measurement of performance and progress, including reporting and reviewing.

All of this is supported through committee structures, systems and processes, and this goes a long way towards VAHS meeting accreditation standards and ongoing funding agreements.

With the backing of the Board and it is exciting to say that VAHS has completed and passed the below standards, with particular achievements based around the NSQHS Dental standards. VAHS is proud to learn that VAHS is reported to be the first Aboriginal Organisation in Australia to implement and pass these.

| Standard | Accreditation Cycle | Result |
|-----------------|-----------------------------------|--------|
| NSQHS Dental | 25 May 2015 – 7 October 2018 | Passed |
| OPG QIP Dental | 12 April 2016 – 12 April 2018 | Passed |
| DHHS Men's Unit | 22 January 2015 – 22 January 2018 | Passed |
| RACGP Medical | 11 August 2014 – 11 August 2017 | Passed |

At VAHS we are committed to improving quality continuously and to ensure that it is understood throughout the organisation. Continuous Quality Improvement processes need to be driven from the top down and I and the Board want to ensure that we have the meaningful structures and supports so that in time it becomes a way of working. I wish to thank the Quality team for putting VAHS in a great position to move forward.

NAIDOC

Once again our NAIDOC week and Open Day was well attended and enjoyed.

Many community members and supporters marched to Federation Square. The NAIDOC Open Day was full of activities. Deadly Dan, the No Smokes Man dropped in and all were entertained with live music whilst enjoying a great healthy feed together. The young took to the jumping castle, face painting, bowling challenge and enjoyed the animal farm.

Taskforce 1000

VAHS have contributed to the Taskforce 1000 – hosted by Uncle Andrew Jackomos. He is reviewing all cases of Aboriginal children in out of home care. We are there to provide clinical expertise and services around social and emotional issues for our children.

Board of Directors and Staff

To the Board of Bradley Brown, Uncle Ron Briggs, Aunty Doreen Lovett, Aunty Karin Williams, Michael Graham, Jimi Peters and Aunty Linda Bamblett thank you for your guidance and assistance.

To the Deputy CEO Christine Ingram, and the Management Team many thanks for your continued support throughout the year and assistance with the management of VAHS services that are so needed by our community.

Our Community

To all the community thank you. Your continued use of the services and your feedback helps us to want to be better and to ensure that we have the services to meet your needs.....we want to become a better service because of you.



MEDICAL UNIT

Andrew Baker,
Manager

The VAHS Clinical Team



The Medical Unit provides acute and primary healthcare services to our community in the Northern, Western and inner city suburbs of Melbourne. It has over 40 staff including;

- Aboriginal Health Workers
- General Practitioners
- Nurses
- Pharmacists
- Receptionists
- Transport drivers
- Diabetes Educator
- Optometrists
- Sexual Health Nurse
- Care Planning Coordinator
- Project Officer
- Medical Director
- Administration
- Management team

VAHS has also accumulated a 'pool' of visiting Medical Specialists including;

- A Cardiologist
- A Dermatologist
- A General Surgeon
- A Geriatrician
- An Ophthalmologist.

The Unit provides appointment-based consults and a "walk-in service" provided by the Duty Doctor/Treatment Room. Over 100 episodes of care are provided each day from acute services to ongoing care of patients with chronic disease.

The Unit also provides a rich "education & learning ground" for GP Registrars, Medical & Nursing students and Aboriginal Health Workers.

The clinical days and hours of operation are;

- Monday to Thursday
8:30am – 5:00pm –
Appointment's & Walk-in
services
- Friday
8:30am – 4:00pm -
Appointment's & Walk-in
services
- Saturday
9:30am – 12:30pm – Walk-in
service only

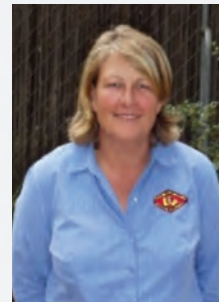
2015-2016 year in review

How quickly a year passes. It's easy sometimes to overlook the day to day work as days, weeks and months go by - old staff leave and new ones arrive. The one constant however is the hard work and dedication to the task that our employees exemplify day in and day out, where they are meeting each new challenge as it arises and learning from other challenges as we go through the year.

A big thanks goes out to the staff in Medical and across the VAHS that support us in the work we do and lastly a big thank you to our patients and community for the patience, support, feedback and smiles you've provided us with over this year.

As per the above, whilst I acknowledge the good work that is done, I'd also like to highlight a few areas where we have grown and improved processes and outcomes for our patients over this financial year, these are;

Aboriginal Health Workers working in and providing support to the Medical Unit



*Sandra Gregson
– Sexual Health &
BBV Nurse*

Sexually Transmitted Infections & Blood Borne Virus (HIV, Hepatitis B and Hepatitis C) Program at VAHS 2016.

The prevention, testing and management of sexually transmitted and blood borne virus infections are managed across many programs at the Victorian Aboriginal Health Service. Community education involves the Sexually Transmitted Infections and Blood Borne Virus (STI/BBV) Nurse (Sandra Gregson) as well as many Health Workers who talk to school groups, community programs and individuals on an on-going basis.

Along with the day-to-day education and screening, a number of programs and initiatives come under the STI/BBV "umbrella". These programs and initiatives include the following;

Hepatitis C - New Treatments

This year has been very exciting as we prepared for the introduction of new medications and treatments for curing Hepatitis C.



In 2015 a Healthy Liver Clinic commenced at the Preston site and Auntie Bev Hanley returned from retirement to help out with the Clinic. Through this clinic we also work closely with St Vincent's Hospital.

The new medications and treatments for Hep C became available in March 2016 and already well over 30 community members have accessed these treatments and many have finished with excellent results. Most times it is an 8-12 weeks treatment.

If the Hepatitis C virus is no longer present after 3 months treatment – it is considered a cure. People report feeling much better just after a few weeks of treatment as their Liver is working fully again and the virus is possibly gone.

Even though there are many people who find it hard to believe, (the old treatment was very hard on the body) **there are next to no side effects with the new treatments!!!!**

The Medical Unit's Sexual Health and Blood-borne virus Nurse Sandra Gregson said in an interview with the Koori Mail earlier this year, that "the treatment involves taking a pill once or twice a day for eight to twelve weeks, and it can cure 97 percent of cases".

Community members who have had successful treatment will be working with the VAHS and VACCHO to get the word out there and encourage more people to get the free treatment.

Hepatitis B - Testing, Immunisations, Treatments

The Hep B program at VAHS is well known for its high level of testing for Hepatitis B and a commitment to immunisation against this infection. The program staff encourages community members to talk to their Health Team to ensure they have had a test and follow up vaccinations if they need them.

All pregnant women are screened for Hepatitis B. Immunisations start for babies the day after they are born and this is followed up with care from the VAHS Maternal and Child Health program.

Community members with an ongoing Hepatitis B infection can go to any General practitioner at the VAHS or if preferred to the VAHS Healthy Liver Clinic for 6-monthly or yearly check-ups. Whilst the program cannot cure Hepatitis B there are always new treatments available to prevent your Liver "getting crook" and these can be treated when you need it.

Chlamydia and Other Infections - Testing and Treatment

Other infections such as Chlamydia, Syphilis and Gonorrhoea still need to be tested regularly if people are at risk. All can be tested as part of a health assessment or at any visit to the VAHS. These infections can all be treated.

VAHS is working on ways to get younger people tested in particular and are exploring new incentives to facilitate this.

Phyllis Frost Prison

This year the VAHS Medical Unit conducted a 12 week program at the Dame Phyllis Frost Women's Prison. Whilst this was a great opportunity to discuss STI's and BBV's, we covered many other health issues that were of interest to the women. This program was very well attended and the women reported "really loving seeing people from the community".

Health Workers from the Women & Children's program, the Medical Unit, the Partners in Recovery program (PIR), the Drug & Alcohol and Counselling Programs all attended the Dame Phyllis Frost Prison throughout this time and spoke about their programs and the support provided. There were lots of tears and laughter along the way and on the last day there was a presentation of certificates for all the women who attended.

Even Managers from the Prison and the Department of Justice attended our ceremony which the women seemed to enjoy!

The Deadly Sexy Health Kit

The Deadly Sexy Health Kit is full of resources and activities to engage young people in discussions about Sexual Health and Healthy Relationships. The Deadly Sexy Health Kit training developed by VACCHO was attended by Health Workers across VAHS.



HIV- Testing and Treatment

HIV infection is always a worry to the community. Not using condoms when needed and clean injecting equipment are the risks. Once again testing for HIV is so important. If patients know that they have HIV, they can access treatments and prevent passing it on to others.

VAHS has been collaborating over the past year with the Victorian AIDS Council by having their first Aboriginal dedicated worker positioned one day a week at the VAHS Preston site. We are hoping that this will expand further when they employ another worker.

At last year's World AID's day 1st December 2015, the VAHS joined in with the National Aboriginal and Torres Strait Islander HIV Awareness Week; The Theme was "u and me can stop HIV: #atsihaw". We lit up the foyer at the VAHS Fitzroy site in red for a whole week and provided HIV-specific information on the day.

Tarneen Onus-Williams from the VAHS Partners in Recovery (PIR) program and other young community members are doing great work nationally to promote HIV awareness to young people in communities through their National Network @ ANTHYMAUS.

Staff and Community members attended the Anwernekenhe meeting in Alice Springs.

Anwernekenhe National HIV Alliance (ANA) is an Aboriginal and Torres Strait Islander community-based organisation that aims to improve the lives and protect the rights of Aboriginal and Torres Strait Islander people affected by HIV. PATSIN is the Aboriginal Torres Strait Islander Network which is a national membership-based group for Indigenous people living with HIV. This meeting was very moving as it was held in Alice Springs where the first gathering of ATSI people met in 1992 to discuss HIV in the community.

Whilst many people from the first meeting have now passed it was amazing to see that so many others were at this meeting. The meeting reinforced the importance of people with HIV feeling supported.

Diabetes Clinic – Background

Diabetes is a chronic disease that requires people with diabetes to largely self-manage. However there is a lot to learn to do this and people are better able to manage if they have access to a multi-disciplinary health team.

Monitoring of the condition, for medication management and checks of the kidneys, blood pressure, eye health and foot health is also necessary as people go through different stages of the disease process. Sometimes there is a progression in the disease and sometimes diabetes can improve quite a lot often depending on people's life circumstances. Either way advice needs to be sought to manage medication and other aspects, such as low sugar (hypoglycaemia) and high sugar (hyperglycaemia).

These necessary health interventions are known as the Diabetes Annual Cycle of Care. The yearly completion of the Diabetes Annual Cycle of Care is a basic requirement for adequate monitoring and management of diabetes.

Challenges

As you can imagine this is a lot to keep track of especially if these appointments are with different providers such as the Optometrist, Podiatrist, Dietitian, Diabetes Educator, General Practitioner, Nurses and Aboriginal Health Workers that are spread out during the year.

Solution

In April 2015, the VAHS introduced the Diabetes Clinic. The Clinic operates where patients are individually contacted when they are due for several or all aspects of their Diabetes Annual Cycle of care.

The Diabetes Clinics are held fortnightly on Friday mornings (the Diabetes Club runs on alternate Fridays).

Outcome

The first 6 clinics were well attended (22 patients). VAHS conducted staff and patient surveys with positive results. It was found that community members were especially pleased to have all of the related appointments on the same day and under the one roof. In this financial year 85 more community members attended the 17 clinics.

There will be further surveys for staff and patients and the feedback will help us to ensure that this valuable service continues.



Diabetic Clinic Crew

Benefits of the Clinics

- The clinic cuts down on the time off work to attend appointments around diabetes.
- It provides a dedicated time for patients to think about diabetes management and have the providers available to help them with a long term plan for management.
- VAHS is better able to help patients keep track of their health.
- Patients can still see any member of the Diabetes Team throughout the year, but the clinic provides a structured day which supports an organised recall system thereby benefiting the community.

Future

There will be further surveys of staff and patients and the feedback will help us to improve and to ensure that this valuable service continues.



FAMILY COUNSELLING SERVICES

Helen Kennedy,
Manager

This report has been compiled by the Team Leader of the Family Counselling Service (FCS), John Egan following the resignations of the Manager, Helen Kennedy and the Acting Manager, Maurice Shipp.

Introduction

Firstly, I would like to acknowledge the work of Helen Kennedy over the past seven years; her commitment, dedication; and the leadership has established a high benchmark in the provision of VAHS Mental Health and Social and Emotional Wellbeing Services. Prior to Helen commencing at the Family Counselling Services program the Unit experienced a turnover of 5 different Managers over a two year period. Helen's commitment to strengthening and building the service showed great vision and resilience during her tenure. This resulted in the Family Counselling Services program growing from about 20 staff who were situated in High Street Northcote, to a team of now consisting of about 50+ staff across three sites, FCS - Preston and Minajalku. Helen left her position at VAHS to take up a key Mental Health Advisor position focussed on Aboriginal Mental Health and Wellbeing with the Department of Health and Human Services in the Aboriginal Health, Wellbeing and Safety Branch. VAHS Family Counselling Services program staff wish her well and every success in her new role.

We also wish to acknowledge the contribution of Maurice Shipp, the Metropolitan Ice Pilot Program Co-ordinator who stepped up as Acting Manager of Family Counselling Services program for a period of seven months while Helen was on secondment to the Department of Health and Human Services. We are appreciative of his support and good humoured approach. Maurice left VAHS to take up a position with the Department of Health and Human Services South Eastern Region and we wish him every success in his new role.

The following illustrates the key activities of the VAHS Family Counselling Services program for 2015-2016 reportable year. The following Units make up the VAHS Family Counselling Services program:

- Adult Social Emotional Wellbeing Team.
- Koorie Kids and Child and Adolescent and Koori Kids Programs.
- Parenting and Tuning into Teens Project.
- Financial Wellbeing Team.
- Metropolitan ICE Pilot Project.
- Bunjilwarra.
- Minajalku Healing Centre.

VAHS Family Counselling Services Program Staff

Manager – Helen Kennedy
Acting Manager (6 months) – Maurice Shipp
Reception – Samantha Downie
Service Improvement Project Coordinator – Bernadette Lane

Adult Social and Emotional Wellbeing Unit

Team Leader – John Egan
Senior Consulting Psychiatrist – Dr Sue Weigall
Psychiatric Registrar (12 months placement) – Johan Khor
Psyche Reg on 3 months rotation – Aska Dvorjak
From St Vincent's Hospital – Michael Gibbons, Marc Jurblum
General Practitioner – Dr Thanuja Ranatunga
Psychiatric Nurse – Grady Walsh
Hep C and Sexual Health Nurse – Sandra Gregson
Intake Worker – Linda Holmes
Alcohol and Drug Outreach worker – Garry Fitzgerald
Alcohol and Drug Counsellor – Andrew Bringham
ReGen Drug and Alcohol Diversion Worker – Leonard Harrison
Psychologist – Graham Gee, Karen McAlear
Provisional Psychologist – Ruby Warber
Counsellors – Robyn Sketchley, Karen Holl
Problem Gambling Counsellor – Ian Gray
Partners in Recovery – Dalan Ruru, Tarneen Onus-Williams
SEWB Worker (Wadamba Wilam) – Tamara Lovett
Centre against Sexual Assault Worker – Kim Robinson

Family Counselling Service (FCS) Program Profile

The VAHS Family Counselling Service offers a wide-range of programs and services in areas such as:

- GP services at the VAHS Preston site (3 days a week)
- Adult Mental Health clinical services including psychiatric care and support
- Support for referrals and pathways into 5 dedicated beds – St Vincent's Psychiatric Unit
- New pathways into Northern Area Mental Health Service, Prevention and Recovery Centre (PARC) and Continuing Care Unit
- General counselling and psychological support
- Expanded Drug and Alcohol Support – new Detox support role
- Supported referrals and priority access to two dedicated beds at a Detox Service
- Child and Adolescent Mental Health treatment, care and support (Koori Kids)
- Financial Wellbeing services including: counselling, advocacy and housing assistance
- Minajalku Healing Service.

For the past six years the Family Counselling Service has worked in collaboration with St Vincent's Hospital and have created a position for a full time Psychiatric Registrar to be placed at VAHS on a twelve month placement. While St Vincent's Hospital has continued to support the position for a further twelve months we were unable to find a suitable candidate which impacted greatly on the level of psychiatry support that could be offered by the Family Counselling Services program. VAHS has advertised this position again for next year and we had some very good applicants; the good news is the successful applicant has accepted this position and will commence their placement in early February 2017. We are looking forward to having another Psych Registrar on board working within the team again next year.

Highlights

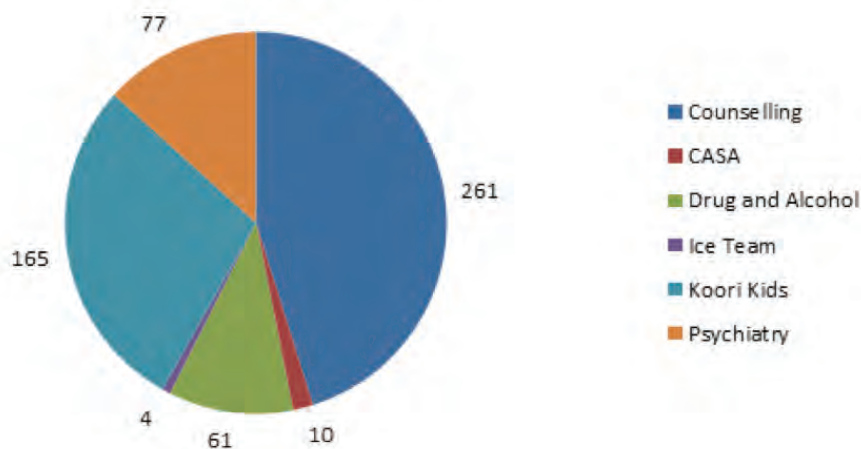
- Ruby Warber has successfully completed her Masters in Clinical Psychology, a big achievement and congratulations.
- Graham Gee has finished his PhD on "Resilience and Recovery from Trauma" and will be Graduating in December. I would like to acknowledge the great work Graham has done over the last seven years, his dedication and determination has been well worth it and paid off.
- Minajalku won an award from the "North Metro Aboriginal Justice Awards" on Strengthening Culture.

Data

Please find below the encounter analysis (episodes of care) from 1st July 2015 – 30th June 2016.

| Encounter Place | Encounter Mode | MALE | FEMALE |
|--------------------------------------|---------------------------|------|--------|
| Preston - Family Counselling Service | Aboriginal Health Service | 3331 | 3044 |
| Preston - Family Counselling Service | Client's Home | 84 | 11 |
| Preston - Family Counselling Service | Court | 7 | 0 |
| Preston - Family Counselling Service | Hospital - All types | 9 | 56 |
| Preston - Family Counselling Service | Outreach | 561 | 68 |
| Preston - Family Counselling Service | Other | 113 | 270 |
| Preston - Family Counselling Service | Telephone | 682 | 806 |
| Totals | | 4787 | 4255 |
| Grand Total | | | 9042 |

FCS Central Intake Referrals 1st July 2015 – 30th June 2016 (Total 578)



These figures represent the clients that are referred into the service and are processed by the Intake Officer.

It should be noted that the Drug and Alcohol Program has an additional referral pathway which is not represented by the total number of clients.

Unit Reports

Adult Social Emotional Well Being Team

During the year the Adult Social Emotional Wellbeing/Mental Health Team provided treatment, care and support options for clients for the following.

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 the program's 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'.

Drug and Alcohol Outreach and Mental Health Support

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.

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.

Dual Diagnosis Counselling Services

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

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

Although it has limited resources, 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.

CASA Outreach Counselling

FCS offered a counselling 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 partnership between FCS and the Northern Centre against Sexual Assault.

Psychiatric / Mental Health Nurse

Over the last 12 months the Psychiatric Nurse has been working across the Fitzroy and Preston sites. The Psychiatric Nurse liaises with St Vincent's and the Northern Hospital in the care of Mental Health clients.

Bunjilwarra

Bunjilwarra is a 12 bed Alcohol and Other Drugs residential rehabilitation and healing service for Aboriginal young people (male and female) aged between 16 and 25 years. It is a purpose-built, statewide service situated on a 1.7 hectare site in Hastings, Victoria.

VAHS and YSAS highly value the local support Bunjilwarra has at the local level as well as through Peninsula Health, Mornington Peninsula Shire Council, Headspace Frankston, Victoria Police and Chisholm TAFE. The local Traditional Owners the Boonwurrung people are also great supporters.

The Bunjilwarra service model is firmly placed in context of the Aboriginal-defined notion of healing and in a cultural framework, supported by trauma-informed practice; adolescent developmental framework; therapeutic community and recovery frameworks.

Clients

Bunjilwarra currently have 6 male clients and 4 female clients on the waitlist ready to enter Bunjilwarra in the near future.

Julie Tebb – Manager, was on leave during the year and Ray Thomas took on the role of Acting the Manager in her absence.

Andrew Brigham (Koori Community Drug & Alcohol Worker – FCS Preston) is based at Bunjilwarra 2 days per week to facilitate the intake process while the Intake role is being filled full time.

Activities/Programs

The young people in Bunjilwarra are able to participate in a range of activities for recreational purposes. This includes fishing, swimming and Gym. Bunjilwarra also runs educational programs and reinforce life skills through Cultural studies, AOD counselling, and vocational training (in-house).



Koolin Balit Complex Care Program

Aboriginal Health Workers
– Karina Thorpe, Thelma Norris
Speech Pathologist – Paula Robson
Mental Health Clinician – Riwei Wilson

Koolin Balit Parenting Program

Aboriginal Health Worker
– Bianca Williams
Psychologist – Raelene Lesniowska

Visiting consultant/therapists

Alfred CAMHS Therapist – Fiona McDonald - finished during this time period

Volunteers

Psychiatrist – David Mushin
Psychotherapist – Kaye Geoghan (Koori Kids CAMHS)

Koori Kids - Child & Adolescent Mental Health Unit

Team Leader – Joanne Dwyer
Youth Justice Mental Health Clinician – Joel Wickham
Aboriginal Health Workers – Daryl Smith, Kristy Smith
Family Therapist – Karen Holl
Child Psychologists – Dr Robyn Ball, Dr Radhika Santhanam, Ruby Warber
Paediatric Registrar Child & Adolescent Psychiatrist – Ola Krupinska
Paediatric Registrar – Dr Emily Wilson
Counsellor – James Moorhead

The Koori Kids program provides social and emotional wellbeing services and support

to Aboriginal children aged from 0-18 years of age, their parents/ caregivers and families.

The multi-disciplinary team is comprised of cultural and clinical specialists who collaborate to provide a range of assessments and interventions to the community including:

- Intake assessment and consultation,
- Comprehensive Mental Health assessment,
- Case Management, Developmental Assessment, Psychiatry review,
- Counselling and therapeutic interventions at FCS or in locations in the community,
- Cultural consultation, mentoring and community access,
- Psychology, Speech Pathology, Occupational Therapy, Family Therapy,
- Psychotherapy interventions: play therapy, sand tray, toy boxes etc.,
- Parenting programs and groups (refer to full Parenting Project Report),
- Crisis response and intervention,
- Secondary and Tertiary consultation, liaising and working partnerships with other Aboriginal and mainstream organisations.

The team worked with passion and dedication to make significant changes to the structure and function of service provision with developments to intake process and treatment pathways.

Weekly team meetings have been maintained to discuss intake matters and case reflections. These meetings are attended by the VAHS Women's and Children's staff.

Koori Kids Team Activities during 2015-2016

Koori Kids and VAHS Healthy Lifestyles Program have collaborated in a range of family and adolescent activities.

The Koori Kids team engaged in a planning process to identify initiatives to improve dual cultural and clinical approach and referral pathways.

A team survey undertaken in the Unit identified that community members most value the people and the supportive work environment within Koori Kids and VAHS, and a passion and commitment to serve the community.

Other activities are outlined below:

- The team is also involved in strengthening connections with education providers in the area and the Austin Child and Youth Mental Health Service.
- Clients access the VAHS Preston gym where staff work alongside clients,
- Clients attended monthly excursions run by the VAHS Healthy Lifestyles team.
- The team has made connections with the Northside Boxing Gym to offer low cost health and fitness programs for youth. Daryl Smith and James Moorehead continue to support young people's engagement in this program, and,
- For a better working and counselling environment, the Yarning Rooms and office spaces have been reorganised and brightened and all equipment updated.

Koolin Balit Parenting Project

This two year project aims to develop and deliver a culturally appropriate Parenting Program for Aboriginal parents and carers, focusing on building strong, healthy attachments and emotional wellbeing, and parenting after trauma.

Parenting programs – Staff and Community Information Sessions

In the current reporting period, VAHS delivered the following parenting programs, during the year:

- Child development, emotional and attachment needs
- Tuning in to Kids
- Taking the Stress out of Parenting
- Circle of Security (COS) Parenting

Parenting programs

- Tuning in to Teens
- Less Stress Parenting
- COS Parenting

Staff training

VAHS staff attended the following training to support their work with parents/carers:

- Tuning into Teens (Mindful)
- Stress and Trauma in Young Children (Australian Childhood Foundation)
- Circle of Security Parenting (Circle of Security International)

Major achievements

Currently in its second year, the project has gone from strength to strength. The number of parents/carers participating in our programs has steadily increased, with participants reporting they have gained considerable enjoyment, insight and support, from yarning about parenting.



Resource development

VAHS is excited to have produced and piloted a *Koori parenting DVD*. The DVD features parenting

scenarios between local Koori parents and their children/teens. The scenarios demonstrate an 'emotion coaching' style of parenting, which has been found to contribute to a range of positive outcomes in children, teens and adults.

Parents/carers who viewed the DVD within the TINT parenting program reported that they related to the DVD participants, content and style, as they felt it was culturally relevant to them. They also found the DVD helpful where it illustrated the steps/skills involved in 'emotion coaching'. Members of the Project Steering Committee provided similar feedback, during their quarterly meeting before the TINT program commenced.

A number of other resources have been developed during each parenting program, to enable the provision of culturally appropriate and effective program content, delivery and information resources. (e.g, tailored Power Point presentations, handouts, cue cards, activities, and certificates of participation).

Additional copies of the VAHS *Breaking the Cycle of Trauma: Koori Parenting, What Works for Us* resources have been printed and disseminated, and will be incorporated into future training and parenting programs. Parenting project staff also provided the following presentations about these resources:

22 July 2015 - Quarterly Northern Parent Educator's (NPEN) meeting, Parent Zone, Preston (20 participants)

15-17 September 2015 - Poster presentation, SNAICC conference, Perth.

Partnerships

Partnerships have continued to strengthen and grow, including with:

Parent Zone – co-facilitated our Less Stress Parenting information session and program

VACCA – supported the delivery of our COS parenting program via the VAHS/VACCA play group

Mindful & Sista Girl Productions – supported the production of our Koori parenting DVD

The Children's Protections Society – will support a second delivery of our TINT parenting program, in July 2016, with input from CPS employee and VAHS board member, Uncle Ron Briggs

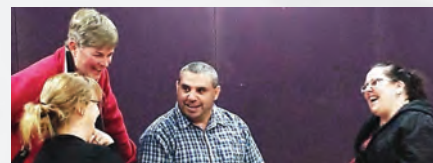
The Australian Childhood Foundation – will co-pilot a Kinship Carer program in Oct 2016.



Evaluation / continuous improvement

Staff continually check in with parent/carer preferences and progress during, after and between parenting programs – via informal discussion/phone calls, focus groups and pre-post evaluation forms. Opportunities are also provided for input/feedback from our Steering Committee and Koori Program Facilitators via regular discussion and meetings. Continuous review of this feedback has informed future sessions and programs. This has allowed us to tailor our programs to suit individual, group and community needs.

A final report will be prepared at the end of the project to summarise all project achievements, outcomes, learnings and recommendations.



Outcomes

Parenting knowledge/skills

- Comparisons between pre-post program evaluation forms/focus groups have consistently revealed improvements in the parenting indicators measured (e.g. parenting skills, knowledge/understanding, confidence, and parent/carer relationships with their children).

Capacity building

- A notable achievement for VAHS in 2016 has been our ability to run two parenting programs and information sessions without assistance from mainstream organisations. This seems to reflect potentially the importance of the project which has enabled capacity building at various levels for VAHS staff and parents/carers, via staff training, mentorship and partnerships.

Referrals and connections

- Running the programs at VAHS (Plenty Road) has provided a valuable opportunity to expose families to our services and provide service information and referrals as required.
- Involvement of broader VAHS FCS program staff in our



programs has provided an opportunity for these staff to develop and build on relationships with families participating in our programs.

Success factors

- Our Koori Engagement Officer, Bianca Williams, has played a key role in developing culturally appropriate program materials and delivery, and supporting participants' engagement in our programs. Participants have consistently reported a sense of cultural safety and trust within our programs.
- The Project Coordinator and other VAHS FCS program staff have also played key roles in the planning and delivery of programs, and development of program resources and partnerships; the latter also being integral to our successes.
- In addition to valuing cultural relevance and input in our programs, participants have reported valuing the relevance and utility of mainstream parenting information, concepts and skills.
- Continuous improvements in our program promotion have contributed to growing community interest, referrals and engagement in our programs. (E.g. via use of culturally relevant flyers, the VAHS website, Face Book page, 3KND and an extensive email distribution list). Two promotional DVDs have also been produced, for dissemination in the near future.
- Provision of catering, transport, child care, and a flexible approach to program timing, registration and attendance have supported community access and engagement in our programs.

Next steps

Planning for an internal staff professional development session is underway, to introduce key concepts and resources from our parenting programs, including our Koori parenting DVD. Additional programs for parents of teens and kinship carers are also being planned for 2016, as well as further external training.

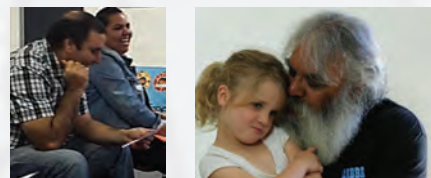
Pending the outcome of a recent funding application, VAHS anticipates continued delivery of parenting programs, support groups, training and information sessions for the next two years (and hopefully beyond). It is hoped this will include co-delivery of an Aboriginal parenting program with VACCA, and the development of our own programs, drawing on our experience of delivering programs to date.

Partners In Recovery (PiR)

'Partners in Recovery' is a program designed to better support people experiencing severe and persistent mental illness by providing a coordinated systems response to their complex needs.

Since June 2015 PiR has been promoting the program in VAHS and throughout the community. The program is voluntary and clients lead and participate in a recovery plan based on their needs. The main functions of PiR Case Management/Care Co-ordination is to help organise and facilitate case conferences with relevant members of the client's care team which involves:

- Follow up with action items discussed in the case conference,
- Build networks with clinicians, therapists and clients/carers,
- Use flexible funds to build capacity based on identified needs through the CANSAS (a needs assessment tool).



Aboriginal Metropolitan Ice Pilot Partnership Project

Ice Pilot Coordinator – Toni Mason
Care & Recovery Worker – Erryn Nundle

Care & Recovery Worker – Wesley Price

Student Placement (6 months) – Julie Walters

The Aboriginal Metropolitan Ice Pilot Partnership Project was initially an 18-month project which commenced at VAHS FCS in February 2015 funded by the Department of Health and Human Services. It is understood the project will be funded for a further 4 years. The three aims of the Ice Pilot Project include:

- Improve health outcomes for Aboriginal people and families by minimising harm associated with use of methamphetamines (ice), alcohol and other drugs.
- Build sector capacity to specifically work with the impacts of ice on Aboriginal individuals and families; and
- Provide learnings about approaches and practices that can be embedded into the AOD service system to provide better responses to client and families affected by ice.

This project is using a collaborative approach between mainstream Drug and Alcohol agencies and Aboriginal Community Controlled Health Organisations (ACCHO) across North West, Eastern and Southern Metropolitan regions.

How the aims have been met:

- Assisted access to regular health checks to reduce health risks associated with ice use, and we been taking learnings from training to provide strategies to minimise harm. The team have built relationships with detox and rehab services to improve access for clients, in the North West region and access to services including but not limited to: Regen – Curran Place (Adult Detox), Williams House (Youth Detox), Odyssey House Therapeutic Community, Western Health (Adult Detox) and DePaul House (Adult Detox).
- The team has adapted to specifically cater to the needs of Aboriginal people and families who are affected by ice and the Ice Team have identified the need to streamline access to detox and rehab services. In the North West Region the Ice Counsellors are co-located two days per week at VAHS to assist with access to counselling for those affected by ice. In both Southern and Eastern Regions the Care & Recovery Worker and Aboriginal Ice Counsellor work together closely to provide better outcomes for Aboriginal people.
- In 2015/2016 the Ice Pilot team undertook training specifically relating to the ice drug – this included an Information Visit to Turning Point, ReGen and attending the National Methamphetamine Symposium: *Making Research Work in Practice* in May 2015, to build capacity when working with families and people affected by ice.

This has strengthened our understanding and ability to offer harm reduction strategies to improve the impacts of using ice, both to families and those using ice. The National Methamphetamine Symposium provided an understanding of how ice affects the body on a chemical level and helping us to understand how the body and brain are impacted and common behaviours displayed due to ice use.

Staffing

Over the year there were been numerous changes with staff. Staff have moved from within the Ice Pilot team for different reasons including undertaking other positions within VAHS. Many changes occurred in the program at VAHS and throughout the Melbourne metropolitan region.

Financial Well Being Unit

The Financial Wellbeing Program sits in VAHS Family Counselling Services program Unit with staff located at both Fitzroy & Preston sites.

Staff

Therapeutic/Gambling Counsellor – Ian Gray

Financial Counsellor/Team Leader – Esther Gregory

Financial Counsellor – Trainee – Chantelle McGuinness

Senior Financial Counsellor – Miles Turnbull

Housing Information & Assistance – Ella D'Abbs (.4 EFT) (Launch Housing partnership)

Clients seeking information and assistance from the Financial Wellbeing Program are experiencing financial difficulties *i.e., inadequate income, loss of income, gambling behaviours, housing stress and/or inability to pay basic household expenses and/or harassment from creditors*. Typically, clients present with financial difficulties as a consequence of their own gambling behaviour or as a client affected by the gambling behaviour of a family member or friend. Gambling may contribute to family conflict, adverse physical or mental health, self-medication, financial stress or these stresses may contribute to gambling behaviours. In this context, Financial Wellbeing staff work holistically and collaboratively with staff across all VAHS programs and services staff to ensure a coordinated approach to a client's health and wellbeing.

The overall aim of the Financial Well Being Program is to deliver relevant culturally informed services. These services contribute to increasing Community knowledge and awareness about how to transact within the financial services sector and the commercial gambling sector without fear or loss or exploitation.

During the year the VAHS core gambling and financial counselling services provided confidential counselling services in areas such as:

- Culturally informed personal support & 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 Health Promotion activities,
- Housing information and assistance services.

Commitment to building Community Capacity

Employment - Victorian Responsible Gambling Foundation

Chantelle McGuinness is finalising her financial counselling qualifications/field work with supervision of senior financial counselling staff. Chantelle is one of only 2 Aboriginal financial counsellors in Victoria. In addition to financial counselling casework, Chantelle is working to plan and deliver preventative 'Money Management' workshops for clients groups.

Program Funding - Victorian Responsible Gambling Foundation (VRGF)

VAHS welcomed continued funding, program support and professional development training & support from the VRGF during the course of the 2015-2016 financial year.

VRGF funding and program support enables the VAHS to provide both responsive preventative and remedial services to Community members who are at risk or have been impacted by harmful gambling behaviours.

During 2015-2016 the Victorian Responsible Gambling Foundation commenced a 'Review of Aboriginal Gambling Help Services in Victoria'.

The VRGF contracted an external consultancy to review VAHS along with regional program initiatives located at GEGAC, Rumbalara and MDAS.

The Review of Aboriginal Gambling Help Services funded by the VRGF was undertaken in context with their recently published research findings related to the impact *Gambling Related Harms* and *Gambling Prevalence within Victorian population* groups. The findings reflect VAHS experience that gambling is harmful in several ways and impacts on the health and wellbeing of Aboriginal families.

Commonwealth Department of Social Services (DSS)

VAHS was successful in receiving funding for the 2015-2016 financial year to fund additional experienced Financial Counselling staff. A position is funded to work with clients affected by problem gambling by providing both preventative and remedial counselling services and broad-based consumer community education.

Launch Housing Services partnership

Housing insecurity remains a significant presenting issue for Financial Wellbeing Program clients. This position is funded by DHHS & Launch Housing Services.

Ella D'aabs is the dedicated VAHS Housing Worker and works closely with Financial Counselling staff to address and stabilise critical presenting housing insecurity issues.

Financial Wellbeing Programs client throughout data 2015-2016

- VRGF Problem Gambling Counselling – substantive individual casework clients
- Problem Gambling Counselling – secondary consults / 1 sessions contact episodes
- VRGF – Financial Counselling (gambling) - substantive individual casework clients

Total individual gambling & financial counselling clients: 243

- Financial Counselling – information / advice episodes only

Total service information and external referral contacts: 96

- DSS – Financial Counselling – substantive individual casework clients: **339**
- Financial Counselling – information / external referral contact episodes only
- VAHS/Launch Housing Partnership) – .4 FTE (2 days per week) *Referral from FWB for i.e. homelessness, arrears, eviction action.*

Total individual/unique clients: 92

*Data entered & reported via Communicare and IRIS data based

Minajalku Healing Centre

Minajalku provides a culturally safe environment that aims to assist community members' healing and recovery.

Staff

Minajalku Coordinator – April Pender

Stronger Families, Stronger Communities – Eva-Jo Edwards

Women's Group Facilitator – Daria Atkinson

Cleaner – Fiona Hughes

Activities / Programs / Services

The Men's Healing Group continues each fortnight on alternative Mondays.

Men's Art healing program ran on alternative Mondays where the men participated in both wood burning activities and ceramic activities.

Massage was offered for a period of 3 months at Minajalku thanks to funding from the City of Darebin.

The Women's Healing Group was run weekly on Thursdays. During the year, the women participated in two art therapy activities:

1. Quilt Project: The women have begun a quilt project that will be completed by the end of November 2015 with the quilt design representing healing journeys and strong messages against Family Violence. They produced two amazing pieces of work with one quilt being presented to VAHS and the other to the Department of Justice under which funded the Project under its Strong Relationships, Strong Communities program.
2. The Women also produced many beautiful ceramic items.

A Youth Camp was held in December 2015 at Dromana where 11 youth participated in the camp which focused on:

- Family Violence in the community
- Healthy Lifestyles
- Positive Relationships
- Team Building

Achievements

- Minajalku is proud to inform that it had won a North Metropolitan Aboriginal Justice Award under the "Strengthening Culture Award" category in August 2015.
- The youth produced a DVD in Relation to healthy relationships.
- Over 15 men in the Men's Healing Group have participated in a 5-week wood burning workshop and produced a number of burnt wooden items such as boomerangs and clap sticks.



WOMEN'S AND CHILDREN'S UNIT

Susan Hedges,
Manager

The Women's and Children's program operates the following services from its base in Fitzroy:

- Maternity Program
- Maternal Child Health
- In Home Support
- Healthy For Life
- Paediatric Services
- Speech Pathology
- Care Co-ordinator
- Australian Hearing and Eye and Ear Hospital

Staff Members

Sue Hedges – Manager
Margaret Davidson – Team Leader

Koori Maternity Services

Cheryl Bamblett (3 days) – Health Worker
Cindy Scott and Toni Bahler – Midwives
Lalitha Chelliah (Thursday/Friday) – Maternal Child Health Nurse
Tess Brazzale (Monday/Tuesday) – Maternal Child Health Nurse
Anita Bayliss (Mon/Tues/Fri) – Maternal and Child AHW
Cheryl Bamblett (Wed/Thur) – Maternal and Child AHW

In Home Support

Judy Singleton – AHW
Thelma Norris – AHW
Tindarra Hood – AHW

Paediatric Team

Mick Creati and Niroschini Kennedy – Paediatricians
Siobhan Mullane – Paediatrician Registrar
Marylyn Vlasic – Registrar
Yoko Asawaka (Commenced March) – Paediatrician Registrar
Eli Shmerling – Paediatrician Registrar
Jemma Anderson – Adolescent Paediatrician Registrar
Georgina Austin 12 months leave – Aboriginal Health Worker
Bianca Charles – Aboriginal Health Worker
Kate Edney – AHW Healthy For Life
Sharon Hughes – Care Co-ordinator
Frances Di Cocco – Speech Therapist
Paula Robson – Speech Therapist Audiologist – Australian Hearing Services (fortnightly)
Audiologist – Eye and Ear Hospital (monthly)
ENT Specialist – Eye and Ear Hospital (monthly)

Maternity Program

Cheryl Bamblett – Maternity Health Worker
Cindy Scott and Toni Bahler – Midwives
Consultations are delivered at VAHS sites.

Highlights

The last 12 months have been very busy in the Koorie Maternity Services program at VAHS. Cheryl Bamblett, the Maternity Aboriginal Health Worker has continued to support the two midwives throughout the year.

- The program has provided antenatal care for 73 women and have had 37 babies born during this period, and
- birth weights continue to increase, and this is one of the best indications of health into the future.

Breastfeeding rates remain steady. As a Unit, we are all looking forward to the opening of the breastfeeding room as a wonderful resource for clients and staff.

The Program has delivered Hypnobirthing Classes. The Classes were delivered to four groups of VAHS clients and their families.

These sessions are appreciated and clients have been thrilled to be given the complimentary education along with a folder of resources and support music to download at home. In liaison with the founder of this course, VAHS has developed a culturally appropriate model that has been very well received. Clients have reported less fear and an increased knowledge-base following attendance.

The program has provided hypnotherapy sessions to 38 clients for quit smoking, weight loss, anxiety and fears, some of these attending 3-4 sessions. These sessions continue to be well received by the community.

In brief.....

- the VAHS Midwives continue to provide Well Women's checks, including PAP screening to the community
- Cindy has participated in the Strong Boorais, Bright Futures DVD which was launched at VACCHO in August last year. This is a DVD for Aboriginal organizations and clients about reducing and stopping the use of alcohol, smoking and other drugs during pregnancy
- Staff also attended the Sisters Day Out to promote KMS and PAP screening to the community.

Cheryl Bamblett, Cindy Scott and Toni Bahler provided a number of outreach services e.g.

- hypnotherapy session to clients at Dame Phyllis Frost Prison,
- addressed a group of young Aboriginal students as part of the Weenthunga Day to promote KMS,
- hosted Aboriginal Midwifery Cadet students in partnership with the Women's Hospital and ACU,
- attended collaborative meetings at the Women's, the Mercy and Box Hill Hospitals to promote KMS and build bridges,
- presented at the ICAP forum,
- have been involved in the Koolin Balit funding program at the Women's Hospital, and,
- represented VAHS at VicNet CPSU groups.

Challenges

There are ongoing challenges in our program around the use of drugs such as tobacco, alcohol and Ice that are causing many issues for pregnant women, their babies, families and the wider community. This presents many health and social issues for families.

Staff work in collaboration with the hospital clinics, social workers, housing workers and addiction clinics to provide the best care in challenging circumstances.

Sustaining strong relationships with the hospitals is an ongoing challenge and we endeavour to continue to work towards building and maintaining strong relationships in order to provide gold standard care for the community.

Future Goals

The Program continues to develop and evaluate the hypnobirthing classes for maternity clients and their families. Due to staffing shortages at times, some programs have been put on the back burner. By juggling workloads and reassessing priorities we will endeavour to re-establish the Boorai classes for the year.

Speech Pathology – Speech Therapists

Frances Di Cocco – 3 days at Fitzroy

Paula Robson – 2 days at Preston

Both commenced in March 2015 as part of the Koolin Balit Project. Both are part-time Therapists.

Frances Di Cocco is employed at 0.6FTE and is based at the Fitzroy site and Paula Robson, currently on maternity leave is working at 0.4 FTE from the Preston Koori Kids program.

Achievements

Speech Pathology services have been provided to over 90 children and families. A high demand for the service resulted in a waiting list within 6 months of service commencement. The Speech Pathology Service is delivered in partnership with Aboriginal Health Workers, the Care Co-ordinator, paediatricians, Maternal Child Health Nurse, GP's, Koori Kids and Adolescent Mental Health Team.

Consultations are occurring at both VAHS sites, Yappera Children's Services and Bubup Wilam Early Childhood Centres. The Women's and Children's Unit provides outreach services to some local schools, and requests have been received from the KESO in Kilmore regarding services for Children in the area. The Speech Pathologist and Complex Care Co-ordinator visited the region on 6 occasions with 5 -6 children being seen on each occasion.

Promotional Awareness Weeks

There was an interactive event held by Women and Children's Unit on 26 August 2015 to promote Speech Pathology Awareness Week, Book week and Hearing Awareness Week. Stories were read to children and families by Aboriginal Elders and other members of the community. Activities and information promoting key messages for families highlighting the importance of, and relationship between ear health, early speech and language development and literacy success were the focus of this fun well attended community day.

VAHS will have a Speech Pathology student from Australian Catholic University commence placement in August. Discussions have occurred with Melbourne University regarding possibility of offering students placements at VAHS in 2017.

The program has built strong connections with Early Childhood Education Services including Bubup Wilam and Yappera. Opportunities for working beside educators and offering some specific training related to Language development has occurred at Bubup Wilam. Our ongoing relationship with VACCA playgroups, Early Intervention Service Providers, and schools are as strong as ever. In term 2 Bubup Wilam will be holding a Language Promotion program for pre- school children.

Future Plans

- Ongoing and additional funding for staff and resources
- Continue to provide 1:1 Speech Pathology

assessments and therapy for individual children and their families and provide secondary consultations as required.

- Further exploration of service delivery models include therapeutic group work for children and their parents/ carers and offering training opportunities for VAHS staff, families, educators and other health professionals in how to promote culturally appropriate ways of providing Language-rich learning environments and opportunities.
- Liaising closely with VACCA Playgroup staff
- Informal opportunities to discuss how language develops with parents at VACCA playgroups
- Sources and evaluate existing Speech Pathology resources in terms of their cultural appropriateness to VAHS children/families.
- Continue to offer clinical student placement opportunities and mentoring to Speech Pathology Students.
- Build awareness in the community of the Speech Pathologist's role in helping children and families manage mealtime and feeding difficulties.
- Community events celebrating Speech Pathology Awareness week, Hearing Awareness week and Literacy week
- Supporting families as they transition to the National Disabilities Insurance Scheme.

Paediatric Services

Paediatricians – Dr Mick Creati,
Dr Niroshini Kennedy
Paediatric Registrars (Advanced
Trainees) – Dr Marylyn Vlastic,
Dr Siobhan Mullane, Yoko
Asawaka
Aboriginal Health Worker –
Georgina Austin (LWOP), Bianca
Charles

Achievements

- Weekly multi-disciplinary Intake Meeting - discuss all referrals to the Unit including to Speech Pathology, Paediatrics, In-home support and Care Coordinator. Frequent collaborations have been had with VAHS Koori Kids and Wadja clinic staff who have attended Intake meetings.
- A new Intake form is being used for referrals from partner agencies and other professionals,
- Clinical pathway/flowcharts for paediatric referrals based on our model of care are being developed. This model of care is offered to all children, and recognizes the complexity of needs of the clients, and the need for comprehensive, multidisciplinary health assessments and care using our internal and external resources,
- Model of care - Primary health care for all children: MCHN service, Medicare item 715 annual health checks - Referral to paediatric service for children requiring specialist input. Use of care plans to assist in accessing allied health services (e.g. Speech therapy, psychology, occupational therapy);

- Health management plans have been developed to guide therapeutic plans and to aid in accessing DHHS Child Protection brokerage funding for services not available at VAHS,
- Continue to receive full accreditation as an Advanced Training position under the Community Child Health Specialist Advisory Committee of the Royal Australasian College of Physicians for our Paediatric Registrars,
- STP funding from the Royal Australasian College of Physicians and Federal Department of Health for our Paediatric Registrar position for 2015 and 2016. STP funding for 2017 and beyond is expected to be confirmed shortly,
- Obtained PICS funding to provide infrastructure to support supervision of Paediatric Registrar,
- Participated in Indigenous Roundtables – a collaboration initiated by the University of Melbourne Department of Paediatrics and the Wadja Clinic at the Royal Children's Hospital, Melbourne, to share information and promote the health of Aboriginal children,
- Participated in the North East Metropolitan and Moreland Region's Taskforce 1000 panels, a review of all Aboriginal children in out of home care in Victoria.

Research projects

- Health of Aboriginal children in out-of-home-care,
- Review of the VAHS- RVEEH ENT Clinic- in collaboration with RVEEH.

Future Plans

- Develop plans for comprehensive health assessments for children in out of home care attending VAHS together with Department of Health and Human Services and VACCA,
- Ensure that there is appropriate sustainable funding for VAHS Paediatric service including multidisciplinary allied health staff and care coordination,
- Develop guidelines for surveillance of ear disease and hearing loss including appropriate screening tools, in collaboration with RVEEH ENT service. The team is exploring possible uses of tympanometry to screen for middle ear disease in infants,
- Continue relationship with Aboriginal Early Learning Centres to explore the possibility in working in collaboration to promote early childhood development, attachment, and parenting confidence, perhaps through supported playgroups or secondary consultations with VAHS staff.
- Develop data collection/ audit process for internal review and quality assurance purposes,
- Continue to develop relationships with NDIS and providers of Early Childhood Intervention Services for children with developmental delay or disability to ensure that services provided are culturally appropriate.

Healthy For Life

- Successful Child Health Check days – including “Back to School” day,
- Support the RVEEH ENT/ Audio Clinic once a month,
- Support Australian Hearing Clinic every fortnight,
- Provide an Audio screening of Children.

Achievements

- Successfully completed health checks at BubupWilam and Yappera over a two week period at each centre – supported by Paediatricians, AHW’s and a Doctor,
- Completed a two week training course on healthy ears – run by the Aboriginal College of NSW – rolled out by NACCHO,
- Completed a one day training course on taking Bloods – March 2015,
- Commenced training in Certificate 1V Population Health at VACCHO,
- Promoted Hearing, Speech and Literacy week – had a day for the children and parents with various activities.

Future Plans

- Carry out more planned health check days, e.g. Back to School,
- Continue rolling out health checks at BubupWilam and Yappera,
- Continue to promote various health issues (hearing week, breast cancer etc) and hold activities days or promotion days,
- Carry out planned health checks aimed at older kids (high school) with possible sport stars or speakers.

Co-ordinated Care

Sharon Hughes – Care Co-ordinator

- Attend and participate at Care Team meetings,
- Work with and support other programs where relevant,
- Support Speech Therapist in engaging our families and children during consultations,
- Engagement and support of families,
- Empowerment of families / individuals,
- Supported the planning and development of a mini Children’s festival which included a combination of Book, Speech and Hearing activities. The day incorporated culturally appropriate books read by Elders and members of our community and was supported with activities that promoted Language, literacy, hearing/listening and speech,
- Building and working relationships with other organisations eg Aboriginal Literacy Foundation.

Future Plans

- Ongoing funding,
- Training to develop ways to empower family and community,
- Continual community awareness of the importance of language development as part of health promotions.

Maternal Child Health

Lalitha Chelliah (4 days) – Maternal and Child Health Nurse

Anita Bayliss (3 days) – MCH AHW

Cheryl Bamblett (2 days) – MCH AHW

The MCH program provides clinical services to VAHS community. Its core business continues to be the delivery of cultural sensitive MCH engagement alongside Aboriginal Health Workers. Engaging with clients regularly is largely the key towards implementing the Key Ages and Stages. VAHS is able to add value to the MCH contact by also providing Immunisation.

Achievements

The Program has been engaging with the Big Group Hugs and all our clients now have priority access to Material Aid. This service is run out of a church hall in Rosanna, so it is a bit easier to access than the St Kilda Mums program for some of our clients. In other areas,

- Tess, the Maternal and Child Health Nurse has recently been mentor for a Nurse who is completing the LaTrobe Immunisation course.
- MCH nurses are part of the Strong Culture Strong Future working group, Enhanced Maternal and Child Health Northern Region Enhanced network and the MCH Expert coordinating meetings.
- Both MCH nurses attend seminars in areas such as Mental Health, Trauma, Disabilities.
- Both nurses work with a large number of Children in Out Of Home Care.

Child Health Checks

There were 393 Child Health Checks undertaken throughout the year, as follows:

| Health Checks | | |
|---------------|-------------------------------|------------|
| Check up | Healthy Kids Check | 15 |
| Check up | child 2 weeks or arrival home | 68 |
| Check up | child 2 months | 46 |
| Check up | child 4 months | 31 |
| Check up | child 6 months | 27 |
| Check up | child 8 months | 26 |
| Check up | child 12 months | 45 |
| Check up | child 18 months | 29 |
| Check up | child 2 years | 12 |
| Check up | child 2 ½ years | 11 |
| Check up | child 3 years | 19 |
| | TOTAL | 329 |

Achievements

- There were 64 babies born in 2015-16,
- Work with In Home Support and their clients,
- Support Health promotion activities,
- Organise Immunisation week (to be held annually),
- Work with all the W&C staff at intake to discuss and provide families with appointments and other services as needed.

Future Plans

- Encourage all doctors to notify births to W&C regarding clients who receive antenatal care from them,
- Obtain the discharge summary from the above Doctors for increased follow up of families,
- Support the Care Co-ordinator with reading groups.

In Home Support

Judy Singleton – AHW
Rikki Bamblett (currently on maternity leave)
(Tindarra Hood is employed until Rikki returns from maternity leave)

Achievements

- Completed In Home Support Implementation Plan for 2016 (this is an annual report),
- Audit of files,
- Regular numbers of parents and children attending both playgroup (Tuesday) and swimming (Wednesday's with increased classes),
- Attend the In Home Support network and development meetings throughout the year at different locations,
- Assisted the Koorie Engagement Support Officer from the Early Years (North Western Region) with 3 and 4 year old Kinder enrolments – 285 flyers sent out and this will be done each term,
- Worked with VAHS Preston to engage parents into the VAHS parenting programs,

- Completion of AHW Certificate 3 with VACCHO and Triple P training by a staff member (Judy Singleton),
- Increase of numbers in the In Home Support Program due to having 2 In Home Support Workers.

Future Plans

- Work closely with the Intake team every Monday,
- Encourage and support In-Home Support clients to attend or undertake any medical and general support,
- Undertake client surveys throughout the year,
- Increase group activities and fathers/families participation in activities,
- Encourage parents to participate in the VAHS Parenting Programs throughout the year,
- Encourage parents and families to undertake yearly Health Checks at VAHS,
- Encourage families to participate in local community events e.g. Fitzroy Stars Netball/Football, NAIDOC events etc.



ORAL HEALTH UNIT

Theresa McNally,
Manager

The 2015/2016 financial year has seen the Oral Health Unit face many extremely challenging situations especially around staffing issues and this is handled well by all staff as they continued to maintain their integrity and professionalism to continue to deliver high quality services to our community.

Firstly without the dedication, hard work, ongoing support and commitment of such a great team, we wouldn't be able to provide such a high quality of care for the community.

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

The Oral Health Unit continually reviews our internal processes and systems to ensure that the patient's journey and needs are met in all areas. The clinical audits are an essential element of this process.

Oral Surgeon

There has been an increase in the number of patients seeing the visiting Oral Surgeon. We are continuing to work with the Royal Dental Hospital Melbourne which VAHS has a Memorandum of Understanding with. The Oral Surgeon attends VAHS every four weeks. The surgeon averages approximately 10 - 11 patients per visit, with 4 - 5 patients receiving treatment. The surgeon has also performed biopsies and identified

oral cancers in some cases. The Oral Surgeon has also consulted and referred patients for surgery under general anaesthesia surgery at the Royal Dental Hospital Melbourne and the Royal Melbourne Hospital.

Oral Health Treatment For Prisoners

The VAHS Oral Health Unit continues to provide a valuable oral health treatment and program for our women from Dame Phyllis Frost Women's Prison. The women attend VAHS regularly for necessary treatment.

The Unit has also received requests from individuals from the Men's Prisons to have VAHS come and provide dental care.

Health Promotion

Part of our 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 our dentist or dental therapist.

We also support other units of VAHS and requests from other organisation's with show bags to give to their clients.

Some of our other health promotion activities have been to provide outreach screening, information sessions to VACCA playgroups, High School students, NAIDOC events, VAHS health screening events, open days of other organisation's and many more.

Oral Health Staff

Oral Health Manager –Theresa McNally

Senior Dentist – Dr Ravi Buchireddy

Dentist – Dr Alex Thomas (Annual Leave 01 December 2015 to 30 June 2016)

Dentist – Dr Lovedeep Kaur (Maternity Leave 15 March 2016 to 30 June 2016)

Dentist – Dr Rasheed Shaik (Leave 06 August 2015 – 30 June 016)

Dentist – Dr Keerthana Ashwin (Replacing Dr Lovedeep Kaur)

Dentist – Dr Kunal Kamble (01 October 2015)

Dentist – Dr Amrita Gokhale

Dentist – Dr Michelle Mun

The following casual Dentists have worked throughout the year:

Dr Lejla Dautovic,

Dr Veena Kamisetty,

Dr Sruthi Peruka,

Dr Hasan Ali and

Dr Zia Bhat

Senior Dental Assistant – Sarah Flynn

Dental Assistant – Shaygne Hamilton

Dental Assistant – Rajath Shivanna

Dental Assistant – Nicholas Dempsey (Resigned 11 may 2016)

Dental Assistant – Phoenix Armit (04 July 2015 to 01 December 2015)

Temp Dental Assistant – Jazmyn Fuller

Trainee Dental Assistant – Alita Thorpe

Trainee Dental Assistant – Alice-Rose Wickey

A Number of casual Dental Assistants were employed throughout the year to cover staff absences.

During this financial period we had some staff leave which created vacancies within the Unit. We said farewell to Nicholas Dempsey who has decided to take up a new career path.

Continually the Unit receives enquiries to host students on work experience or students studying their Bachelor of Health and also dentists seeking employment at VAHS.

Several requests have also come for volunteers to observe our staff in practice to help them with their Australian Dental Council exams for overseas trained dentist.

Over this period we saw a total of 2,258 patients for a variety of treatments. It needs to be noted that on some days we were short staffed.

| | |
|---------------------|--------------|
| Aboriginal | 2,065 |
| ATSI | 34 |
| TSI | 8 |
| Non- Aboriginal | 150 |
| Appointments | 2,257 |

We had many staff attending specific training and professional development programs some of which were in matters such as Infection Control, Chair-side Medical Emergencies and CPR.

The Oral Health Manager has continued to be an active participant of 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
- Dental Health Services Victoria Aboriginal Oral Health Reference Group

The Oral Health Manager also attends the following Internal meetings;

- Staff meetings
- Unit meeting
- OH&S committee
- VAHS WAH committee
- DHS and VAHS round table
- Finance meetings.



MEN'S HEALTH UNIT

Alan Brown,
Manager

The work of the Men's Unit remains at its challenging best.

The Unit continues to offer the opportunity to engage with local Aboriginal men in a variety of forms and a diversity of needs. However at times we 'bite off more than we can chew' as the needs outweigh our capacity and with the introduction of a "DHHS Standards/Accreditation" to the Unit, we have enough obligation to deliver just on our core grant responsibility of working with men in the family violence area. This challenge is also measured against the increasing number of family violence reports and the demands placed on Unit staff.

The Unit has received in excess of 200 L17s for occasions of family violence by a Koori male as reported by the presence of Victoria Police members. To this we receive them all, and have contacted them by the best means available. For example during the three month period April to June, we mailed out 180 Men's Unit information packs to males in the metropolitan area.

Staff

Alan Brown – Manager

Lewis Brown – Family Violence Case Manager

Ross Morgan – Family Violence Case Manager

The Unit was blessed with some outstanding male staff. A big thanks to Kaelun who continues to assist with our reporting requirements...a big shout out to Lewis, who came in a bit tender and was exposed quite quickly to the brutal world of Koori men hurting people; he adapted, built his resilience and made an outstanding contribution to the Unit. Don't forget John Byrne who always is available to counsel men, and of course Ross, who would tirelessly contacts guy after guy, then continues again never to give up on the opportunity for a fella to accept his responsibility. He faces his challenges and seeks to change to become the person he could be.

The Unit also acknowledges the work of all at the Family Counselling Services program, including a mention of John Egan, Graham Gee, Andy Brigham, Erryn Nundle, Linda Holmes, Garry Fitzgerald and of course Esther Gregory.

Notwithstanding thanks to Samantha Potter and the operational areas of VAHS at Plenty Road. We also pay respect to Alan Thorpe and the Dardi Munwurro program of which we send many men to check it out and hopefully participate.

Workforce

A challenge for the Unit and others in the Family Violence area is the workforce issue recognizing the specialist nature of the work we do and the lack of suitably "qualified" Koori males in this area. Suitably qualified Koori males are rare, and as the work and focus in family violence increases, it thus exposes

this matter more so. The Unit recommends that the VAHS raise this with other Aboriginal Health Services and engage VACCHO to design and deliver a Family Violence Education Certificate for Koori men and women.

Department of Health and Human Services (DHHS) Standards

The Unit has previously completed the DHHS standards for accreditation and we underwent a mid-cycle review. The standards are a funding requirement. The Unit recently had a mid-cycle review and found areas where we are 'OK' and got the 'tick' but there remains areas where we were not up to the standards and still work to do to get it to 100% (the goal). A big thanks to the team who gave it all to assist the Unit for example Christine Ingram, Shelley Chapman, Reg Thorpe, Lesley Day, Jnaallii Penrith and of course Lewis. For the record I understand the need for standards, and see where they are useful and necessary, although on the other hand I am not a big fan as I also see gaps where they present challenging decisions to be made. For example..."do I fill this paperwork out?" or "do I see this client who has just walked in....like now?" ...I know what I do. But I also find the areas of historic VAHS values and how we engage with people are not as prominent in the consideration of professional workforce standards assessment, requirements or delivery. Why don't we try Respect? Care? COMPASSION? Love?...and including the diverse and unlikely areas where we engage with

men like football training, kids birthdays, a party, the Shopping Centre, for example? I believe we should encourage and allow staff to 'think on your feet' and be allowed to give a rapid qualified response.

I / we have struggled with the balance between the two and the Men's Health Unit recommends that the VAHS Quality Compliance Committee considers and develops a VAHS-relevant and friendly interpretive guide for standards in VAHS. The Royal Australian College of General Practitioners has an interpretive guide for clinical standards in Aboriginal health services which could be used as a guide and benchmark.

I also think it important for VAHS members, to mention the internal changing face of VAHS. No doubt we have a more corporatized direction and this then changes our work practices, especially for Managers who are heading towards a lesser "hands on" relationship with community members due to VAHS having a more diligent approach to overarching responsibilities in governance, quality control, compliance, reporting and other desk bound activities (I prefer seeing people!).

Partnerships and Relationships inc DHHS

The Unit is well-placed in this area across the Aboriginal services and mainstream sectors. The Unit (and VAHS) has a good working relationship with VACCA and VALS receiving many referrals from them. The Unit is also in network contact with the mainstream services and meet

regularly. VAHS receives funding via DHHS and has good support from the people in there whom have responsibility to us. There is a 'hiccup' in terms of reporting though. VAHS reports monthly (as all services do) and has two separate areas of the DHHS on the monthly 'to do list'. So whilst we (Koori organisations) are expected to work efficiently effectively and with a minimum of fuss, the Department has a reporting regime that goes to separate areas that don't, can't or won't link.....how do you figure that out?

Police L17s

The Unit has received in excess of 200 L17s covering police attendance at family violence incidents in jurisdictions covering the Western and Northern suburbs of the Melbourne metropolitan regions.

From the many we have and with the information acquired it is likely that we can now develop a profile of a Koori male using violence. This is something I think we should pursue.

When we get the L17 we have a process of risk assessment and contacting the Koori male. To our continual dismay the majority of men we contact decide that they do not need a service, any help, or support. The continual denial of men who are using all forms of violence and dealing with the ownership of hurting women, children and Elders is too constant to disregard. These guys need to accept responsibility, stop the blame, 'man up' and work towards making our community being safe for our families and all people.

Going Forward

I have suggested to senior management in VAHS that we (VAHS) should have a major rethink about our approach to dealing with family violence. At the moment we have a 'piece meal way' described as the "the man at the Men's Unit, or the victim at Nicholson Street (99% of time it is a partner who is the victim) - oh what about the children?....send them somewhere else! Damn we forgot Nan"! That is the sort of approach we have at the moment.

It would be great (NO... IT WOULD BE NECESSARY) to have a more coordinated approach where the many resources of VAHS units are used more efficiently to deliver a family-focused response to family violence. If this could mean a 're-jig' of the Men's Unit, so be it. The clients and service delivery are more important than the Unit "owning" positions.

As well, we recommend that VAHS works internally and considers and brings the programs, projects and opportunities to deliver family violence preventative services to the community. We have the tools, we have the resources, we have the knowledge...but, do we have the will? Our community will tell us to stop the violence before it happens.



COMMUNITY PROGRAMS & HACC

Denise McGuinness,
Manager

Firstly I would like to thank all the staff of Community Programs for all their hard work, loyalty and commitment this past year. Like every year it was just as busy and challenging but also just as productive. I would like to thank the team for their support & confidence in me as Manager as well as in each other. I'd also like to acknowledge and thank the CEO Jason King, the Deputy CEO Christine Ingram and all staff of VAHS across all sites for constantly and persistently going above and beyond your work throughout the year for better and holistic health for the community. It is greatly appreciated.

The Community Programs Unit is a HACC service. The Unit provides a range of support services that fall in line with the Active Service Model approach to Aboriginal and Torres Strait Islander communities.

The approach is generally aimed at 3 target groups but not limited to:

- Older and/or frail persons with a moderate, severe or profound disability
- Younger persons with a moderate, severe or profound disability
- People living with a chronic health condition which impacts on their ability to remain living at home (this is to be determined by your General Practitioner).

All of our Aboriginal Health Workers, nursing, allied health staff & GP services are available to conduct home visits if required (If you are a client who is HACC eligible and/or have a chronic health condition all of our services are free).

Community Programs is committed to upholding our cultural values and meeting the needs of our community which doesn't discriminate against religious beliefs, sexuality, ethnicity or political views.

The Active Service Model

The Active Service Model approach focuses on working with clients to achieve their health goals which VAHS continues to implement. By doing this it empowers clients to take ownership for their own health and well-being.

Clients diagnosed with dementia and palliative needs are still increasing. For both the client and the families it is challenging to accept these diagnoses. We are supporting staff with related professional development and case conferences with a multidisciplinary team that supports these clients and their families with a holistic approach. This has been challenging but also rewarding as it advocates for what the client and their family wants.

Staff

Manager – Denise McGuinness
Assessment Intake Worker –
Jermaine Charles
Aboriginal Health Worker –
Lorraine Cunningham
Aboriginal Physical & Nutrition
Health Worker – Cameron Brown
Allied Health Nurse – Natalie Birt
Occupational Therapist – Vivian
Petrie
Dietician – Claire Bowitch
Physiotherapists – Josie Ley &
Chris Lane
Podiatrist – Rebecca Mannix
Relief Workers – Robert
McGuinness, David Arden, Mary
Jane ('MJ') Hammond

Programs

Community Programs continued
its program 'Active Koories'
(Elders) throughout the past year.
Active Koories Elders is an Active
Lifestyle program that gave the
participants the opportunity for
social contact through group-
based physical and community
activities outside of participant's
home.

The program provides a culturally
safe environment that enhances
the participant's well-being
required for their independent
living. It is individually designed
for each participants' physical,
emotional & social needs. It
is required to undertake a Pre-
Exercise Health Check (PEHC)
before attending the 'Active
Koories' programs. These can be
completed by the VAHS Doctors
before commencement.

The 'Active Koories' programs
are:

- Hydrotherapy (Mondays)
- Deadly Elders Circus
(Tuesdays)
- Gentle Gym (Thursdays)
- Diabetes Club (Fridays
fortnightly).

Partnerships & Networks

- Aborigines Advancement
League (AAL)
- 'Wunga' Program (AAL)
- Aboriginal Community
Elders' Services (ACES)
- HACC Aboriginal Liaison
Officer – Hume, Whittlesea
and 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
- Circus Oz

Events - Success stories

Deadly Elders Circus

The Deadly Elders Circus
program has been selected as
a finalist in the Building Health
Through Art category for the 2016
VicHealth Awards!

Congratulations to our staff
Josie Ley and Claire Bowditch
who are largely responsible for
the program and the trainers
and VAHS staff who help



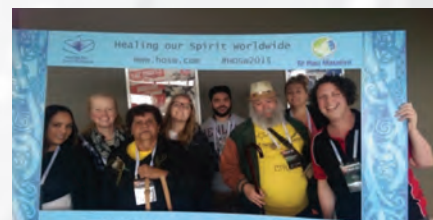
each week. This is fantastic
acknowledgement and
recognition for a program that
is being enjoyed for the Elders
and is working in terms of their
health (strength and balance) and
wellbeing.

International Conference "Healing our Spirit" Worldwide



In October 2015 six Program
staff accompanied two Elders
to New Zealand to represent
the VAHS Circus program at
the International Conference,
"Healing our Spirit" Worldwide.
The staff and the Elders were
treated very kindly and all had a
great time.

Autism Awareness, August 2015



On 2nd August VAHS held its
very first Autism Awareness
Day. The day was well attended
and it caused a lot of excitement
around VAHS. The program
had an information stall which
was complimented by a deadly
feed followed up by a Yarning
Circle. Two VAHS staff members
shared their stories about their
new journey into Autism. The
feedback was great with families
starting to open up conversation
around Autism and the early
signs of it. This will be an annual
celebration.



KOORIE CO-ORDINATED CARE

Joanne Atkinson,
Manager

The Koorie Coordinated Care Aboriginal Partnership Model is designed to support Aboriginal health and community services to work in partnership to improve client and community health and wellbeing. It is designed to strengthen client connections to services, family, culture and community by helping clients to meet short, medium and longer term life goals. The model allows Aboriginal health and community services to work closely together with allied mainstream services to support positive and culturally safe client referral pathways.

The Koorie Coordinated Care (KCC) model is being implemented in a time of rapid change in health and community service delivery and funding. KCC offers a coordinated approach to delivery of health and other human services support to Aboriginal clients and their families - particularly to our clients who are the most vulnerable and to those with complex needs. This best-practice collaborative service model ensures Aboriginal organisations are equipped to support the community and to guide mainstream services to ensure that they provide Aboriginal clients with culturally safe best practice supports.

Inspired by the vision of self-determination, empowerment and collaboration to empower the most vulnerable members of our community and their families is at the heart of KCC Mode principles. Recognising that individuals, families and communities have different needs and that health and community service organisations have different ways of working, the KCC practice model enables organisations to collaboratively support clients.

The KCC principles address our Culture and Kinship connections and other social and environmental determinants of health and wellbeing.

The KCC model holistically reflects the NAIHO/NACCHO definition of Aboriginal Health, which is:

not just the physical well-being of an individual but the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.

(NACCHO Constitution, 2006 or naccho.org.au/aboriginal-health/definitions)

The KCC network includes Aboriginal health, community services, aged care, children and youth, housing, legal, mental health, alcohol and drug support services, and other community services across metro Melbourne.

Koorie Coordinated Care consortium Partners include:

- Victorian Aboriginal Health Service (VAHS)
- Aborigines Advancement League (AAL)
- Aboriginal Community Elders Services (ACES)
- Victorian Aboriginal Community Services Association Limited (VACSAL)
- Victorian Aboriginal Child Care Agency (VACCA)
- Victorian Aboriginal Legal Service (VALS)
- Ngwala Willumbong
- Victorian Department of Health: North and Western Region (DoH).

Increased KCC networks are being developed with Aboriginal programs in mainstream services to increase the networks and partnerships that support our clients.

Electronic client referral

The s2s electronic client referral system used by KCC reduces the need for clients to tell their story over and over again. Its holistic case management embeds cultural determinants of health and uses service coordination best practice to increase our health and community services effectiveness, develop Community led solutions. Training in the KCC core principles and electronic client referral platform has been coordinated by a VACSAL Aboriginal RTO.

KCC Manager Update

I am pleased to report that the KCC model is gaining strong momentum and support from staff across the KCC consortium partner organisations.

The focus continues to be to promote the KCC Model and expand the opportunities for uptake and support in VAHS and across our partner organisations, Mainstream and our universal providers working with our clients to support strong client centered partnerships.

KCC Model Achievements 2015/2016 include:

Achievements to date provide a good basis to build on the KCC principles via:

- more systematic KCC trialling ongoing training engagement with the wider Koorie community via awareness raising activities and engaging with allied organisations,
- The Victorian Aboriginal Legal Service the Ngwala Willumbong homelessness joined the Project Steering Committee and KCC partner consortium organisations,
- The KCC s2s e-referral network has grown to 30 programs in 7 agencies,
- Interagency e-referral is steadily increasing and more organisations are using s2s to refer clients and coordinate their support,
- The *Guide to Making a Koorie Coordinated Care Plan* practice and training resource guide has been finalised and prepared for publication. This will be presented to the September Steering Committee for comment,
- KCC Training session has been locked in for 28 September at VACSAL Aboriginal RTO,
- Expression of interest form and information flyers have been send out via email to all VAHS managers and staff. We encourage as many VAHS staff as possible to attend. Limited spaces are available however if we receive more numbers we will run a second session,
- We are continuing do one on one s2s training with staff across VAHS and partner organisations as we promote and gain staff interest.

Priorities going forward are:

The next twelve months will see further promotion to expand the network of Aboriginal and allied mainstream organisations using the KCC Model. Strategic plan priorities are:

| | | | |
|-------------------|------------------------|--------------------|---|
| Priority 1 | Embed KCC in orgs | Strategy 1: | Embed KCC model principles in consortium partner organisational strategic plans and intake and referral. |
| Priority 2 | VAHS health checks | Strategy 2: | Referral of all KCC clients for a health check becomes standard practice. |
| Priority 3 | Building a KCC network | Strategy 3: | Increase networking and expand partnerships with other Koorie orgs, allied services and Services Connect. |
| Priority 4 | Sustainable use of KCC | Strategy 4: | Support coordinated case management and case planning to become standard practice for client intake and support |
| Priority 5 | Training | Strategy 5: | Promote and deliver KCC training supporting network development and increasing electronic referral of clients via S2S |
| Priority 6 | Resources | Strategy 6: | Resources and communication |
| Priority 7 | Evaluation | Strategy 7: | Evaluation |

KCC Training

Training in areas include:

- referring clients using s2s,
- preparing client support plans,
- using the Service seeker service directory,
- creating client records for internal case management (a few orgs/programs have started registering program teams and creating client records for internal case management recently), and
- Protecting client privacy.

The training is delivered by VACSAL RTO and is free for VAHS staff and other KCC project partner organisations. The training is also being made available to allied mainstream services with identified Aboriginal positions.

KCC Evaluation

The KCC Model evaluation has been conducted and complete. Independent consultant Janis Constable conducted the evaluation in which a number of VAHS staff managers and the CEO were involved and interviewed for their input.

The evaluation report was very positive and indicating strong support for adoption of the KCC Model across partner and allied mainstream organisations. The report and recommendations will be discussed for endorsement at the September KCC meeting.

Summary

The KCC Model achievements to date provide a strong base to implement and strengthen client support in key VAHS program areas including:

- clinical, mental health, alcohol and other drug services,
- justice,
- housing and homelessness,
- disability,
- social and emotional wellbeing and cultural support,
- recreation and healthy living,
- allied health and community services.

Action between now and June 2017

Action between now and June 30 2017 will consolidate achievements to date. Action to include:

- Work to the KCC strategic Action Plan 2015-17
- Conduct up to three KCC Training sessions between Sept - October 2016
- ongoing promotion and liaison with project partner and other allied organisations,
- Ongoing one on one support to programs/client support workers using s2s and KCC practice model
- Ongoing implementation to embed the use of e-referral across VAHS and consortium partner organisations and allied services.



REGIONAL TACKLING TOBACCO AND HEALTHY LIFESTYLES

Laura Thompson,
Regional Co-ordinator



The VAHS Regional Tackling Tobacco and Healthy Lifestyles Team (Healthy Lifestyle Team) are one of sixty (60) teams nationally. The Team has a preventative and population health focus and aims to tackle chronic disease risk factors including smoking, poor nutrition and lack of exercise. We also deliver Community education initiatives to reduce the prevalence of these risk factors in Aboriginal and Torres Strait Islander population in the inner, north and western suburbs of Melbourne. The Team does this by facilitating Community education sessions, setting up our health promotion display at Community events and by working to create smoke free and healthy catering policies. Our focus is to create supportive health environments at VAHS, sporting clubs and in the Community. We promote exercise, smoking cessation and healthy eating to the whole Aboriginal Community encouraging healthy lifestyle behaviors.

The VAHS Healthy Lifestyle Team maintains a high profile in the Community through attendance at Community events both during and beyond normal work hours. We also have active Facebook, Instagram and Twitter accounts. The Facebook engagement has assisted the team in reaching the wider Community and keeping them updated and motivated. During this reporting period, we have increased our Facebook

page 'likes' by five hundred and forty (540) and we have two thousand and fifty (2050) 'likes' in total. We also have four hundred and eighty six (486) Instagram followers and one hundred and thirty three (133) Twitter followers.

Check us out on:

www.facebook.com/vahshealthy lifestyleteam

www.instagram.com/Vahs_HealthyLifestyleTeam

www.twitter.com/VAHSHLT

www.youtube.com (search Victorian Health Service)



Healthy Lifestyle and Tackling Tobacco Team – Greg Semmler, Laura Thompson and Sarah Sheridan



Koolyn Briggs as Deadly Dan and the Smoke Free Zone signage at events.

The Commonwealth Department of Ageing and Health (Indigenous Health Programs Branch) conducted a national review of the Tackling Indigenous Smoking program in 2015-2016. During this time there was also a recruitment freeze and funding of programs was reduced. This was a time of uncertainty about the program's future and Laura Thompson, Sarah Sheridan and Greg Semmler worked tirelessly over this time to maintain the Gym and the level of Community engagement, education and presence at Community events with a limited workforce and budget restrictions. In September, VAHS submitted a targeted approach to funding application for Tackling Indigenous Smoking (TIS) which was successful through a competitive process. However, this new funding round did not have an allocation of healthy lifestyle dollars and was focused specifically on tobacco cessation in the Aboriginal and Torres Strait Islander Community in our region.

Achievements 2015 -2016

VAHS Health and Wellbeing Gym

The VAHS Gym operated for the entire year and is open five (5) days a week for the Aboriginal Community to access as part of their comprehensive holistic health approach. The Gym is supervised by a qualified personal trainer at all times and due to the healthy lifestyle funding cuts the ability to fund this space became a real concern.

The VAHS Healthy Lifestyles team has organised numerous fundraising initiatives and produced a Community documentary titled 'More than just a Gym...'. highlighting how regular physical activity reduces the risk factors for ill health and increases levels of optimism and mood (YouTube Clip: More than just a gym https://www.youtube.com/watch?v=-7yGMTVE_U0).

The Health and Wellbeing Gym has a weekly timetable of physical activity programs which is reviewed every term. These exercise classes include, early morning classes, yoga, strength classes, one on one personal training plans and Active Elders. The Gym is now very much a part of the holistic range of services offered to the community. It is well used with an average of one hundred and forty seven (147) points of contact per month and fifteen (15) new visitors per month.

Community members and staff from various Aboriginal organisations using the VAHS Monday lunchtime Gym session with Jason Silimaka, Trainer





To support physical activity in the region we also sponsored a Parkrun in Lalor in conjunction with City of Whittlesea. Parkrun is a free 5km walk/run every Saturday conducted by volunteers. At the launch on the 16th of April 2016, there was over two hundred people participating. We have worked with the Event Director at Parkrun Lalor (www.parkrun.om.au/lalor) to make it a culturally appropriate and inviting event. As a result we have regular Aboriginal participation at this location and created an Aboriginal Healthy Lifestyle Running Team which has forty one (41) runners and have participated in ninety three (93) registered runs.

Six (6) Week Challenge

This year VAHS HLT ran two (2) highly successful Six Week Challenge programs in August 2015 and April 2016 with over one hundred and ten (110) Community members and an eighty percent (80%) retention rate. The Challenge motivates its participants to live healthier lives. During the six (6) weeks participants are encouraged to: eat more fruit and vegetables; drink more water; avoid foods high in fats, sugar and salt; and get moving every day! The Challenge also encourages smokers to either cut down, or better still, to quit.

People of all ages and fitness levels are welcome and family members are invited too, to ensure that as many people in the Community benefit. Every Wednesday evening there is both a Community education session and workout. There is a strong, positive energy in the room as people learn, interact and get physical. The Challenge is also complemented by a full timetable of gym sessions. These programs are a great way to gather health information data, track participant's progress and support them over the 6 weeks with their health goals (including cutting back or quitting the smokes).



Wednesday night workout at the Six Week Challenge.



Fitzroy Stars Netballers at Preseason Camp.

Club Sponsorships

The VAHS Healthy Lifestyle Team continued to provide sponsorship to the Fitzroy Stars Football and Netball Club, Melbourne Stars Junior Basketball Club and VAHS Healthy Lifestyle Angels Junior Netball Club. In addition, we sponsored the artwork and design for an Aboriginal Jumper for the Thomastown Football Club NAIDOC Match.

The sponsorship and partnership agreements with the Sports Clubs allows the Healthy Lifestyle Team to be able to influence policy change at grassroots Community level and assist with the creation of health promoting clubs. For example, no smoking signage has been installed on site at the Fitzroy Stars Sir Douglas Nicholls Oval to accompany their Smoke Free Policy. They are the only club in the Northern Football league to have a Smoke Free Policy. These agreements also allow for additional opportunities for health education and referrals for health checks and tobacco cessation.

We also sponsored and supported preseason activities for the Netballers (6 Week Netball Skills Boot camp) and for the first time included netballers and part of the preseason camp. This holistic preseason training camp focused on health and wellbeing, including building cultural identity and creating a legacy for future generations.

The Fitzroy Stars Healthy Lifestyle Award

The Healthy Lifestyle Team created this Healthy Lifestyle award because throughout the duration of the Fitzroy Stars Football and Netball seasons there have been many examples of players and officials who have demonstrated excellence in the area of health, fitness and role modelling.

This award celebrates individuals who are consistently making better choices for their health. The recipient would also be a role model in their Community who actively inspires and creates opportunities for others to participate in a healthier lifestyle. Award winners will be positive, be brave, be focused, be strong, be deadly, be smoke free and drink responsibly. The award is based on the principle 'what gets rewarded gets repeated' and in this way the VAHS Healthy Lifestyle Team acknowledges excellent healthy lifestyle behaviours to encourage continued performance and influence. This year the worthy winners of the award were Peter Hood and Rianne Hood. Jasmin Wright received the Healthy Lifestyle Encouragement Award.

Health Promotion, Programs, Presentations and Events

Events



Aboriginal Quitline logo on VAHSTIS merchandise and smoke free giant Jenga!

The Healthy Lifestyle Team in addition to the state-wide youth and senior football/netball Carnival and Bill Muir Junior Basketball Carnival, were invited and attended forty four (44) events during the year.

The team reached out to and made contact with seventeen thousand, four hundred and nine people (17409). At these events we always set up our health promotion displays and where possible extend an invitation to other Healthy Lifestyle and Tackling Tobacco Teams and the Aboriginal Quit line to partner with us. We have had to get creative with our interactive engagement tools to keep the Community engaged and informed. We have developed some new exciting health promotion tools and characters including Betty Bingo (who plays the No Smokes Bingo) and smoke free giant Jenga! Our community engagement at NAIDOC VACSAL Variety Night Contest had the Team keep the winner's title for the second consecutive year with a health promotion version of the song "Lets Gets Physical!"

Our Team prides ourselves on the creative, fun and interactive range of methods we use to connect with a wide range of audiences in non-threatening and entertaining ways when we talk about tobacco.



Healthy Lifestyle performance at VACSAL NAIDOC Variety Night

We have worked closely with Wangal United in the Western suburbs of Melbourne and supported this organisation to get its own health promotion marquee which is strongly connected to the VAHS Healthy Lifestyle brand and promotes the same health messages.

We are now working with various organisations in the lead up to their events to consolidate their event plan which includes a designated smoking area and healthy catering. It is important for us to ensure that the events we attend create a supportive health environment so that our healthy lifestyle messages are most effective. We have had great success in this approach and agencies organising events appreciate this and our advice and support.

We also provide smoke-free event signage and this has helped us to link three (3) Aboriginal organisations to the VACCHO nutrition team for the development of Healthy Catering Policies.



Schools program emphysema experiment.

Education

This year, even with limited staff we were able to deliver thirty three (33) education sessions focusing on an audience of young people and pregnant women. Five (5) of these sessions were delivered in a primary school and one (1) was in a high school setting. Sixteen sessions (16) were delivered to young people in a variety of youth group settings including the Richmond Football Club KGI Real Camp and the VACCA Koorie Youth Leadership in Action (KYLA) groups.

We have already met our six (6) school target and over the next twelve (12) months we anticipate that the number of schools we will engage will double.

We have developed a six (6) week Healthy Lifestyle Program with a focus on the dangers of tobacco and it appears to be working well because we are able to build trusting relationships with the students over this time and begin to influence behaviour change.

Some new partnerships have also been forged with the Melbourne Indigenous Transition School (MITS) and the Pavilion School and we look forward to working with them soon.

The Coach Program

As part of the Healthy Lifestyle activities we manage the Coach program which is funded by an Indigenous Wellbeing Grant from Medibank. As part of the Coach program, we attend Yappera and Bubup Wilam on a weekly basis to deliver health messages and physical activity. We delivered eighty (80) lessons (10 per term) at Bubup Wilam and Yappera Children's Services to three (3) and four (4) year old Aboriginal Kindergarten children.

Each lesson has a theme intended to fulfil one of our program objectives including a lesson on smoke free homes where children make a smoke free sign for their home. Already two hundred and forty (240) children have participated in the Coach Program over three (3) years! The weekly program develops and builds relationships between the staff (Coaches) and the children which in turn influences the relationship with parents and the impact on healthy lifestyle choices in the home. This program has been nominated for an Early Years Education Award.



Coach Program at Bubup.



Quit Smoking Wall of Fame at the VAHS Gym.

Smoking cessation

This year we focused on promoting and supporting all staff across VAHS to utilise smoking cessation referral guidelines (and supporting resources). We developed a smoking and physical activity referral pathway to the Team. Over the twelve (12) month reporting period we have in excess of sixty (60) referrals to the team for tobacco cessation support.

Another initiative is the Quit Smoking Wall of Fame, which celebrates Community role models who have quit smoking. It also includes a short bio about why they quit, how they quit and how much money they saved! We currently have twenty (20) members on the wall. We have also replicated this wall in the VAHS Gym at the VAHS Medical/Dental Service (located in Fitzroy)



Tristan Aboriginal Quitline Counsellor at the VAHS Quit table.

and actively promote these role models on our social media channels.

We also work with the Aboriginal Quitline Team to set up a Quit table at the VAHS sites.

Having face to face contact with Counsellors at the Quit table and events makes it easier for our Team to be able to refer to Quitline therefore increasing the number of Aboriginal referrals to the Quitline.

Professional Development

Healthy Lifestyle Team members participated in a range of professional development activities. These included: Cert IV Population Health (VACCHO), Quit Skills SA Training, Mental Health First Aid, Koorie Coordinated Care (KCC) Training and First Aid & CPR Training.

Staff

There was a staff recruitment freeze during this financial year. To manage the short-fall we utilised student placements, casual workers and volunteers. We also advertised for an AFL Sports Ready Traineeship (Certificate in Sports and Recreation) to join the Team.

Regional Coordinator – Laura Thompson started (May 2013 – ongoing)

Health Lifestyle/Tackling Tobacco Workers – Greg Semmler (started June 2012 – ongoing), Sarah Sheridan (started Nov 2014 – ongoing), Brodie Cook (started July 2014 - July 2015)

AFL Sports Ready Trainee – Koolyn Briggs (started June 2016-ongoing)

Students/Volunteers/Casuals – Darren Potter (Placement, Community Services Diploma - 200 hours), Montanna Hudson (SEDA Student - 200 hours), Lana Dayne (Casual) and Brian (BJ) Hutchinson (Casual).



BJ working in the Healthy Lifestyle Team marquee



FINANCIAL REPORT

.....

FOR THE YEAR
ENDED 30 JUNE 2016

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

DIRECTORS' REPORT

Your directors present their report on the Victorian Aboriginal Health Service Co-operative Limited ("VAHS") for the financial year ended 30 June, 2016.

Total comprehensive income increased by \$449,008 (2015 loss \$327,039) arising from comprehensive income of \$860,500 arising from the revaluation of freehold land and buildings offset by a deficit of \$411,492 (2015 deficit: \$327,039). Revenue increased by \$56,440 (0.4%) as there was no change in principle activities being holistic health service delivery. Expenditure in the same period rose by \$140,893 (1%) again partly due to increase in revenue.

During this period, 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. The deficits of the last three years partly reflect this challenge and VAHS will continue to be challenged notably as funding becomes more competitive and as annual indexation on ongoing funding is significantly below the increases in the consumer price index in the health services area. In the year to 30 June 2016 annual funding indexation was around 1.56% compared to the Australian Bureau of Statistics published rate for CPI in respect of health services costs of 4.6%.

No dividends have been paid or recommended during the year. During the year no shares were issued (2015:8 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 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: Troy Austin, Linda Bamblett, Ronald Briggs, Brad Brown, Michael Graham, Doreen Lovett, Jimi Peters and Karin Williams. The secretary is Brad Brown.

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.

No significant changes in the state of affairs occurred during the financial year.

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

DIRECTORS' REPORT (continued)

During the year, the Board had also seen some changes to its membership. Troy ceased as director during the year and his service is acknowledged. Two Directors, Doreen and Michael were elected at the AGM.

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

Troy Austin

Troy is a Gunditjmara man, born and raised in Melbourne. A former Chairperson of ATSIC's Tumbukka Regional Council and former Victorian ATSIC Commissioner. During his career he has been actively involved in community organisations and was formerly CEO of the Fitzroy Stars Aboriginal Community Youth Club Gymnasium, Chairperson of the Victorian Aboriginal Youth Sport and Recreation and continues his involvement in aligning improved health outcomes with sporting involvement evidenced through his involvement with the Fitzroy Stars Football Club, former President and current role as Chairperson of Melbourne Aboriginal Youth Sport and Recreation. He has also served on numerous committees and working groups dealing with Indigenous issues in Victoria including the Victorian Aboriginal Family Violence Taskforce, the Premier's Aboriginal Advisory Committee. Troy is currently the Executive Officer of the North Metro Regional Aboriginal Justice Advisory Committee in the State Government's Department of Justice and is committed to improving justice outcomes for the Koori community.

Linda Bamblett

Linda is a proud Bangerang/ Wiradjuri woman. Her mother Esmeralda (Lulla) (nee Morgan) was born on Cummeragunja Mission and her father Alfred was born on Warrangeda Mission. She has extended kinship connections across Victoria and NSW.

Linda has worked in the Aboriginal community for almost 40 years in Shepparton and Melbourne across all streams of education throughout her career including as an Aboriginal Educator, TAFE Liaison Officer and as a Koorie Education Development Officer.

Linda's qualifications include Certificate IV and Diploma of Youth Work, Diploma in Frontline Management (Business) and her Certificate IV in Workplace Training and Assessment (TAA). In 2008 Linda was the recipient of the Skills Victoria -Victorian Koorie Student of the Year.

Linda sits on several committees and is a founding member of the Yappera Children's Services', Lidje MACS Centre and Batdja Pre-school – now Lulla's Children Services; a long serving member of the Victorian Aboriginal Education Association Incorporation (VAEAI); Treasurer of the Fitzroy Stars Football Netball Club.

She is the current Chairperson of the North Metro Regional Aboriginal Justice Advisory Committee and has been acknowledged for ten years commitment to the Aboriginal Justice Forum.

Linda is a strong advocate for her people and continues to work tirelessly to ensure that there are improved outcomes across all areas for her community and her advice, wisdom and counsel are regularly sought by individuals, families and agencies within the Aboriginal community as well as the broader community including government and mainstream agencies and services.

Ronald Briggs

Ron has a Certificate IV in Aboriginal Health. 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's health for over 10 years and is aware of health needs of community. He is also involved in sport for young warriors in basketball, football, etc.

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

DIRECTORS' REPORT (continued)

| | |
|----------------|---|
| Brad Brown | <p>A proud Gunditjmara man Brad has worked in the Melbourne Aboriginal Community all of his life including 22 years as an Aboriginal Health Worker at VAHS and at various levels of management positions including his current role as Aboriginal Preventions Program Manager at the Cancer Council Victoria. Brad has a particular passion in reducing smoking levels in the Aboriginal Community and fills a national and state representation role in support of this aim. This includes driving towards better chronic disease management, empowering the Aboriginal Health services and preventative approaches.</p> |
| Michael Graham | <p>Michael Graham, a proud Dja Dja Wrung/ Wurundjeri man, has been part of the Melbourne Aboriginal Community all of his life and is passionate about improving outcomes for his people.</p> <p>He has worked in Community organisations for over 20 years including VACCA, VAEAI, VAHS, VACSAL and VALS and was recently appointed Director of the Education Unit at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).</p> <p>Michael has been the previous VAHS Chair, Chair of Fitzroy Stars Aboriginal community youth club gymnasium, and a Director of Victorian Aboriginal Youth Sport And Recreation Co-operative Limited, Michael is currently on the Board of the Bendigo and District Aboriginal Co-op.</p> |
| Doreen Lovett | <p>Doreen, a Kerrup-jmara woman of the Gunditjmara people of Western Victoria, was born and raised her entire life in Melbourne, and spent most of her upbringing in Fitzroy. Doreen's employment career began with VAHS, as one of the first dental assistants in the 1970s. Doreen has been working in the Alcohol and Other Drugs sector for the past eleven years, and is the current Koori Community AOD Worker in the Northern and Western Metropolitan Regions, at Ngwala Willumbong Ltd.</p> |
| Jimi Peters | <p>Jimi Peters is a proud Yorta Yorta man from the Shepparton area, and is a descendant of the Briggs and Cooper Clan. Jimi has been working in Aboriginal Health at many levels for over 20 years including starting at VAHS in the early 1990s and at St Vincent's Hospital as the AHLO.</p> <p>Jimi has been employed at the VACCHO for over 15 years in many roles and areas including Aboriginal Eye Health Statewide Coordinator, Cultural Awareness Trainer, Medicare Enhancement Officer, Corporate Services, Indigenous Health Project Officer and currently the Manager of Public Health and Research.</p> <p>Jimi is a strong believer in Aboriginal Community Control and believes that Aboriginal health is best achieved by Aboriginal people being empowered to address their own health needs at a local level.</p> |
| Karin Williams | <p>Karin was with Koori Koollij 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 over 10 years, Koori Diabetes Service for over 5 years and Fitzroy Stars Gym and MAYSAR for over 3 years.</p> |

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

DIRECTORS' REPORT (continued)

During the financial year, 6 meetings of directors were held.

Attendances were:

Director
Troy Austin
Brad Brown
Linda Bamblett
Ronald Briggs
Michael Graham
Doreen Lovett
Jimi Peters
Karin Williams

| Directors' meetings | |
|---------------------------|-----------------------------|
| Number eligible to attend | Number of meetings attended |
| 3 | 0 |
| 6 | 6 |
| 6 | 4 |
| 6 | 5 |
| 3 | 3 |
| 3 | 3 |
| 6 | 6 |
| 6 | 6 |

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 is set out on page 5.

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



Chairperson



Treasurer

Dated this 24th day of October, 2016

**AUDITOR'S INDEPENDENCE DECLARATION
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 2016 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.



McLean Delmo Bentleys Audit Pty Ltd



Martin Fensome
Partner

Hawthorn
24 October 2016

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

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2016

| | Note | 2016 \$ | 2015 \$ |
|---------------------------------------|------|--------------|--------------|
| Revenue from operating activities | 2 | 14,488,665 | 14,463,248 |
| Revenue from non-operating activities | 2 | 326,866 | 295,843 |
| Employee benefits expense | | (11,456,694) | (10,967,793) |
| Depreciation expense | 4 | (625,871) | (639,328) |
| Communications expense | | (156,197) | (162,425) |
| Travel and accommodation expense | | (176,359) | (102,136) |
| Medical and dental supplies | | (244,230) | (278,432) |
| Repairs and maintenance | | (163,809) | (227,512) |
| Cleaning expense | | (168,708) | (102,610) |
| Professional and consulting fees | | (461,460) | (582,024) |
| Computer software | | (36,208) | (54,312) |
| Rent | | (14,300) | (14,300) |
| Computer Services | | (290,796) | (253,969) |
| Electricity usage | | (80,480) | (110,906) |
| Program specific expenses | | (425,890) | (503,509) |
| Pharmacy Supplies | | (198,179) | (146,694) |
| Motor Vehicle Expenses | | (170,187) | (175,432) |
| Photocopy and stationery expenses | | (106,801) | (120,843) |
| Rates | | (2,247) | (16,447) |
| Food Supplies | | (58,439) | (78,126) |
| Materials and Stores | | (18,979) | (20,988) |
| Community Canteen and Provisions | | (45,278) | (45,007) |
| Other expenses | | (341,001) | (430,941) |
| (Loss)/Profit on sale of assets | | 15,090 | (52,396) |
| Deficit for the year | | (411,492) | (327,039) |

The accompanying notes form part of these financial statements.

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

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2016

| | Note | 2016 \$ | 2015 \$ |
|---|------|-------------------|-------------------|
| CURRENT ASSETS | | | |
| Cash and cash equivalents – specific purposes | 5 | 2,162,894 | 1,769,705 |
| Cash and cash equivalents – others | 5 | 4,390,887 | 4,471,111 |
| Trade and other receivables | 6 | 549,442 | 230,889 |
| Other assets | 7 | - | 30,000 |
| TOTAL CURRENT ASSETS | | 7,103,223 | 6,501,705 |
| NON CURRENT ASSETS | | | |
| Property, plant and equipment | 8 | 8,459,744 | 8,160,250 |
| TOTAL NON CURRENT ASSETS | | 8,459,744 | 8,160,250 |
| TOTAL ASSETS | | 15,562,967 | 14,661,955 |
| CURRENT LIABILITIES | | | |
| Trade and other payables | 9 | 2,740,344 | 2,401,649 |
| Provisions | 10 | 1,218,515 | 1,076,964 |
| TOTAL CURRENT LIABILITIES | | 3,958,859 | 3,478,613 |
| NON-CURRENT LIABILITIES | | | |
| Provisions | 10 | 137,547 | 165,789 |
| TOTAL NON-CURRENT LIABILITIES | | 137,547 | 165,789 |
| TOTAL LIABILITIES | | 4,096,406 | 3,644,402 |
| NET ASSETS | | 11,466,561 | 11,017,553 |
| EQUITY | | | |
| Contributed equity | | 531 | 531 |
| Reserves | | 3,632,443 | 2,857,443 |
| Retained surplus | | 7,833,587 | 8,159,579 |
| TOTAL EQUITY | | 11,466,561 | 11,017,553 |

The accompanying notes form part of these financial statements.

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

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2016

| | Note | 2016 \$ | 2015 \$ |
|--|------|------------|------------|
| Deficit | | (411,492) | (327,039) |
| Other comprehensive income – changes in asset revaluation reserves | | 860,500 | - |
| Total comprehensive income | | 449,008 | (327,039) |

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2016

| | Contributed Equity \$ | Reserves \$ | Retained Surplus \$ | Total \$ |
|--|-----------------------------|----------------|------------------------|-------------|
| Balance as at 30 June 2014 | 523 | 2,857,443 | 8,486,618 | 11,344,584 |
| Additional equity contributed | 8 | - | - | 8 |
| Deficit for the year | - | - | (327,039) | (327,039) |
| Balance as at 30 June 2015 | 531 | 2,857,443 | 8,159,579 | 11,017,553 |
| Additional equity contributed | - | - | - | - |
| Revaluation of freehold land and buildings | - | 775,000 | 85,500 | 860,500 |
| Deficit for the year | - | - | (411,492) | (411,492) |
| Balance as at 30 June 2016 | 531 | 3,632,443 | 7,833,587 | 11,466,561 |

The accompanying notes form part of these financial statements.

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

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30 JUNE 2016

| | Note | 2016 \$ | 2015 \$ |
|---|------|------------------|------------------|
| Cash Flows from Operating Activities | | | |
| Grants received – operating | 3 | 14,560,331 | 14,394,357 |
| Interest received | | 160,519 | 224,253 |
| Other receipts | | 235,159 | 48,363 |
| Payments to suppliers and employees | | (14,623,267) | (14,686,074) |
| Net cash (used in)/ provided by Operating Activities | | 332,742 | (19,101) |
| Cash Flows from Investing Activities | | | |
| Payments for property, plant and equipment | | (111,396) | (1,048,854) |
| Proceeds from disposal of plant and equipment | | 61,619 | 215,250 |
| Net cash used in Investing Activities | | (49,777) | (833,604) |
| Cash Flows from Financing Activities | | | |
| Proceeds from security deposits | | 30,000 | 57,750 |
| Proceeds from new members | | - | 8 |
| Net cash provided by Financing Activities | | 30,000 | 57,758 |
| Net decrease in cash held | | 312,965 | (794,947) |
| Cash and cash equivalents at the beginning of the year | | 6,240,816 | 7,035,763 |
| Cash and cash equivalents at the end of the year | 15 | 6,553,781 | 6,240,816 |

The accompanying notes form part of these financial statements.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

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. Its registered office and principal place of business being 186 Nicholson Street Fitzroy Vic 3065.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements of Australian Accounting Standards Board (AASB), the Australian Charities and Not-for-profits Commission Act 2012 and the Co-operatives National Law Application Act 2013. 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> |
|-----------------------------|--------------------------|
| Freehold buildings | 2.5% to 15% |
| Leasehold buildings | 2.5% to 15% |
| Furniture and equipment | 0% to 40% |
| Motor vehicles | 18.75% to 33 % |
| 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.

(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.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(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 a number of superannuation funds chosen by employees 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 six months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

(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 a cash receipts 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.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(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 (i.e. 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.

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.

The financial report was authorized for issue on 24 October 2016 by the board of directors.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

| | 2016 | 2015 |
|--|-------------------|-------------------|
| | \$ | \$ |
| NOTE 2 REVENUE | | |
| Revenue from operating activities - Grants and program revenue | | |
| Commonwealth Government departments, funded agencies and authorities | | |
| Department of Health | | |
| Indigenous Primary Health Care Services | 4,690,608 | 4,620,254 |
| Tackling Indigenous Smoking | 475,414 | 843,676 |
| Service Maintenance Program | 5,850 | - |
| Department of Human Services | | |
| Medicare | 938,008 | 954,528 |
| Practice Incentive Programs | 261,040 | 73,180 |
| Department of Social Services | | |
| Problem Gambling | 122,112 | 119,821 |
| Emergency Relief | 15,420 | 17,677 |
| Department of Prime Minister and Cabinet – Bringing Them Home | - | 110,804 |
| Grants and program revenue from other Commonwealth funded agencies and authorities | | |
| Eastern Melbourne Primary Healthcare Network | 172,500 | 172,500 |
| Australian General Practice Training | 249,761 | 216,110 |
| Other | 16,590 | 1,537 |
| | <u>6,947,303</u> | <u>7,130,087</u> |
| Victorian Government departments, funded agencies and authorities | | |
| Department of Health and Human Services | 163,465 | 163,278 |
| AHPACC | 158,356 | 171,228 |
| AIDS/STD | 316,448 | 209,370 |
| Alcohol and other drugs | 21,953 | 20,689 |
| Carer crisis support | 224,136 | 37,170 |
| Comprehensive assessment and care for Aboriginal children with complex care needs | 1,078,204 | 1,340,550 |
| Home and community care | - | 81,846 |
| IT consulting | 223,490 | 216,366 |
| Koori maternity services | 1,697,330 | 1,618,449 |
| Mental health services including Koori Kids, Youth Justice and PDRSS | 140,292 | 26,877 |
| Minajalku healing centre | 146,256 | 61,867 |
| Parenting program | 50,000 | 40,000 |
| Regional partnership | - | 19,203 |
| Training grants | 127,083 | 121,525 |
| Dardi Munwurro | 323,610 | 318,148 |
| Indigenous family violence | | |
| Department of Education and Training | 350,916 | 344,032 |
| In home support | 229,257 | 229,285 |
| Maternal and child health services | 12,501 | 12,028 |
| Paediatric consultancy | | |
| Department of Justice | 174,000 | 180,000 |
| Victorian Responsible Gambling Foundation | 315,459 | 353,612 |
| Dental Health Services Victoria | 116,417 | 113,432 |
| | <u>5,869,173</u> | <u>5,678,955</u> |
| Non-Government program revenue | | |
| Youth Support and Advocacy Service – Bunjilwarra | 1,002,456 | 874,935 |
| Royal Australian Colleges of Physicians and Medical Administrators | 148,606 | 155,000 |
| Other Non-Government program revenue | 521,127 | 624,271 |
| | <u>1,672,189</u> | <u>1,654,206</u> |
| Total Revenue from operating activities | <u>14,488,665</u> | <u>14,463,248</u> |

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

| | 2016 | 2015 |
|--|----------------|----------------|
| | \$ | \$ |
| NOTE 2 REVENUE (continued) | | |
| Revenue from non-operating activities | | |
| Donations | 6,077 | 125 |
| Expense recoveries | 80,234 | 39,160 |
| Interest received | 161,096 | 216,558 |
| Rent | 54,691 | 40,000 |
| Sundry sales and income | 24,768 | - |
| Total Revenue from non-operating activities | 326,866 | 295,843 |

The analysis of revenue above, including comparatives, reflects changes in the names of government departments and other funding bodies, changes in programs funded and the sources of funding.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

| | 2016 \$ | 2015 \$ |
|--|-------------------|-------------------|
| NOTE 3 GRANTS | | |
| Grants and program revenue received during the financial year comprise | | |
| Commonwealth Government departments, funded agencies and authorities | | |
| Department of Health | | |
| Indigenous Primary Health Care Services | 4,690,608 | 4,620,254 |
| Tackling Indigenous Smoking | 689,446 | 843,676 |
| Service Maintenance Program | 105,000 | - |
| Department of Human Services | | |
| Medicare | 938,008 | 954,528 |
| Practice Incentive Programs | 61,040 | 73,180 |
| Department of Social Services | | |
| Problem Gambling | 122,112 | 119,937 |
| Emergency Relief | 15,420 | 17,561 |
| Department of Prime Minister and Cabinet – Bringing Them Home | 27,701 | 110,804 |
| Grants and program revenue from other Commonwealth funded agencies and authorities | | |
| Eastern Melbourne Primary Healthcare Network | 166,942 | 172,500 |
| Australian General Practice Training | 223,156 | 216,110 |
| Other | 16,590 | 1,537 |
| | <u>7,056,023</u> | <u>7,130,087</u> |
| Victorian Government departments, funded agencies and authorities | | |
| Department of Health and Human Services | | |
| AHPACC | 133,465 | 130,186 |
| AIDS/STD | 158,356 | 161,885 |
| Alcohol and other drugs | 402,678 | 258,365 |
| Carer crisis support | 21,953 | 20,689 |
| Comprehensive assessment and care for Aboriginal children with complex care needs | 75,000 | 360,000 |
| Home and community care | 1,078,204 | 1,042,197 |
| Koori maternity services | 223,490 | 216,366 |
| Mental health services including Koori Kids, Youth Justice and PDRSS | 2,108,657 | 1,563,170 |
| Parenting program | 95,000 | 248,127 |
| Regional partnership | 50,000 | - |
| Training grants | 19,224 | 2,500 |
| Dardi Munwurro | 127,083 | 121,525 |
| Indigenous family violence | 323,610 | 268,360 |
| Department of Education and Training | | |
| In home support | 350,916 | 344,032 |
| Maternal and child health services | 229,257 | 229,285 |
| Paediatric consultancy | 12,500 | 12,263 |
| Department of Justice | 27,000 | 180,000 |
| Victorian Responsible Gambling Foundation | 315,121 | 295,724 |
| Dental Health Services Victoria | 116,417 | 113,432 |
| | <u>5,867,931</u> | <u>5,568,106</u> |
| Non-Government program revenue | | |
| Youth Support and Advocacy Service – Bunjilwarra | 981,419 | 874,935 |
| Royal Australian Colleges of Physicians and Medical Administrators | 136,941 | 165,000 |
| Other Non-Government program revenue | 518,017 | 656,229 |
| | <u>1,636,377</u> | <u>1,696,164</u> |
| Total Grants and program revenue received | <u>14,560,331</u> | <u>14,394,357</u> |

The analysis of grants and program revenue received above, including comparatives, reflects changes in the names of government departments and other funding bodies, changes in programs funded and the sources of funding.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

| | 2016 | 2015 |
|---|-----------|-----------|
| | \$ | \$ |
| NOTE 4 SURPLUS(DEFICIT) | | |
| Surplus/(deficit) has been determined after: | | |
| Charging as expenses / crediting as revenue: | | |
| Depreciation of property, plant and equipment | 624,871 | 638,328 |
| Amortisation of copyright | 1,000 | 1,000 |
| Total depreciation and amortisation | 625,871 | 639,328 |
| Rental expense on operating leases | 14,300 | 14,300 |
| Loss/(profit) on disposal of plant and equipment | (15,090) | 52,396 |
| NOTE 5 CASH AND CASH EQUIVALENTS | | |
| Cash on hand | 2,300 | 800 |
| Cash at bank | 6,551,481 | 6,240,016 |
| | 6,553,781 | 6,240,816 |
| Cash is on hand or available on demand | | |
| Non-interest bearing | 2,300 | 800 |
| Interest bearing | 6,551,481 | 6,240,016 |
| | 6,553,781 | 6,240,816 |
| Specific purpose cash assets | | |
| Cash and cash equivalents are held for the following specific purposes: | | |
| Unexpended grants and grants received in advance (Note 9(a)) | 2,162,894 | 1,769,705 |
| Total specific purpose cash and cash equivalents | 2,162,894 | 1,769,705 |
| Other cash and cash equivalents | 4,390,887 | 4,471,111 |
| NOTE 6 TRADE AND OTHER RECEIVABLES | | |
| Sundry debtors | 549,442 | 230,889 |
| No interest is payable on overdue debtors. | | |
| NOTE 7 OTHER CURRENT ASSETS | | |
| Security deposits | - | 30,000 |

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

| | 2016 \$ | 2015 \$ |
|--|--------------------|--------------------|
| NOTE 8: PROPERTY, PLANT AND EQUIPMENT | | |
| Land at independent valuation (b) | | |
| - At 2007 Cost | - | 320,000 |
| - At 2013 Valuation | 2,050,000 | 2,050,000 |
| - At 2016 Valuation | 1,150,000 | - |
| | <u>3,200,000</u> | <u>2,370,000</u> |
| Freehold building at independent valuation (b) | | |
| - At 2007 Cost | - | 380,000 |
| - At 2013 Valuation | 2,450,000 | 2,450,000 |
| - At 2016 Valuation | 325,000 | - |
| | <u>2,775,000</u> | <u>2,830,000</u> |
| Less: accumulated depreciation | <u>(236,274)</u> | <u>(238,774)</u> |
| | <u>2,538,726</u> | <u>2,591,226</u> |
| Leasehold buildings at cost | 3,648,094 | 3,648,094 |
| Less: accumulated depreciation | <u>(2,185,214)</u> | <u>(2,081,795)</u> |
| | <u>1,462,880</u> | <u>1,566,299</u> |
| Furniture and equipment at cost | 2,725,220 | 2,706,140 |
| Less: accumulated depreciation | <u>(2,235,320)</u> | <u>(2,026,232)</u> |
| | <u>489,900</u> | <u>679,908</u> |
| Copyright of floor design at cost | 20,000 | 20,000 |
| Less: accumulated amortisation | <u>(18,000)</u> | <u>(17,000)</u> |
| | <u>2,000</u> | <u>3,000</u> |
| Motor vehicles at cost | 1,232,860 | 1,280,644 |
| Less: accumulated depreciation | <u>(466,622)</u> | <u>(330,827)</u> |
| | <u>766,238</u> | <u>949,817</u> |
| Total property, plant and equipment | <u>8,459,744</u> | <u>8,160,250</u> |

(a) Movement in carrying amounts

| 2016 | Land | Freehold buildings | Leasehold buildings | Furniture & equipment | Copyright of floor design | Motor Vehicles | Total |
|---------------------------|------------------|--------------------|---------------------|-----------------------|---------------------------|----------------|------------------|
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Opening Balance | 2,370,000 | 2,591,226 | 1,566,299 | 679,908 | 3,000 | 949,817 | 8,160,250 |
| Additions | - | - | - | 19,081 | - | 92,315 | 111,396 |
| Revaluations | 830,000 | 30,500 | - | - | - | - | 860,500 |
| Depreciation | - | (83,000) | (103,419) | (209,089) | (1,000) | (229,363) | (625,871) |
| Disposals | - | - | - | - | - | (140,100) | (140,100) |
| Writeback of depreciation | - | - | - | - | - | 93,569 | 93,569 |
| Closing balance | <u>3,200,000</u> | <u>2,538,726</u> | <u>1,462,880</u> | <u>489,900</u> | <u>2,000</u> | <u>766,238</u> | <u>8,459,744</u> |

(b) Asset revaluation

The Board valuations of freehold land and building were based on independent valuations conducted by Julian Valmorbida Certified Practising Valuer of Wallace Commercial (Vic) Pty Ltd on 7 October 2014 and 7 October 2016.
Refer to Note 19 for detailed disclosures regarding the fair value measurement of the VAHS land and buildings.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

| | 2016 | 2015 | | |
|--|------------------|-----------------------|----------------|------------------|
| | \$ | \$ | | |
| NOTE 9 | | | | |
| TRADE AND OTHER PAYABLES | | | | |
| Trade creditors | 132,279 | 158,309 | | |
| Accruals | 363,927 | 426,536 | | |
| GST Payable | 81,244 | 47,099 | | |
| Unexpended grants and grants received in advance | 2,162,894 | 1,769,705 | | |
| | <u>2,740,344</u> | <u>2,401,649</u> | | |
| Commonwealth Government | | | | |
| Department of Health | | | | |
| Tackling Indigenous Smoking | 214,032 | - | | |
| Service Maintenance Program | 99,150 | - | | |
| Department of Prime Minister and Cabinet | 27,701 | - | | |
| Other Commonwealth grants | 45,000 | - | | |
| Victorian Government | | | | |
| Department of Health and Human Services | | | | |
| Health | 1,582,613 | 1,433,611 | | |
| Human Services | 185,196 | 185,196 | | |
| Department of Justice | - | 138,000 | | |
| Other Non-Government program revenue | 9,202 | 12,898 | | |
| Total unexpended grants and grants received in advance | <u>2,162,894</u> | <u>1,769,705</u> | | |
| NOTE 10 | | | | |
| PROVISIONS | | | | |
| CURRENT | | | | |
| Provision for annual leave | 714,118 | 644,309 | | |
| Provision for long service leave | 504,397 | 432,655 | | |
| | <u>1,218,515</u> | <u>1,076,964</u> | | |
| NON-CURRENT | | | | |
| Provision for long service leave | <u>137,547</u> | <u>165,789</u> | | |
| | | | | |
| | 1 July 2015 | Additional provisions | Amounts used | 30 June 2016 |
| | \$ | \$ | \$ | \$ |
| Movement in leave provisions | | | | |
| Annual leave | 644,309 | 846,042 | 776,233 | 714,118 |
| Long service leave | 598,444 | 105,351 | 61,851 | 641,944 |
| | <u>1,242,753</u> | <u>951,393</u> | <u>838,084</u> | <u>1,356,062</u> |

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

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 \$1,475,000 represents the fair value of the Smith Street property acquired at no cost.

| | 2016 \$ | 2015 \$ |
|--|----------------|----------------|
| NOTE 12 AUDITORS' REMUNERATION | | |
| Audit fees for auditing the financial statements | 27,500 | 27,500 |
| Fees for other consulting services | - | - |
| | <u>27,500</u> | <u>27,500</u> |
| NOTE 13 KEY MANAGEMENT PERSONNEL COMPENSATION | | |
| Salary | 627,683 | 570,894 |
| Superannuation | 50,925 | 50,251 |
| | <u>678,608</u> | <u>621,145</u> |

NOTE 14 RELATED PARTIES

Directors and key management personnel are involved in other Aboriginal organisations and transactions occur in the normal course of business on an arm's length basis.
In addition Board directors are offered normal tools of trade such as mobile devices to support them in delivery of Board services and these tools of trade are provided in accordance with normal policies and procedures.

NOTE 15: CASH FLOW INFORMATION

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

| | |
|-----------|-----------|
| 6,553,781 | 6,240,816 |
|-----------|-----------|

NOTE 16 LEASE COMMITMENTS

Payable - minimum lease payments

Not later than 1 year

Later than 1 year but not later than 5 years

| | |
|--------|--------|
| 51,393 | 16,225 |
|--------|--------|

| | |
|---------|---|
| 154,179 | - |
|---------|---|

| | |
|----------------|---------------|
| <u>205,572</u> | <u>16,225</u> |
|----------------|---------------|

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

NOTE 17: EVENTS AFTER THE REPORTING PERIOD

No matters or circumstances have arisen since the end of the reporting period 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: CONTINGENT LIABILITIES

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

NOTE 19 FAIR VALUE MOVEMENTS

VAHS has the following assets, as set out in the table below, that are measured at fair value on a recurring basis after initial recognition.

Non-Financial Assets

Freehold land

| | |
|-----------|-----------|
| 2,880,000 | 2,050,000 |
|-----------|-----------|

Freehold buildings

| | |
|-----------|-----------|
| 2,685,830 | 2,360,630 |
|-----------|-----------|

Total non-financial assets recognised at fair value

| | |
|------------------|------------------|
| <u>5,565,830</u> | <u>4,410,630</u> |
|------------------|------------------|

- (i) For freehold land, the fair value has been determined using a market approach using recent observable market data for similar properties. Significant inputs are price per square metre.
- (ii) For freehold building, the fair value has been determined using a market approach using recent observable market data for similar properties. Significant inputs are price per square metre

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

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 19:
 - (a) comply with Australian Accounting Standards - Reduced Disclosure Requirements, the Co-Operatives National Law Application Act 2013 and the Australian Charities and Not-for profits Commission Act 2012; and
 - (b) give a true and fair view of the financial position as at 30 June 2016 and performance for the year ended on that date;
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 24th day of October, 2016

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, which comprises the statement of financial position as at 30 June 2016, 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 – Reduced Disclosure Requirements, the *Co-operatives National Law Application Act 2013* and the *Australian Charities and Not-for-profits Commission Act 2012* 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

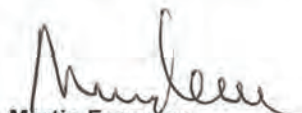
In conducting our audit, we have complied with the independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012*. We confirm that the independence declaration required by the *Australian Charities and Not-for-profits Commission Act 2012*, which has been given to the directors of Victorian Aboriginal Health Service Co-Operative Limited would be in the same terms if provided to the directors as at the time of this auditor's report

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

Opinion

In our opinion, the financial report of Victorian Aboriginal Health Service Co-operative Limited is in accordance with the *Co-operatives National Law Application Act 2013* and the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the Co-operative's financial position as at 30 June 2016 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements, the *Co-operatives National Law Application Act 2013* and the *Australian Charities and Not-for-profits Commission Regulation 2013*.


McLean Delmo Bentleys Audit Pty Ltd
Martin Fensome
Partner

Hawthorn
25 October 2016









VAHS Fitzroy

186 Nicholson Street, Fitzroy, 3065

phone: 03 9419 3000 **email:** info@vahs.org.au

VAHS Preston Site

238-250 Plenty Rd, Preston VIC 3072

phone: 03 9403 3300 **fax:** 03 9403 3333

Minajalku

8 Rossmoyne St, Thornbury VIC 3071

phone: 03 8459 3800