



# Victorian Aboriginal Health Service

Co-operative Limited

Annual Report 2014 - 2015

## THE VAHS BOARD



*Karin Williams*



*Jimi Peters*



*Troy Austin*



*Ron Briggs*



*Linda Bamblett*



*Alan Thorpe*



*Brad Brown*

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### Disclaimer

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

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







## CHAIRPERSON'S REPORT

Brad Brown,  
Chairperson

Firstly I would like to start by thanking the VAHS Board members for their support and for providing the leadership and advice to myself, the senior Executive, Management and staff. Without their experience, advice, wisdom and expertise in VAHS matters, I doubt we would be in the position that we are today.

I would also like to acknowledge the staff for their hard work and commitment towards providing a safe and cultural service for our community.

As we at the Board level know, VAHS has to move with the times, but it still needs to retain its philosophy of community control, of providing holistic care and ensuring that every community member receives the quality of care that they deserve.

The 2014-2015 year has been one of capacity building, quality and compliance and continuous improvement. There is a renewed focus on strong governance in VAHS and this has been brought on by government requirements, and stringent conditions of funding of Aboriginal organisations.

In this day of mainstreaming and defunding of Aboriginal programs, VAHS has to practice strong governance and capacity building of the organisation to ensure that it is the best organisation to operate health programs for our community. We know that VAHS, and community-controlled Aboriginal health organisations, are best able to provide services for our people – no other body can provide the same services. VAHS and the Board know that community-controlled Aboriginal health organisations can justify continued existence in this field above all other organisations and they maintain that “VAHS needs to be seen to be as good as any non-Aboriginal organisation in its operations and service-delivery”.

## 2014-2015

The 2014-2015 year has been a ground-breaking year for VAHS and some major landmarks have been reached with some very successful outcomes.

Earlier in the year VAHS obtained accreditation in the Medical Clinic, Community Programs and more recently, the Men's Health Unit. VAHS is now in the final stages of preparing for accreditation in its Oral Health program. Being accredited means that the organisation has passed all of the indicators comprising key standards according to DHS and accompanying Governance and management standards.

### Quality Compliance Team

During the year VAHS established a Quality Compliance Committee made up of senior VAHS staff, VAHS staff with expertise in various areas, a Board member and a community representative.

The Quality and Compliance Committee plays a major part 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. Through its work it was able to facilitate better understanding about quality of care. And through this it began to build on and develop resources and tools to support good practice and to maintain the currency of accreditation standards.

The Board congratulates the Quality Compliance Team and all staff who have contributed to the accreditation success.

### Strategic Plan towards the Year 2020

In pursuing its objectives VAHS is continuing to work towards continuous improvement and quality. The VAHS Board, management and staff are continuing to work hard to raise our standards and to achieve our objectives to meet the requirements that are set.

### Healthy Lifestyles Team - Continuation of the program

In this year we have seen the gym become more accessible to community members. From early morning opening to after-work hours, the gym is being used by community members from all circles. The great work of the Healthy Lifestyles Team and valuable use of the gym has ensured that VAHS is truly practicing a community-based holistic service.

The VAHS Healthy Lifestyles programs complement the health initiatives that are ongoing in VAHS and the programs are very well supported by community, Elders and staff.

### Bunjilwarra Healing Service, Hastings

The Victorian Aboriginal Health Service (VAHS) and YSAS (Youth Support and Advocacy Service) are in partnership in the management of Bunjilwarra. VAHS and the YSAS have combined the expertise and experience of both agencies to provide the new Bunjilwarra Koori Youth Alcohol and Drug Healing Service in close partnership with the Department of Health, VACCHO and ACCHOs.

### National Aboriginal and Torres Strait Islander Women's Association (NATSIWA)

VAHS and several other Koorie organisations were approached to provide an Expression of Interest to auspice and accommodate the NATSIWA. VAHS successfully tendered and the Secretariat and the CEO are now based at the VAHS Preston site.

### Thank you

As we end the 2014-2015 year, I say thank you to my fellow Board members for their support, and I congratulate all staff, Managers and the Executive for continuing to provide the services that are needed by our community during the year.





## CEO/ ADMINISTRATION REPORT

.....  
Jason King, VAHS  
Chief Executive  
Officer

I need to start by paying my respects to the traditional custodians of the land and to Elders both past and present. To the future Elders you have a great legacy to up-hold.

I want to send condolences to all those that have lost loved ones over the past year. Whilst you will never feel their touch or see their face again you will have a lifetime of memories to remember them by. They will never be forgotten.

VAHS has had a busy year like all years but we seem to keep up with the needs of the community. I need to apologise for not having more community meetings but I do promise that this will change.

### Bunjilwarra

Bunjilwarra is up and running in partnership with YSAS and it's for our youth that need help around AoD issues. Sadly it is not a detox service.

### VAHS Healthy Lifestyles Team

Our very own Healthy Lifestyles Team was a finalist in the VicHealth Promotion Awards for the deadly Tram with the Quit Smoking wrap.

### Dental Refurbishment

We had the flood – again. Fitzroy had damage done to the reception area and the board room. Thankfully the refurbishment in the Dental area wasn't effected too much. And we didn't have to pull up the beautiful floor in the reception walkway.

### Men's Health Unit Accreditation

The Men's Unit went through QIP and DHS One Standards accreditation and passed. A big thank you to Alan Brown, KB, John Burns and Maurice Shipp for their outstanding work.

### Maori Cultural Exchange

VAHS signed an agreement with our Maori counterparts in New Zealand to have a cultural exchange program of workers. Each year 4 workers will come to VAHS and 4 VAHS Workers will go to NZ to learn about the different cultural aspects of working with First Nations peoples. NZ do great work with AoD clients and we do great work with Primary Health care.

### NAIDOC

NAIDOC last year was tremendous. With over 1000 people in the march to Fed Square. I'd like to thank Tracy Williams for organising the many different colour shirts for the day and to the Healthy Lifestyles Team for getting food and water to the masses.

### 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 more importantly using our Social and Emotional Workforce for these kids if required.

## Board of Directors and Staff

To the Board of Directors Bradley Brown, Aunty Karin Williams, Uncle Ron Briggs, Aunty Linda Bamblett, Jimi Peters, Troy Austin and Alan Thorpe thank you for your guidance and assistance. Volunteering for a Board for a service like VAHS is nearly a full-time job at times.

To my management team of Christine Ingram, Peter Murray, Laura Thompson, Helen Kennedy, Paul Dunn, Denise McGuinness, Lesley Day, Alan Brown, Joanne Atkinson, Andrew Baker, Mary Belfrage, Theresa McNally, Baymos Handy, Ray Thomas & Susan Hedges thank you for delivering services needed by our community. It can be hard to do as we are the only inner-metro health service.

## Our Community

To all the community who give us feedback from those who tell us when we aren't doing this right to those that pay us compliments, we do appreciate the feedback as it helps us to become a better service for you. Bring on 2016.

## Administration Staffing



**Chief Executive Officer**  
Jason King

**Deputy Chief Executive Officer**  
Christine Ingram

**Executive Assistant**  
Shelley Chapman, Jnaallii Penrith

**Reception**  
Janinna Chessells, Elizabeth Norris, Peter Ellis, Dianne Edwards, Nakita Kelly

**Administration Officer**  
Nikki Penrith, Monique Squires, Linda Fisher (dec.)

**Chief Finance Officer**  
Peter Murray

**Human Resources Adviser**  
Lesley Day

**Human Resources Officer**  
Merindah Brown

**Senior Policy/Major Projects Officer**  
Reg Thorpe

**Education and Training**  
Jan Muller

**Maintenance/Handyman**  
Mark Singleton

**Trainee Maintenance/Handyman**  
Andrew Atkinson, Dalton Guthrie

**Medicare Enhancement Officer**  
Worrin Williams

**PIRS Officer** Dawn McGuinness

**IT and IT Support** Paul Dunn

**Research Officer** Maurice Shipp

**Quality and Compliance Officer**  
Shelley Chapman

**Finance Manager** Sailaja Moturi

**Payroll Officer** Narelle Carter

**Accounts** Jhansi Vasireddy, Amedee Griffiths, Sherine Eldho

**Security Officers** Alan Hedges, Tanya Saunders, Mario Bonello

**Cleaners** Kaylene James, Norman Williams, Louise Atkinson, Stephen Onus, Brian Liddle, Fiona Hughes



## Quality and Research

### Quality

Since January 2015, VAHS has generated a major shift in the way in which we work towards becoming a quality service and program delivery organisation.

A number of key processes have occurred to generate this shift. These include:

- How staff communicate with each other;
- How staff encourage communication and participation from and with the community;
- How staff manage and lead the work that they do; and
- How VAHS monitors and evaluates all programs and services.

VAHS aims to ensure that continuous quality improvement underpins all of the work undertaken, and staff being involved in the QIP/DHHS Accreditation process to develop an effective Quality, Compliance and Safety Framework across the entire organisation. VAHS now believe that with the introduction of this cultural change we are working toward the implementation of quality processes through co-operation, information sharing and the coordination and incorporation of new knowledge.

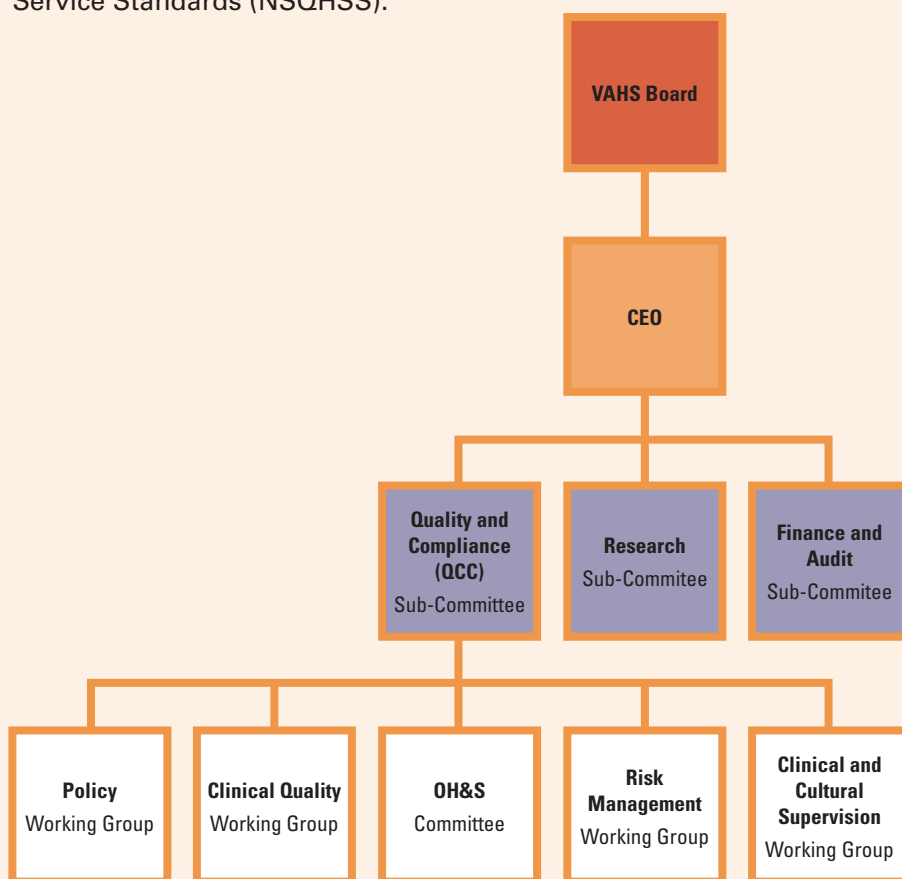
In order to facilitate this organisational change VAHS has established a Quality and Compliance Committee (QCC) which reports directly to the VAHS Board of Directors and has a fully ratified Terms of Reference. The role of the QCC is to provide advice and direction to the Board and staff on standards of practice, accreditation and continuous quality improvement of services and programs. The QCC incorporates representatives from each Unit within VAHS.



## Clinical Governance Structure VAHS Quality and Compliance Committee

A number of working groups and committees have been established or reinvigorated specifically to work through the Accreditation Standards in order to develop, implement and identify key evidence required.

During this process the Men's Unit obtained full Accreditation through QIP/DHHS. Preparations are well underway for the Oral Health Unit to become accredited under the National Safety and Quality Health Service Standards (NSQHSS).



## Research

Over the last 12 months there has been significant work undertaken in the Research area.

The VAHS Research Sub-Committee (RSC) met approximately four times in this financial year and a major piece of work from the committee included the re-invigoration of a VAHS Research Policy, that provides some structure to Research at VAHS, strengthens the VAHS Research Framework and is in line with relevant legislation and ethical standards.

Twelve research applications were received. Three research projects that were approved for engagement and participation include:

- "Student Placements in ACCHOs: Identifying the factors involved in successful placements for staff and students" (Completed)
- "Safe Sleeping for Infants in Victorian Aboriginal Communities" (SSIVAC) study (on-going)
- "Identification of culturally sensitive approaches to improve immunisation coverage and timeliness of Aboriginal and Torres Strait Islander children and their families" (on-going)



Two research projects ended; these include: REACCH (a study on STI/BBV) and ADACC a Diabetes study. Both of these projects were incredibly successful and resulted in changes to practice within VAHS in the areas of Sexual Health and Diabetes. A successful Survey was implemented in November 2014 on young people's Attitudes, Behaviours and Knowledge of STI/BBV. A new Diabetes clinic was established and clients now receive increased support relating to treatment, care and support.

A major research project was approved for engagement and participation titled: *"Comparing hepatitis C care and treatment in a primary health care service with a tertiary hospital: a randomised trial"*. Hepatitis C virus infection affects approximately 170 million people worldwide and causes significant morbidity and mortality. The RSC agreed that this project fits into the current work of VAHS as it fully supports the development / coordination of a VAHS Liver Clinic – GPs have participated in training that incorporates liver, treatment and strains etc. and VAHS would benefit from input from Specialist Liver Clinicians in our development of a VAHS Liver Clinic. The trial will provide much needed support for up to 30 members of the community living with Chronic Hepatitis. VAHS existing Hepatitis C Virus patient numbers are high. The cost of treatment for these patients is up to \$75k per person and this trial can offer much needed treatment to VAHS patients.

## Education and Training Report

VAHS is very pro-active about ensuring our workforce attains the highest levels of education and training for our staff.

During the reporting period of this AGM a number of staff members commenced, maintained or completed formal studies relevant to their role including Certificate III or IV in Aboriginal and/or Torres Strait Islander Primary Health Care, Bachelor of Nursing, Dental Assistant, Management Training and Business Studies.

Over sixty staff members successfully completed the full First Aid and CPR course and an additional twelve renewed CPR.

A number of staff successfully completed a wide range of short courses relevant to their role. There are too many to list individually, but some of the higher demands and highest enrolments were in Mental Health First Aid, Finance for Non-finance People, Understanding Financial Reports, Cultural Safety, Food Handling, Mediation, Transporting people safely, Correct use of child safety restraints and correct fitting of seat belts, and stress management as well as several more specific activities in the fields of addiction and recovery, trauma, grief, counselling and psychology.

In-house professional development sessions delivered five sessions on the Health Records Act, three on Confidentiality, two Manual Handling Refresher sessions, one Communication Workshop and one on Privacy Laws.

Individual and group sessions to enhance computer literacy included seven sessions to use Outlook more effectively and several individual tutorials relating to various aspects of the Microsoft Office suite of programs.

Managers and Team Leaders completed four sessions of intensive Management and Leadership training delivered by PPC.

In concert with Human Resources and Management, the Staff Induction Program was revised and is now more streamlined.

In addition, the Education and Training Officer continuously works in collaboration with Managers and Team Leaders.

## Medicare

A Medicare policy has been developed to assist with the implementation of a system that complements the holistic care that VAHS provides to our community. The intention of this is to obtain a fee for service in order to create future revenue that is placed back in to the organisation.

The VAHS Medicare program, led by our Medicare Enhancement Officer has currently developed a VAHS Medicare Directory. The directory contains all the relevant information for service delivery components in order to claim Medicare benefits.

Medicare Enhancement Officer (MEO) provides frequent training that covers Medicare registration, data entry, referral pathways and claiming Medicare through Communicare to all staff at VAHS as an ongoing process.

In coordination with our Diabetes Educator, Aboriginal Health Workers, Practice Nurses, Dietician and Podiatrist, consultations through the diabetes clinic are now claimable through Medicare.

Registration of the OPG (Orthopantomogram) machine with Medicare Australia in early 2015 will increase our service delivery and increase revenue to the organisation.

Practice Incentive Payments (PIP) covers a wide range of incentives that benefit the organisation and care of many patients over the past few years. More recently an emphasis on the GP teaching incentive which is managed by the Medicare Enhancement Officer, is capturing revenue missed in previous years for GP training sessions.

## Implementation of new systems

VAHS enhanced its software systems by upgrading the ACCPAC system in the Finance Unit which included additional modules being added to assist in the day-to-day work in Finance.

Much of this has resulted in the finance processing time being heavily reduced.

Two other computer software systems have recently been obtained:

**Gemba** a governance and compliance system that VAHS has introduced will enable VAHS to be compliant with updated legislation on all legal matters to do with governance including risks, HR, policy, compliance, complaints and grievances.

**Envisio** a new software system that VAHS has introduced to measure and track service delivery programs, inputs and outputs and work plans in order to meet our strategic goals.

## Refurbishment and Upgrades

Over the Christmas 2014 period VAHS was flooded by rain and the worst part of the flood occurred during the refurbishment of the Oral Health Unit/Clinical area and parts of the Community Programs areas. This interrupted the refurbishing of the areas, and it affected the Oral Health Unit's delivery of services. Fortunately Dental Health Services Victoria assisted VAHS with one of its Mobile Dental Vans during this period.





## MEDICAL UNIT

Andrew Baker,  
Manager

### Profile

The Medical Unit provides acute and primary healthcare services to our community in the Northern, Western and inner city suburbs of Melbourne. The Medical unit 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
- Visiting Medical Specialists including;
  - Cardiologist
  - Dermatologist
  - General Surgeon
  - Geriatrician
  - Ophthalmologist

The Medical Unit provides over 100 episodes of care each day from acute services to ongoing care of patients with chronic disease.

The Medical Unit is also a “learning ground” for Aboriginal Health Workers, Medical and Nursing students along with GP Registrars.

Our days and hours of operations are;

Monday to Thursday  
8:30am – 5:30pm

Friday  
8:30am – 4:30pm

Saturday  
9:30am – 12:30pm

Our greatest achievement is that we continue to provide a high quality clinical service five and half days per week by a team of dedicated and hardworking health professionals and support staff.

In addition we have made some specific improvements to our service over the 2014 -2015 financial year, these include;

### Chronic Disease Care Planning & Coordination

As reported in the 2013 – 2014 AGM Report, the VAHS employed a dedicated Care Planning Coordinator, Dee, to support official care plans and planning with patients identified with an acute disease.

The role of the Care Planning Coordinator includes:

- Organising and coordinating care for people with complex conditions, who will benefit from care coordination,
- Creating the Care Plan in consultation with the client, the GP and the AHW,
- Organising and actioning referrals, follow up, reviews, recall and review,
- Ensuring supports e.g. transport, are in place so that clients access appointments,
- Strengthening referrals and care planning across VAHS programs and Units,
- Developing care pathways for clients with complex and chronic conditions,
- Building and maintaining relationships with specialists, hospitals and mainstream services to support referrals and care coordination,
- Strengthening partnerships with local mainstream services.



Since the introduction of Dee's position in June 2014 in the VAHS, there has been a marked increase in the number of official Care Plans across the VAHS as per the following statistics;

- GP management plans have increased by 73% on the previous financial year,
- Team care arrangement plans have increased by 67%,
- Care Plan reviews have increased by 57%.

## Health Checks

In October 2014 the Medical Unit trialled a systematic appointment based Adult & Child Health Check system across the Medical Unit, Woman's & Children's and the Preston site.

This involved an Aboriginal Health Worker/Nurse and a GP. A health check takes about half an hour and includes a general physical examination such as height, weight, eyes, blood pressure check and taking health history.

Health Checks are an important annual general check for any person of any age. Having a general health check does not mean that there is something wrong but it can help a person to stay active and healthy.

Since the implementation of this systematic appointment based Adult & Child Health Check system, we have seen an increase of 288% of completed health checks from the last financial year.

The main success story behind this initiative, is that apart from a significantly increased number of our community having a health check, a number have had health conditions identified that they may not have been aware of until further into the future.

## Diabetic Clinic

In March 2015, a Diabetes Clinic was trialled within the Medical Unit specifically to provide a patient-centred care programme for Diabetes 2 patients.

The Diabetes Clinic is different from the Diabetes "Club" that operates each fortnight at Fitzroy. In particular it is a client-centred approach supported by a multi-disciplined team of health professionals. Basically the Diabetes Clinic is;

- A fortnightly client centred coordinated multi-disciplinary clinical Type 2 diabetes service, with the main objectives being;
- To complete the annual Diabetes Cycle of Care for clients with type 2 diabetes
  - To create a streamlined prioritisation and recall systems for clients with diabetes
  - To improve the clients journey/ experience by facilitating convenient access to a multidisciplinary diabetes team.

Each patient will have the convenience of requiring only one visit to the VAHS to complete several clinical consultations that include:

- Adult Health Checks and HACC Assessment by Aboriginal Health Workers
- Care Planning
- Diabetes Educator review
- Dietician review
- Annual foot check (Podiatrist)
- Annual eye check (Optometrist)
- GP diabetes review, including medications.

6 clinics had been held during the trial period of 10th April – 19th June, of which:

- 32 Type 2 patients attended.

Out of these clinics;

- 25 had full health checks,
- 24 had official care plans and team care arrangements implemented.

Due to the success of the trial, these clinics will resume permanently from August 2015.

## Out-reach Health Checks & Health Services and Health Promotion

During 2014 -2015 the VAHS Medical and Woman's & Children's Units provided outreach Child Health Checks to the children of Bubup Wilam and Yappera Children's Services.

The health checks were performed by a combined Medical & Woman's & Children's Team that consisted of Aboriginal Health Workers, Nurses, General Practitioners, Paediatricians and Transport. They involved height & weight health checks, hearing, vision, general development, teeth and immunisation status. Over 100 children (combined) were seen during these visits.

There are plans to make this an annual event.





## FAMILY COUNSELLING SERVICES

Helen Kennedy,  
Manager

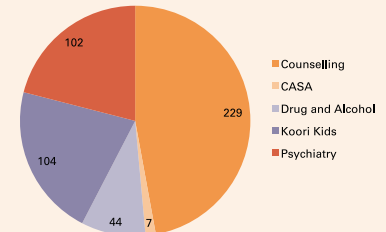
### General Overview

*Please note that this report has been compiled by the Acting Manager Family Counselling Service (FCS), Maurice Shipp in collaboration with staff from with the FCS after the reportable period. The Manager, Helen Kennedy is on secondment to the Department of Health and Human Services for 6 months at the time of the writing of the report.*

### Introduction

Within the reportable period, there was a steady increase in demand for services with an average of 40 new referrals every month for general adult psychological services. FCS continues to develop new relationships and partnerships, seek new funding opportunities and have facilitated dialogue toward the reinvigoration of programs and services to suit client needs. Much of this achievement is a result of a positive response to dedicated funding opportunities for adult mental health. Equally the resource base required to meet the growing demands to support children and young people requires additional attention.

FCS New Referrals 2014-2015 (n=486)



From 1st July 2014 – 30th June 2015 VAHS FCS engaged with 1,220 individual clients and recorded 10,027 client encounters.

Resources to support the work by dedicated, highly skilled and sometimes over stretched staff have not been forthcoming throughout the last ten years, despite growing numbers of referrals and levels of complexity that are presented. Early Intervention knowledge to support vulnerable children and young people should be a strategic priority for all services across VAHS.

FCS has been lobbying for VAHS programs and services to increase treatment, care and support toward the needs of children and young people. FCS recognises the importance to increase access to high quality, culturally appropriate therapeutic and wellbeing support to meet increased demand, to match our growing population.

It is a credit to VAHS that new program ideas, new services, increased staffing levels as well as an increase in work priorities, and operational changes across VAHS are being implemented with renewed energy and positivity. Staff are well informed and are largely positive toward the changes that have occurred throughout VAHS to meet increasing demands. What is clear is that staff appreciate the need to continually review work priorities, recognising that change should occur regularly and staff themselves articulate a strong commitment toward improving the programs and services they deliver to provide effective treatment, care and support for the Aboriginal community.

FCS continues to be forward thinking in the face of an uncertain future relating to funding and changes to reform across the Australian and Victorian Health Sector. These reforms have also had an impact on mainstream mental health and drug and alcohol services as part of what has been named a 'Recommissioning Process' where mainstream services have had to compete against Aboriginal organisations for new services and new models of service.

Alternatively, there has been a reduction and significant change within the mainstream workforce and many of our 'shared care' clients and families have felt the impact through the uncertainty of change. Some clients do not know which services they are working with. This has a real impact for individuals and families and has increased confusion and in many cases has caused uncertainty.

One clear example is the uncertainty caused by the changes relating to the National Disability Insurance Scheme being introduced in 2015. This may affect clients who receive Disability Support pensions. As a result of these changes VAHS needs to review our programs and services and increase our approaches to compete with mainstream services. These are very real challenges for VAHS and FCS.

Overall, FCS is in a good position within this reportable period and the embracing of change by staff and the community will further ensure success in the development, delivery and review of programs and services across the service.

I extend thanks to the FCS Team and our partners in particular FCS Team Leaders: John Egan, Joanne Dwyer, Esther Gregory and Toni Mason for their leadership, resilience and support. FCS acknowledges the work of VAHS Executive, Management and Staff for their collaboration and effort toward working better across all sites. FCS also acknowledges the strength of the Board of Directors for their ongoing leadership to sustain effective health and wellbeing programs and services for the Aboriginal community. Their leadership through this uncertainty is truly reflective of the strength of community and the need to build better relationships and engage with the community in a more precise and constructive way.

## FCS Profile

The VAHS Family Counselling Service offers a wide-range of programs and services. Some of the key activities include:

- Specialist GP services provided at the VAHS Preston site (3 days a week),
- Adult Mental Health clinical services including psychiatric care and support,
- Support for referrals & 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 one 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.



## **VAHS Family Counselling Service Staff**

**Manager** Helen Kennedy  
**Reception** Samantha Downie  
**Service Improvement Project Coordinator** Bernadette Lane

## **Adult Social and Emotional Wellbeing Unit**

**Team Leader** John Egan  
**Intake Worker** Linda Holmes  
**Alcohol and Drug Counsellor** Bev Hanley  
**Alcohol and Drug Outreach Worker** Garry Fitzgerald  
**Senior Consulting Psychiatrist** Dr Sue Weigall  
**Psychiatric Registrar** Johan Khor  
**General Practitioner** Dr Thanuja Ranatunga  
**Psychiatric Nurse** Grady Walsh  
**Psychologist** Graham Gee  
Karen McAlear  
**Counsellors**  
Robyn Sketchley  
Karen Holl  
**Problem Gambling Counsellor** Ian Gray  
**Hep C and Sexual Health Nurse** Sandra Gregson  
**Partners In Recovery**  
Dalan Ruru & Ruby Warber  
**ReGen Drug and alcohol Diversion Worker** Leonard Harrison  
**SEWB Worker (Wadamba Wilam)** Tamara Lovett  
**Centre against Sexual Assault Worker** Kim Robinson  
**Psychiatric Registrar** Aska Dvorjak  
David O'Mathuna

## **Koori Kids Child and Adolescent Mental Health Unit**

**Team Leader** Joanne Dwyer  
**Aboriginal Health Worker** Daryl Smith  
**Family Therapist** Karen Holl  
**Child Psychologists**  
Dr Robyn Ball  
Dr Radhika Santhanam  
**Paediatric Registrar** Dr Emily Wilson  
**Child & Adolescent Psychiatrist** Ola Krupinska  
**Youth Justice Mental Health Counsellor** Joel Wickham  
James Dokona Moorhead

## **Koolin Balit Complex Care Program**

**Aboriginal Health Worker** Karina Thorpe  
**Speech Pathologist** Paula Robson  
**Mental Health Clinician** Riwai Wilson

## **Koolin Balit Parenting Project**

**Project Coordinator** Raelene Lesniowska  
**Koori Engagement Officer (vacant)**  
**Visiting consultant/therapists**  
Alfred CAMHS Therapist  
Fiona McDonald  
**Volunteers**  
**Psychiatrist** David Mushin  
**Social Worker** Kaye Geoghegan

## **Aboriginal Metropolitan Ice Pilot Partnership Project**

**Team Leader** Toni Mason  
**Alcohol and Drug Worker** Erryn Nundle  
**Alcohol and Drug Worker** Andrew Brigham

## **Financial Wellbeing Unit**

**Financial Counsellor/Team Leader** Esther Gregory  
**Therapeutic/Gambling Counsellor** Ian Gray  
**Trainee Financial Counsellor** Chantelle McGuinness  
**Social Support Worker** Rebekah (Rieo) Ellis  
**Senior Financial Counsellor** Miles Turnbull  
**Housing Information & Assistance** Rita Menere

## **Minajalku Healing Centre:**

**Project Coordinator** Eva-Jo Edwards

## **Stronger Families, Stronger Communities**

**Women's group facilitator** Daria Atkinson  
**Cleaner** Fiona Hughes



## FCS Service Improvement

The Service Improvement Project which commenced in March 2015, has helped develop a proposed 'road map' to support continuous improvement and redevelopment of the FCS.

As VAHS has undergone extensive change and expansion which includes additional funding sources and increase in staffing, there was a need to review the FCS as a whole. Given these changes, an independent consultant, Juliet Frizzell, was contracted to provide a report which would determine if the existing structures, infrastructure and arrangements of the FCS support the delivery of high quality, culturally strong and safe services for clients and their families. The report has identified many strengths of the program and areas of improvement with clear recommendations to be implemented.

A Project Coordinator has been employed to carry out the recommendations of this report to support the improvement to structures, infrastructure and other arrangements, to ensure that the FCS is well placed to deliver high quality, culturally strong and safe services.

## Unit Reports

The following narrative illustrates the key activities of the VAHS Family Counselling Service for 2014-2015 reportable year by Unit. The following Units make up the staffing of FCS:

- Adult Social Emotional Wellbeing Team;
- Dual Diagnosis Counselling;
- Financial Wellbeing Team;
- Koori Kids Team;
- Metropolitan ICE Pilot Project; and
- Minajalku Healing Centre

### Adult Social Emotional Well Being Team

#### Activities/Programs/Services

The Adult Social Emotional Wellbeing / Mental Health Team, provides treatment, care and support options for clients.

It also provides support for a Men's Group at Minajalku, Fortnightly 12.30pm -3:00pm.

Karen Holl works across both the Adult Social Emotional Well-being Team and Koori Kids and Adolescent Teams as a Family Therapist.

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

Clinical Services provided by the Adult Mental Health program includes:

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

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

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

### Carers & Consumers Crisis Support

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

The program also provides for:

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



### Drug and Alcohol Outreach and Mental Health Support

Drug and Alcohol - Andrew Brigham (f/t) Garry Fitzgerald (f/t) Sandra Gregson (p/t)

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

The Mental Health Outreach program provides mental health and social emotional wellbeing support services in the north western regions of Melbourne.

The program provides:

- Assessment, Case Management and Counselling Support
- Referral to other Aboriginal or mainstream drug withdrawal units or residential rehabilitation (recovery) centres
- Outreach support
- Harm minimization and relapse prevention strategies
- Support and Counselling to families and carers
- Referral and linkages to social welfare support services
- Linkages and network with other alcohol and drug services
- Advocacy on behalf of clients
- Lead role in the development of the Hepatitis C treatment shared care program with St Vincent's Hospital
- Assessment, education and support for individuals and carers with Hepatitis C
- Blood Borne Virus pre and post-test counselling
- Work in partnership with GP's working at FCS to ensure there is a holistic approach to patient care
- Support clients in allocated housing.

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.

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

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 to increase services.

It is significant to note the number of counselling staff at the Family Counselling Service effectively amounts to three full time staff. Given the strong demand from community and clients for this part of our service, this very low level of resourcing is very limiting to service delivery.

It is also significant that in this area of the FCS we do not have resources for a full time Psychologist. On average, more than 50 clients per week are seen.

Additionally, FCS is increasingly being called upon to provide specialist counselling advice, services and support to staff from other VAHS programs as well as outside Aboriginal and mainstream agencies.

Mens Group = 300 men attend the group over the past 5 years and meetings are held at Minajalku.

### CASA Outreach Counselling

FCS is able to offer a counselling service for women affected by sexual assault whether recently or at some time in the past. This service is available through a new partnership between FCS and the Northern Centre against Sexual Assault. Appointments can be made through the Northcote office or directly at NCASA on 9497 1768.

### Psychiatric / Mental Health Nurse

The Psychiatric Nurse has been working effectively at both the Fitzroy and the Preston sites. A number of core activities are undertaken, these include:

- Depot injections
- Health Checks
- Care plans
- Wound care
- Health education
- Diabetic care
- Men's group

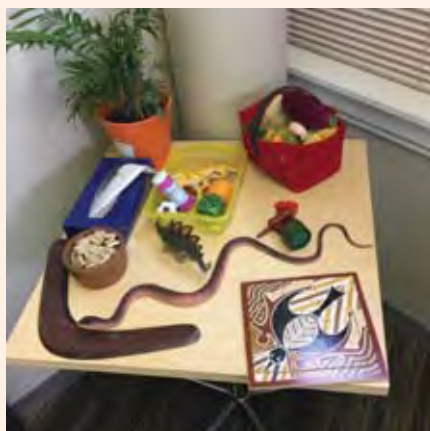
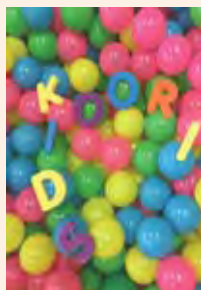
The Psychiatric Nurse liaises with St Vincent's and the Northern hospitals in the care of Mental Health clients, as well as the Diabetic clinic, Immunisation working group and the Clinical Quality working group.

## Koori Kids- Child & Adolescent Mental Health Unit

The Koori Kids program provides social and emotional wellbeing 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 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
- Crisis response and intervention,
- Secondary and Tertiary consultation, liaising and working partnerships with other Aboriginal and mainstream organisations.

The team have worked 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 Women's and Children's staff.



## Koori Kids Team Activities

- Invited to the 3KND Radio Station to speak about the Koori Kids service and about kids with special needs program,
- The Koori Kids team recently had a planning day where they identified initiatives to improve dual cultural and clinical approaches,
- A team survey identified members most value the people and the supportive work environment within Koori Kids and VAHS, and a passion and commitment to serve the community,
- Strengthening connections with education providers in the area and the Austin Child and Youth Mental Health Service,
- Accessing the VAHS Preston gym where staff work alongside clients,
- Koori Kids clients attended monthly excursions run by the VAHS Healthy Lifestyles Team,
- Staff entered the OXFAM walk to raise money. Community members tracked the journey on social media,
- Connection established with Northside Boxing Gym to offer low cost health and fitness programs for youth,
- The yarning rooms and office spaces have been reorganised and brightened and all equipment updated,
- James Dokona Moorehead is about to embark on the 870KM 'El Camino Trail'. This is a fundraising venture to help with the continued operation of the VAHS Preston Gym.



## Koolin Balit Parenting Project

The two year Koolin Balit Parenting 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.

Considerable progress has been made in the project's first year and is expected to grow following the recent appointment of a Koori Engagement Officer. The major achievement has been the delivery and evaluation of nine parent/staff information sessions and three parenting programs. These sessions have been co-facilitated via partnerships between VAHS Family Counselling Services (FCS) and the following organisations:

- The Australian Childhood Foundation (ACF),
- Austin Health,
- Parentzone,
- Mindful.



Staff from the VAHS Women's and Children's Unit and VACCA have also provided invaluable support to promote referrals to the program.

The parenting sessions have been attended by over 200 parents, carers and staff from VAHS and other organisations. Participants have reported finding the sessions highly relevant, enjoyable and useful to enhance their parenting connections, knowledge and skills, and to help them feel more relaxed as parents.

### Quotes from participants in the VAHS parenting programs

*"Sometimes you even walk out of here feeling like a deadly parent, hey?"*

*"I got something different from the program than what I was expecting, but it was something better. It's about managing your relationship with your child, rather than their behaviour."*

*"I feel like we [me and my daughter] had a friendship moment, which we haven't had for a long time. We laughed together. She hugged me. We connected again."*

*"I feel like I've been a bit calmer. It's helped me step back and not sweat the small stuff."*

*"We go home each week from the sessions and talk about our homework with the kids. We talk about stuff they never talk about. It's good"*

Other achievements this year have included:

- The appointment of a Project Coordinator,
- Establishment of a project reference group and terms of reference, including members from VAHS, VACCA, VACCHO, VAEAI, SNAICC and Parent Zone,
- Participation of three FCS staff in a total of 20 hours of professional development regarding parenting,
- Presentation of the *"Breaking the Cycle of Trauma. Koori Parenting: What Works for Us"* resources at the SNAICC conference, in Perth from 15th-17th September.

### Next steps

- Plans are underway to produce an Aboriginal parenting training DVD, in partnership with Melbourne University and staff from Mindful,
- A promotional DVD is also being produced regarding the benefits of the VAHS parenting programs,
- Further training will be offered to relevant VAHS staff, regarding parenting programs and skills,
- Additional parenting programs and information sessions will be run each term until the end of 2016.



## Aboriginal Metropolitan Ice Pilot Partnership Project

**Team Leader** Toni Mason

**Alcohol and Drug Worker**  
Erryn Nundle

**Alcohol and Drug Worker**  
Vacant

The Aboriginal Metropolitan Ice Pilot Partnership Project is an 18 month Pilot Project that has been funded by the Victorian Department of Health and Human Services. The Pilot Project commenced at VAHS FCS in February 2015.

There are three aims of the Pilot project, that includes;

- Improve health outcomes for Aboriginal people and families by minimising harm associated with use of methamphetamine (ice), alcohol and other drugs (AOD);
- 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 and West, Eastern and Southern Metropolitan Melbourne.

## Activities/Programs/Services

In the initial phase of this project, partners and staff spent time understanding the Drug and Alcohol service system, following a reform late in 2014. The workforce have also undertaken various training opportunities towards better understanding of Drug and Alcohol support and awareness of drugs, methamphetamines or Ice. Clients can self-refer into the program or be referred by a health and/or community professional.

Both Ice users and their families/carers can access support from this program, whether it be harm minimisation strategies and stopping altogether for clients, or further education for families/carers. The workforce can support the community through assertive outreach and clinical support. Since the program commenced, clients have been supported to access detox and rehab in addition to Counselling. Clients have also been referred to existing community programs to support clients in changing their lifestyle and obtaining assistance with identifying other supports required.

We look forward to sharing the results in the next Annual Report.

## Partnerships/Relationships

- Other programs and services in VAHS,
- Victorian Aboriginal Child Care Agency,
- Ngwala Willumbong,
- Uniting Care ReGen,
- Odyssey House,
- Eastern Health,
- Monash Health.



## Financial Well Being Unit

### Activities/Programs/Services

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

Typically, 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, financial stress presents, in addition to a client's concern for their own or a family members, physical health issues and/or mental and emotional health. In this context, Financial Wellbeing staff work holistically and collaboratively with staff across all VAHS programs and services 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 which contribute to increasing the confidence, financial skills and knowledge of individual clients and the broader Community. VAHS core gambling and financial counselling & information services operate to provide confidential counselling services.

The Financial Wellbeing Program functions provide:

- 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,
- Housing information and assistance services.

### Client Numbers

Program and/or Service delivered:

- VRGF Problem Gambling Counselling – substantive individual casework clients,
- VRGF – Financial Counselling (gambling) - substantive individual casework clients,
- DSS – Financial Counselling – substantive individual casework clients DSS,
- VRGF FWB Community E/ Social Support Worker individual client contacts
- Initial intake, Referral, Support, & Information, Emergency Relief contact episodes.

### Total gambling & financial counselling clients 829

- FWB - Launch Housing Service (VAHS/Homeground/Hanover Partnership)

### Total Client Numbers 152

*\*Data entered & reported via Communicare and IRIS data based.*

### Networks/Partnerships/Relationships/Key Stakeholders

Victorian Responsible Gambling Foundation (VRGF) – VAHS welcomed continued funding, program support and professional development training & support from the VRGF during the course of the 2014-2015 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.

Commonwealth Department of Social Services (DSS) – The DSS 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 (Previously known as Homeground Housing Services)

Housing insecurity remains a significant presenting issue for Financial Wellbeing Program clients. This resource is a welcome initiative by DHHS & Launch Housing Services. Rita Menere, dedicated VAHS housing worker, works closely with financial counselling staff to address and stabilize critical presenting housing insecurity issues.

### Other Partnerships

- North/West Gamblers Help Services (referrals and networking),
- Melbourne Counselling, Gamblers Help – (referrals and networking) and Gaming Venue Support Service,
- VRGF Criminal Justice System Working Group – VAHS interested in inclusion of gambling behaviors in Court assessment and future Court Diversion programs,
- Northern Aboriginal Gamblers Awareness Network (previously facilitated by VACSAL) North/West Region Gamblers Help Community Education staff, VAHS (Gambling Counselling) Community Education staff,
- Victorian Aboriginal Legal Service – Financial Counselling staff meet regularly with Legal Service staff – i.e referral protocols, issues arising from casework (case management etc.) joint Community information forums etc.,
- Victorian Aboriginal Childcare Agency - Emergency Relief and Client Services Team – client referrals,
- Connecting Home - Stolen Generation Services Victoria – Case Management, Healing and Community Engagement client services staff,
- Fitzroy Stars – Football club – VAHS Men's Health Unit,
- NAIDOC Committee Victoria – active participation in planning and distributing 'gambling messages and resources – during NAIDOC Week (2nd Week - July in any given year),
- 3KND Indigenous Radio – FWB staff represented on 3KND Board,

- Aborigines Advancement League Victoria – client referrals from material aid and housing and youth services,
- Koori Court Network,
- Northern Financial Counselling Network – bi-monthly meeting of financial counselling practitioners.

### Minajalku Healing Centre:

Minajalku is accessed by Aboriginal men, women, children, youth and Elders from a wide variety of backgrounds and who are at different stages of their healing and life journey. Minajalku aims to provide a culturally safe environment that aims to assist healing and recovery that will strengthen connections, self-esteem, sense of cultural identity and healthy lifestyles.

### Activities / Programs / Services

**Women's Art Exhibition:** An art exhibition was held at Minajalku in conjunction with Maree Clarke who was the facilitator of an art healing program for women. A number of amazing items were made by the women's group such as mosaics, coolamons, shields and jewellery. Up to twenty women participated in this exhibition. The women's group artists worked tirelessly to make this happen, including after hours and weekends. Approximately 300 people attended the exhibition. Artworks were offered for sale and all women participating sold at least one art piece.

**Digital stories:** A launch of digital stories was held at Minajalku where the voices of the men and women who have been part of the Minajalku Healing Centre were heard. These powerful and moving stories showed the importance of culturally safe healing and well-being programs which allow our community members to meet and yarn about issues and challenges they face in everyday life. The launch was attended by Minister for the Prevention of Family Violence, Ms Fiona Richardson, the Mayor of Darebin Council, Steven Tsitas, and a large number of community members, and partners to Minajalku.

**Baggarrook Boolok Womens Healing Group:** A number of programs have taken place for the women's group which included the following:

**Woman's Cultural Camp:** Twelve women attend a 4 day Cultural camp this year to Moama where they met with Elder Melva Johnson and also Elders from Deniliquin NSW, who came to visit the Minajalku Women's Group. The women learnt about traditional bush medicines and participated in an art project and made a quilt to record their cultural experience and spiritual healing that took place on the beautiful country of Moama.



**Pottery Workshop:** An eight week pottery class has taken place with the women's group facilitated by Ray Young. The women have made outstanding items and have extremely enjoyed this experience. For some of the women this was the first time that they have had the pleasure of using clay and have found it very calming and therapeutic. The women have expressed that they would love to continue the pottery workshop next year.

**Quilt Project:** The woman have begun a quilt project that will be completed by the end of November 2015, this project will represent healing journeys and will also convey a strong message "We stand against Family Violence", the quilt project is facilitated by Aunty Marlene Scerri. Two quilts will be completed one quilt will be presented VAHS and the other quilt to Department of Justice Regulations, who have funded the project.

**Men's Healing Group:** Over 15 men have participated in a 5 week wood burning workshop with the Men's Healing group and have produced a number of burnt wooden items such as boomerangs and clap sticks.

**Pottery Workshop:** The men will now attend the pottery workshop over the next 5 weeks and will be able to produce some magnificent items, all of the above items mentioned that have been made by both the men's and women's group will be on exhibition at the start of December 2015.

#### Other Programs that are run as part of Minajalku include

- Dardi Munwurro Mens Group,
- VAHS-VACCA Best Start play group,
- Narcotics Anonymous
- Whitelion,
- Deadly Sista Girls,
- Second bite food Delivery's.

Minajalku staff would like to acknowledge our partnerships with Department of Justice Regulations and Department of Health who make providing the above projects & programs possible.

#### Wadamba Wilam

Wadamba Wilam was awarded "Excellence In Ending Homelessness – Adults" AWARD by the CHP (Council for Homeless Persons).

- FCS provides psychiatrist support to consumers currently registered in the program,
- 17 consumers who were homeless when first accessing the program now have safe, secure housing,
- 100% of these consumers have maintained their tenancies with support. One consumer transitioned to the NCCU from Neami housing due to escalated clinical and psychosocial needs,
- 10 consumers have been supported into Neami/HCA properties which offer safe, secure tenure with ongoing support,
- The program has assisted the consumer to transition from prison to community via an initial stay at Northern PARCS followed by a residential service (MIND),
- A number of consumers have been referred by the program into the Northern Community Care Unit (NCCU),

- 4 consumers of the program have been referred into youth and adult residential services,
- Consumers have been proactively supported to access sub-acute and short stay residential services to build skills and provide respite. In particular Wadamba Wilam frequently utilises the Northern Prevention and Recovery Centre (NPARC) for up to 30 days stay. For PARC alone Wadamba Wilam has supported 17 referrals to support the transition into housing or as an increase of support for exasperation of acute psychiatric symptoms,
- For consumers still homeless the program offers intensive support to address a broad range of social and emotional wellbeing domains, including primary care, cultural connectedness, mental health, AOD, and reducing the impacts of trauma. This optimises the likelihood of a successful tenancy once housing is obtained,
- The majority of consumers meet criteria for PTSD, complete trauma, or suffer one or more other psychiatric conditions. Consumers include equal numbers of men and women.



### Current Demographics

- 50% male and 50% female consumers
- 6 consumers experience schizophrenia
- 8 consumers – depression
- 2 consumers bi - polar
- 3 consumers anxiety
- 3 consumers schizophrenic affective disorder
- 4 consumers drug induced psychosis
- high incidence of drug use. Minor incidence of ETOH use.
- Majority consumers meet criteria for PTSD and/or complex trauma
- 4 consumers referred with primary homelessness and remainder secondary/tertiary homeless (couch surfing, hostels) consistent with cultural norms
- Age range – 16-25 = 20%, 26-35 = 27%, 36-45 = 27%, 46-55 = 26%
- Current AOD - THC = 61%, ICE = 13% (Prior to program 27%), Opiates 9%, ETOH = 20%, Tobacco = 68%
- Physical health – x 4 hepatitis C, x 1 Chronic renal failure, epilepsy, diabetes, cardiovascular disease, oral health.
- A of proportion consumers either stolen gen or descendants of
- Aggregate CANSAS (Camberwell Assessment of Needs) data unmet needs highest scores: psychological distress, accommodation, daytime activities, company.

### Referrals

- NAHMS 17 (NPU & Community Teams)
- VAHS – 16
- Other Aboriginal Controlled Organisations (ACCO) - 5
- Neami – 4
- ReGen - 2
- St Vincent's - 3
- Other (CISP, Merri Outreach, Dame Phyllis Frost Centre, Homeground, CPS, Private psychiatrist, YSAS, Aboriginal Men's Centre, Aboriginal Advancement League, VACCA,NGWALA)





## WOMEN'S AND CHILDREN'S UNIT

Susan Hedges,  
Manager

### Staff Members

Manager Sue Hedges

Team Leader Margaret Davidson

Maternity Health Worker (3 days)  
Cheryl Bamblett

Midwife Maternity Cindy Scott

Midwife Maternity (currently on  
LWOP) Toni Bahler

Maternal Child Health Nurse  
Lalitha Chelliah

MCH Aboriginal Health Worker  
(3 days) Anita Bayliss

MCH Aboriginal Health Worker  
(2 days) Cheryl Bamblett

Aboriginal Health Worker (In-  
Home Support) Judy Singleton

Aboriginal Health Worker  
(In-Home Support (Maternity  
leave) Rikki Bamblett

Aboriginal Health Worker  
(In-Home Support)  
Tindarra Hood

Receptionist Shirley Blackwood

Paediatrician Mick Creati

Paediatrician Niroshini Kennedy

Paediatrician Registrar  
Siobhan Mullane

Paediatrician Registrar  
Marylyn Vlasic

Aboriginal Health Worker (Healthy  
For Life) Kate Edney

Aboriginal Health Worker  
Georgina Austin

Care Co-ordinator  
Sharon Hughes

Speech Therapist  
Frances Di Cocco

Speech Therapist  
Paula Robson

Australian Hearing Services  
(fortnightly) Audiologist

Eye and Ear Hospital (monthly)  
Audiologist

Eye and Ear Hospital (monthly)  
ENT Specialist



## Maternity Program

This has been a challenging twelve months for the Maternity program with only one midwife on board for 9 months of the year. However, with the support of Cheryl Bamblett and the rest of the team, we have continued to provide a quality midwifery program at VAHS.

The numbers of pregnant women and families using the program remain consistent. We continue to provide services within VAHS and continue our partnership programs. Postnatal and lactation support are provided within VAHS and also during home visiting services. Some hypnotherapy appointments are also offered for VAHS clients.

Breastfeeding rates continue to rise and we always welcome clients returning with their babies. We encourage mothers to feel proud about feeding their babies at VAHS. Some clients have continued to breastfeed throughout their second and third pregnancy, as is done traditionally in Aboriginal culture.

The VAHS Midwife, Cindy Scott went to Brisbane in May to attend the Passage to Motherhood Midwifery Conference. This was an excellent educational and networking opportunity. Cindy and Toni Bahler, the other Midwife have now completed their Hypnobirthing Australia training and are developing a culturally appropriate program using this method to incorporate into the present Childbirth Education sessions.

Cheryl Bamblett has been busy working on her Certificate 111 in Aboriginal and Torres Strait Islander Health (HLT 30113) qualification and has now successfully completed this. Congratulations!

Cindy, Cheryl and Margie Davidson have attended various education and training days organised by VACCHO's Koorie Maternity Services, and this is always an excellent opportunity to network with our colleagues from around Victoria. Education has also been provided by MSEP, part of the Women's Hospital Education, which is always an interesting and hands-on learning experience.

Cindy was invited to participate in the making of "Strong Boorais Bright Futures Keeping Healthy during Pregnancy" video earlier this year in conjunction with VACCHO. It also features one of our VAHS midwifery clients of whom we are very proud.

The Koorie Maternity Services team at VAHS continue to work collaboratively with their affiliated birthing hospitals, advocating for the women in their care and working hard to ensure that all clients receive gold standard and culturally appropriate care.

## Speech Pathology

Both ladies below commenced in March 2015 as part of the Koolin Balit Project, and are employed part-time.

- Frances Di Cocco is employed 0.6 FTE working out of the VAHS Fitzroy Women's and Children's Unit
- Paula Robson is employed 0.4 FTE working out of the VAHS Preston Koorie Kids Mental Health Program.

## Achievements

Individual Speech Pathology services have commenced with more than 40 children and families accessing the service. A high demand for the service has resulted in a waiting list within six months of services commencement. The Speech Pathology Service is delivered in the partnership with Aboriginal Health Workers, the Care Co-ordinator, Paediatricians, Maternal and Child Health Nurse, GP's and Koori Kids and Adolescent Mental Health Team.

Consultations are delivered at VAHS sites as well as some child care centres/schools, and secondary consultations and Care Team meetings are held with VAHS staff and external agencies.



Interactive events will be held later on in the year for:

- The promotion of Speech Pathology Awareness, Book week and Hearing Awareness week. Activities and information promoting key messages will be held for families highlighting the importance of, and relationship between, ear health, early speech and language development and literacy success.
- The Autism Awareness Day presentation (22 June 2015) – A presentation was provided about information relating to the role of the Speech Pathologist in the assessment and treatment of children with an Autism Spectrum Disorder. This was presented during a community information session.
- The Unit has built connections with other key services, and organisations such as Bubup Wilam, Yappera Children's Services, VACCA, Playgroups, Aboriginal Literacy Foundation, Early Childhood Intervention Service Providers, Schools and the Victorian Aboriginal Corporation of Languages etc.

## 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 including therapeutic group work for children and their parents/carers and offering training opportunities for VAHS staff, families, educators and other health professionals about promoting culturally appropriate ways of providing language-rich learning environments and opportunities,
- Source and evaluate existing Speech Pathology resources in terms of their cultural appropriateness to VAHS children/families and adapt and/or develop resources as necessary,
- 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.



## Paediatric Services

### Achievements

- Weekly multi-disciplinary Intake Meetings are held to discuss all referrals to the Unit including Speech Pathology, Paediatrics, In Home Support and Care Co-ordinator,
- Developed Intake Form to be used for referrals from partner agencies and other professionals,
- Received 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,
- Secured STP funding from the Royal Australasian College of Physicians and Federal Department of Health for our Paediatric Registrar position for 2015 and 2016,
- Obtain PICS funding to provide infrastructure to support supervision of Paediatric Registrar,
- Participated in Indigenous Roundtable – 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,

- Outreach clinics conducted at two Aboriginal Early Learning Centre; Bubup Wilam and Yappera. Health checks are conducted on 40 children at Bubup Wilam and 30 children at Yappera,
- Participated in the North East Metropolitan and Moreland Region's Taskforce 1000 Panels (the Aboriginal Children's Commissioner's Review of all Aboriginal Children in Out Of Home Care in Victoria).

### Future Plans

- Develop plans for comprehensive health assessments for children in Out Of Home Care attending VAHS together with the Department of Health and Human Services and VACCA,
- Develop guidelines for surveillance of ear disease and hearing loss including appropriate screening tools,
- Continue relationships with Aboriginal Early Learning Centres to explore the possibilities of 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 for children with developmental delay or disabilities 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 at VAHS once a month,
- Support Australian Hearing Clinic every fortnight at VAHS,
- Provide an Audio screening of Children at VAHS.

## Achievements

Successfully completed health checks at Bubup Wilam and Yappera over a two week period at each centre – supported by Paediatricians, AHW's and a Doctor.

Katie Edney completed a two week training course on healthy ears – run by the Aboriginal College of NSW – rolled out by NACCHO. She also completed a one day training course on taking Bloods – March 2015. She also:

- Became a member of NATSIHWA September 2014,
- Commenced training in CERT 1V Population Health at VACCHO,
- Promoted Hearing, Speech and Literacy week – had a day for the children and parents with various activities.

## Future Plans

The Unit will:

- Carry out more planned health check days, e.g. Back to School,
- Continue rolling out health checks at Bubup Wilam 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) using Sport stars

and Speakers.

## Co-ordinated Care

### Sharon Hughes

- Attended and participated at Care Team meetings,
- Worked with and supported other programs where relevant,
- Supported the Speech Therapist in engaging our families and children during consultations,
- Engaged and supported families,
- Empowered 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,
- Worked on building working relationships with other organisations e.g. Aboriginal Literacy Foundation.

## Future Plans

- Lobby for and pursue 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

There were 405 Child health checks for the year:

Births	61
Check-up Healthy Kids Check	28
Check-up child 2 weeks or arrival home	92
Check-up child 2 months	52
Check-up child 4 months	39
Check-up child 6 months	24
Check-up child 8 months	19
Check-up child 12 months	31
Check-up child 18 months	24
Check-up child 2 years	19
Check-up child 2 ½ years	8
Check-up child 3 years	8
<b>Total</b>	<b>405</b>

### Achievements

- Provided In-Home Support for clients,
- Supported Health promotion activities,
- Organised Immunisation Week (to be held annually),
- Worked with all the W&C staff at intake to discuss and provide families with appointments and other services as needed.

### Future Plans

- To encourage all doctors to notify births to W&C regarding clients who receive antenatal care from them. If we get the discharge summary from them then we can follow up more families,
- To support the Care Co-ordinator with reading groups.

## In Home Support

### Achievements

- Completed In Home Support Implementation Plan for 2015,
- Audit of files,
- Regular numbers of parents and children attending both playgroup (Tuesday) and swimming (Wednesday),
- Attend the In Home Support network and development meetings throughout the year at different locations,
- Assisted the Koorie Engagement Support Officer – Early Years North Western Region with 3 and 4 year old Kinder enrolments. 285 flyers were sent out and this will be done each term,
- Work with VAHS Preston to engage parents into the VAHS parenting programs,
- One of the Health Workers completed the AHW Cert 3 with VACCHO and Triple P Training.

### Future Plans

- Work closely with the Intake team every Monday,
- Undertake client surveys throughout the year,
- Increase group activities and increase father/grandfather participation in activities,
- Encourage parents to participate in the VAHS parent programs.





## ORAL HEALTH UNIT

Theresa McNally,  
Manager

The VAHS Oral Health Unit provides comprehensive and culturally appropriate care to the Aboriginal and Torres Strait Islander communities in metropolitan Melbourne, regional and remote communities.

## Staff Members

The Oral Health Team at the time is as follows:

**Oral Health Manager**  
Theresa McNally

**Senior Dentist**  
Alex Thomas

**Dentist**  
Ravi Buchireddy

**Dentist**  
Lovedeep Kaur

**Dentist**  
Rasheed Shaik

**Senior Dental Assistant**  
Sarah Flynn

**Dental Assistant**  
Nikita Smith

**Dental Assistant**  
Shaygne Hamilton

**Trainee Dental Assistant to 20/01/15** Luke Boney

**Trainee Dental Assistant to 30/10/14** Nazia Hassan

**Dental Assistant**  
Nicholas Dempsey

**Oral Health Accreditation**  
Shellee Clay





Operating hours are as follows:

- Monday – Thursday 9am to 5pm
- Friday – 9am to 4pm.

### Refurbishment and Accreditation

The Oral Health Unit has gone through an extensive refurbishment and update. This occurred at the same time that the accreditation process was being implemented. The Unit was closed temporarily due to the flooding of the work areas. Dental Health Services Victoria (DHSV) assisted during this time allowing the Unit to use two dental chairs for the month of January. It also assisted with the use of its Mobile Dental Van with very generous terms. VAHS staff found the process to be a little overwhelming at times, but all pulled together as a Unit to deliver treatment to our community whilst VAHS was preparing to repair the damage.

Fortunately during this time VAHS managed to secure some capital funding from DHSV to purchase items for the sterilisation room.

### Dental Software

VAHS has implemented new dental software, Exact and this has recorded that the Unit has seen 2,931 patients during this financial year.

### Treatment

VAHS provided a range of dental treatment, including comprehensive check-ups and advice that also included:

- Fluoride treatment
- Extractions
- Scaling (cleaning) and polishing
- Fillings
- Mouth guards
- Splints
- Wisdom tooth removal
- Minor oral surgery
- Children's dentistry from ages 0 to 12 years old
- External specialist referrals
- Young people
- Endodontics – root canal treatment
- Prosthodontics – e.g. dentures, limited crowns, bridges etc.

The Oral Health team provide outreach health promotions to:

- Preschools;
- Primary Schools;
- Secondary Schools;
- Community groups

The Oral Surgeon from the Royal Dental Hospital of Melbourne visits VAHS on a monthly basis. Patients with complex surgical procedures are performed on site and patients are referred via VAHS dentists.

Patients who require referral to the Dental Hospital are done in conjunction with the Aboriginal Liaison Officer at the Royal Dental Hospital of Melbourne.





## MEN'S HEALTH UNIT

Alan Brown,  
Manager

### Introduction

It's been an exciting but challenging time for the VAHS Men's Unit over the past twelve months. The Unit continues to position itself as a focal point for local men to visit VAHS for a range of health issues and at the same time actively participate in the core funding requirements of DHHS agreements where we have to work with men using (family) violence.

The challenge is that at times we have seen the Unit straddle two or three or more directions. The Unit seems to be attempting to be "all things for all men" and thereby stretching resources especially time and capacity. It seems the Unit is unnecessarily building expectations which clearly local men rely on, whilst at other times, when we settle down and focus on what we can do, we do well with good outcomes for all.

This "direction" we trust will become clearer for all as the VAHS Men's Unit begins an important phase of community and stakeholder consultations. Through this we will discover the key elements of a VAHS men's strategy and policy framework around the work that the community seeks.

### Men's Health Unit is Accredited

A significant achievement and important milestone for the VAHS Men's Unit is the successful completion on the *Quality Innovation Performance (QIP)* standards for Department of Human Services (DHS) accreditation. The DHS now require as part of funding agreements a range of standards to be met and this requires VAHS to provide evidence-based information on assessment from the QIP.

The outstanding part of this from a VAHS point-of-view was that it achieved this in a timeframe of six months, thus meeting the timeline in due course. All credit goes to the extraordinary work of a small group of VAHS staff who showed leadership, initiative, and knowledge and carried the Men's Unit over the line. Without this group the accreditation would not have occurred.

It confirmed that VAHS has in its own backyard, staff that are talented in many ways and that we have internal capacity to do what is required.

## Police Family Violence Reports (L17s)

As a core connection to the family violence work is the information we receive via the Victoria Police family violence reports (L17s). The VAHS Men's Unit receives these from the Men's Active Referral Services (MARS) in the northern and western metropolitan areas. These L17s cover all police stations in these regions including those in the city area.

A mud map review of the L17s provided the following:

- We have 180 L17s which begins to indicate an over representation of family violence reports (against population demographics),
- A minority of these are recidivist,
- Every L17 has the alcohol and or drug use boxes ticked for likely or confirmed,
- The majority of incidents are against female partners, the remainder is violence against parent, grandparent, sibling or young adult child,
- In many cases children are present,
- All are violent, ranging in intensity from Intervention Order breaches by contact, loud aggressive arguments to the use of weapons,
- Most of these occurred in the Northern suburbs, with a higher number in the Reservoir, Mill Park, Epping suburbs,
- The profile of a Family Violence user does not discriminate, but most are unemployed males with substance use issues.

An interesting and positive "find" in the mud map, is that men who are actively and/or positively engaged in family life structure and are participating in working, active recreation or sport or other activities are on the lower end of the reports.

A key challenge in the L17s process is that uptake on further engagement is not high. The Unit gets responses ranging from denial, to remorse (but I will fix it) to straight out "I'm not interested".

The VAHS Men's Unit with other like groups in the Family Violence area is seeking a stronger opportunity to engage (mandatory requirement?) and have put that on the table at the various forums where this change may occur.



## Staff Challenge

During the year the VAHS Men's Unit saw the departure of two key staff. Kaelun Brown took on a new life challenge and signed up into the world of becoming a tradesman, and John Byrne decided to cut back on hours with the Unit.



Both these guys were central to the work of the unit, and have been extremely difficult to replace. This is due to the complexity of working with men using violence and the lack of qualified and or experienced men in this field. Working in this area is not easy, can be unsettling and the outcomes are a marathon rather than a sprint. There is a definite workforce issue of lack of men in this area especially amongst our community. The Men's Unit has tabled this workforce matter at differing forums and will ask the VAHS VACCHO representatives to raise it at a VACCHO gathering for the VACCHO Registered Training Organisation to consider.

John Byrne is with us on a half or full day as counselling is required. We are happy to announce Ross Morgan is with us part time, and young Lewis Brown, a new staff member, continues to learn and grow.

## Activities

The VAHS Men's Unit actively participated in several activities over the year. Two of note are:

- **Father's Forum - Working** alongside of CPS, VACCA, Nth RAJAC, Melbourne University, & Northern Health we developed and ran a day workshop for Koori dads.

The program was designed for men to actively participate and to contribute to what are the challenges, opportunities and strengths of being Koori dads. The workshop was attended by 50 men and a report of the activity and the discussions as presented by the participants is in draft form and will be released soon. This will go to participants but also to agencies including Koori organisations, but also to DHHS to help influence its views on Koori dads, the challenges and the important role that dads play in children's lives.

- **ROYAL COMMISSION INTO FAMILY VIOLENCE - The VAHS Men's Unit in collaboration with DARDI MUNWUROO** made a presentation to the Royal Commission into Family Violence.

Initially this was with VAHS and Dardi Munwurro who both provided information. Meetings were held inside the Commission for 3 hours discussing family violence and Koori matters, and this was followed by a public presentation (Dardi Munwurro) to the Commission.



## Relationships/Partnerships

The VAHS Men's Unit is involved in several key relationships/partnerships that are crucial to the work of the unit and outcomes for Koori men. These relationships are biased towards the other areas of health determinants for Koori men over and above the more clinical men's health matters. This allows opportunity for VAHS to be at the table in these areas.

For example:

- Northern Regional Aboriginal Justice Advisory Committee
- Northern Indigenous Family Violence Regional Action Group (Koori)
- Western Indigenous Family Violence Regional Action Group (Koori)
- Northern and Western Men's Family Violence Networks (mainstream)
- Odyssey House Aboriginal Advisory Committee
- Children's Protection Society
- Northern Police Aboriginal Advisory Committee
- Plenty Valley Community Health Centre
- Djerriwarrah Community Health Centre
- City Of Darebin
- Fitzroy Stars Football Netball Club

## Community Consultation

The VAHS Men's Unit has finalized a project plan with the Indigenous Unit of Price Waterhouse Coopers to develop a VAHS (Men's Unit) strategic plan, a Men's Health policy and other direction as determined by the VAHS community. This will happen across several formats including:

- One-on-one discussion with clients of the Men's Unit,
- One-on-one discussion with men WHO DON'T USE VAHS,
- Internally with CEO, Deputy CEO, Managers and staff who are actively engaged with men,
- Koori stakeholder groups who have a relationship with the Men's Unit,
- Identified Koori community groups that represent or work with men,
- On-line survey accessed via VAHS Facebook, VAHS website and email network,
- The VAHS Board will also be actively involved in the end stages of the strategic documents and report leading to adoption and implementation of community consultation.





## COMMUNITY PROGRAMS

Denise McGuinness,  
Manager

First of all I'd like to thank my team members for their dedication and hard work for yet another busy productive challenging year for Community Programs. I'd also like to thank and acknowledge Jason, Christine and all staff at VAHS for their continuous and tireless work throughout the year.

### Profile

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

This includes people who are:

- 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 (to be determined by your General Practitioner)

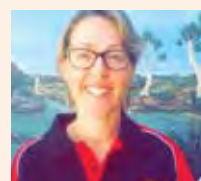
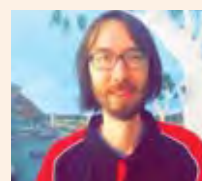
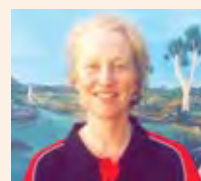
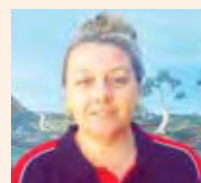
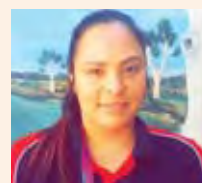
***Community Programs is committed to upholding our cultural values and meeting the needs of our community, which includes people who have religious beliefs, or are straight, Gay, Lesbian, Bisexual, Transgender, or Intersex (GLBTI).***

All our Aboriginal Health Workers, nursing, allied health and GP services are available to conduct home visits if required. All our Services are free for all HACC eligible clients and those who have a chronic health condition.

### Active Service Model

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

There has been an increase in numbers of our clients diagnosed with dementia and palliative needs. It is challenging for both the client and families 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 helps keep the client at home longer. This has been challenging but it is also rewarding as it advocates for what the client and their family wants.



Community Programs staff

## Staffing

**Manager** Denise McGuinness

**Assessment Intake Worker**  
Jermaine Charles

**Aboriginal Health Worker**  
Lorraine Cunningham

**Aboriginal Physical & Nutrition Workers** Janaya Charles,  
Maternity Leave (20/10/14)

John Green

Robert McGuinness

**Allied Health Nurses**  
Mary-Jane Hammond until  
4/11/2014

Renate Rudd until 6/3/2015

Natalie Birt

**Occupational Therapists**  
Vivian Petrie  
Caroline Francis until 26/9/2014

**Dieticians**  
Robyn Delbridge until 22/5/2015  
Jasmine Millman

**Physiotherapists**  
Josie Ley  
Chris Lane

**Podiatrists**  
Mathew Christie  
Rebecca Mannix  
Melanie Smith

**Relief Workers**  
Jessica Bamblett  
Fiona Aldridge

Robyn Delbridge has moved on to VACCHO in her new role as Public Health Nutritionist after 7 years at VAHS.

I'd like to thank Robyn for all her hard work and great program initiatives and wish her all the best on her new journey.

## Programs

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

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

- Gentle Gym
- Diabetes Club
- Hydrotherapy
- Deadly Elders Circus

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

## Deadly Elders Circus

VAHS successfully applied for funding from the R E Ross Trust Fund and this allowed the Unit to conduct the Deadly Elders Circus. Funding will allow the program to run for 3 years.

Deadly Elders Circus uses a 'social circus model' for local Aboriginal community Elders and young people with a disability in Melbourne. The program aims to strengthen community connectedness and physical strength, balance and co-ordination.

Over a 20 week period, ten (10) Elders participated in weekly 2-hour Circus sessions. Activities during the sessions included hula hooping, acro-balance, plate spinning, juggling, clowning games, drumming and acrobatics. All activities were tailored to the physical abilities of the Elders and focused on improving physical strength, balance and coordination, mental resilience, learning new skills, building of trust and building of confidence. The project was evaluated using a short questionnaire, together with interviews of the participants who were filmed. The results indicate that the project was successful, with Elders reporting a variety of positive outcomes;

*'have better movement, confidence and fun,'*

*'keeps me fit all-round,'*

*'makes you feel fantastic in yourself'*

*'enjoyed getting involved and meeting people, learning new things.'*

All Elders and other participants rated the program as 'Excellent.'

## Partnerships and Networks

- Aborigines Advancement League (AAL)
- Wunga program @ AAL
- Aboriginal Community Elders' Services
- 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



## KOORIE CO-ORDINATED CARE

Joanne Atkinson,  
Manager

### Introduction

Koorie Coordinated Care (KCC) 'An Aboriginal partnership' model offers a culturally safe and more co-ordinated approach to the delivery of health and community services to Aboriginal people and families. It is being implemented across the Aboriginal and mainstream health and community services operating in the northern suburbs.

I would like to acknowledge the Wurundjeri people on the lands on which I live and work, their Elders and other Elders, past and present, and acknowledge their efforts to restore the physical and spiritual wellbeing of Aboriginal people in Melbourne's North and West Metropolitan Region and beyond.

I want to pay special tribute to Uncle Alf Bamblett who was a strong member of the KCC Steering Committee. His passion and dedication to service, but more importantly to empower the Aboriginal community has left its mark on this project. I honour your contribution and your guidance.

I also acknowledge the contribution of the CEOs that make up the KCC Steering Committee, the contribution and commitment of the Department of Health, Managers and staff who are working to strengthen client contact intake and referral pathways. And more importantly the clients agreeing to use the model to strengthen and empower their lives.

### Background

The core principles informing the project are:

- families and individuals need to be empowered and supported to improve their health and wellbeing,
- collaboration between Koorie programs and organisations can empower clients and deliver better health and wellbeing outcomes for clients and families with complex needs,
- Aboriginal cultural wellbeing is fundamental to health,
- Aboriginal health and wellbeing is everyone's responsibility.

### Partner organisations

Communication between Aboriginal organisations and with mainstream partners is the key to *Koorie Coordinated Care*. Our VAHS CEO chairs the KCC Steering Committee which is made up of these Aboriginal Community Controlled Organisations:

- Aborigines Advancement League
- Victorian Aboriginal Health Service
- Victorian Aboriginal Community Services Association (VACSAL)
- Aboriginal Community Elders Services (ACES)
- Victorian Aboriginal Child Care Agency (VACCA)
- Department of Health.

Membership has also been extended to justice, homelessness and an Aboriginal mental health service and opportunities to link to mainstream services supports are being identified.

*Koorie Coordinated Care* encourages support workers to use the NAIHO/NACCHO vision of Aboriginal Health to understand their client's needs and identify culturally safe support options which improve their client's overall health and wellbeing. It asks them to look beyond immediate needs and to see health and wellbeing as "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."

Key principles of *Koorie Coordinated Care* include:

- reducing the number of times clients have to tell their story,
- looking beyond immediate needs to identifying medium and longer term client goals,
- strengthening links between programs and organisations which support people and families with complex needs to meet their medium and longer term client goals,
- collaboration between Aboriginal and mainstream services,
- coordinated client referral practices across organisations and between regions via a state-of-the-art electronic client referral platform to strengthen client referrals,
- client confidentiality and protecting client privacy.



## Electronic Referral system

More effective client referrals between programs and across organisations are facilitated via the Infoxchange S2S electronic referral platform. This is a secure client management system and is regulated by client confidentiality Regulations Act.

## KCC Training

*Koorie Coordinated Care* training is delivered by the VACSAL RTO facilitated by Melinda Eason, VACSAL RTO Manager. I would like to thank her for her tireless enthusiasm and patience as we adjust training content to develop a model that support our staff and organisation's needs.

## Achievements in 2014-15

Almost 80 managers and client support workers received training in the core Koorie Coordinated Care skills in the past year. Of these, 30 completed a six-day accredited training course coordinated and delivered by the VACSAL training unit. This training focused on core elements of the Koorie Coordinated Care including: client needs assessment, service networking and cultural safety, service coordination, case notes writing, case conferencing and using the s2s electronic client referral platform. Graduates gained four nationally recognised community services and health units competency. Another 50 managers and support workers completed a half-day Koorie Coordinated Care effective case note writing for client support training. Presentations on the benefits of Koorie Coordinated Care and using the s2s e-Referral system have

been delivered to Aboriginal support workers in mainstream health and community services organisations and government departments.

Interest in the culturally safe coordinated support Koorie Coordinated Care provides continues to grow. New programs in the project partner organisations continue to be added to the e-referral network and an Aboriginal legal service, a regional homelessness service and an Aboriginal mental health service have indicated interest in joining the Koorie Coordinated Care e-referral network and Steering Committee. Use of the e-referral system is increasing. Mainstream health and community services organisations and government agencies are seeking out information of the benefits of Koorie Coordinated Care, which include:

- clients having to tell their story less often
- support workers looking beyond immediate client needs to medium and longer term client goals
- culturally safe partnerships between programs and organisations and collaboration between Aboriginal and mainstream services
- client support practices and standards shared between health and community services organisations and regions
- an electronic referral platform to strengthen client confidentiality and privacy.

## Directions in 2015 -16

The Steering Committee's vision for the 2015-16 financial year is embedding the Model into the daily intake practices of the Client Support Workers and clients using the *Koorie Coordinated Care* model. It is also in the process creating a culturally safe support network for our Community and ensuring that Koorie services remain relevant long into the future.

## Evaluation

A project evaluation was conducted after 18 months and a stage 2 project evaluation framework focusing on client outcomes and impacts of the practice model on health and client well-being and the effectiveness of support services is being developed by the Steering Committee to be conducted in April/May 2016.

## The 6 Koorie Coordinated Care Model Steps

Below are the six steps used in the Koorie Coordinated Care Model to support clients across the KCC partner organisations. If you would like support through the KCC Model please speak to your client support worker or contact Joanne Atkinson at VAHS Preston or Don Stewart at AAL and we will be happy to support you to make contact with a KCC partner organisation.





## REGIONAL TACKLING TOBACCO AND HEALTHY LIFESTYLES

Laura Thompson,  
Regional Co-ordinator



*The next generation of healthy lifestyle role models at Yappera Childrens Services.*



*Artist Allira Brown and the Veggie Boxes which were installed across VAHS Fitzroy, Preston and Minajalku sites to encourage eating fresh produce.*



*Community Programs Active Elders Group building strength at the VAHS Wellness and Health Gym.*



### Unit Profile

The VAHS Regional Tackling Tobacco and Healthy Lifestyles Team is 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. The Unit also delivers 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 culturally secure Community education (22 presentations this year), setting up our health promotion display at Community events (46 events attended this year) and by working to create smoke free and healthy catering polices. 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 of the Aboriginal Community encouraging healthy lifestyle behaviors.

The VAHS Healthy Lifestyle Team has a high profile in the Community through attendance at Community events both during and outside of work hours and we also have active Facebook, Instagram and Twitter accounts. The Facebook engagement has assisted the team in reaching the Community and keeping them updated and motivated.

During this reporting period, we have increased our Facebook page 'likes' by five hundred (500) and we have one thousand four hundred and nine (1409) likes in total.

## Introduction

The up-skilling of team members remains a key component of program delivery and there is a focus on training and building the capacity of the workforce. The Healthy Lifestyles Team continues to build the brand of the unit promoting health promotion messages through education, merchandise, telephone messages (on hold), Community events and the sponsorship of local Aboriginal sporting clubs. The Team also successfully partnered with local and state based organisations to promote tobacco cessation and health lifestyles key messages. Some of these organisations include Quit Victoria, VACCHO, Northern Health Foundation, VACCA, City of Whittlesea, YMCA, The Long Walk and the Essendon and Richmond Football Clubs. The team continued to build on the momentum of the fun runs with participation at its highest level at the VAHS Northern Health Foundation Fun Run event. Two hundred and thirty seven Community members have become involved.

The Commonwealth Department of Aging and Health (Indigenous Health Programmes Branch) conducted a national review of the Tackling Indigenous Smoking program in 2015. During this time there was also a recruitment freeze and programs funds were reduced. This program was initially funded for a three year period by the Department of Health and Ageing until the 30 June, 2014. This funding was extended for another year until the 30 June, 2015.

## Achievements 2014 -2015

This year the Healthy Lifestyle Team opened the VAHS Wellness and Health Gym at the VAHS Preston site. The Gym is open five days a week for the Aboriginal Community to access as part of their comprehensive holistic health plan. This Gym is managed by a qualified personal trainer at all times.

*Along with this significant event other highlights for the Team in this reporting period are:*

### The Coach Program - Tobacco use prevention through early intervention

For eighteen (18) months every Friday, The Coach Program takes place in the form of a sixty (60) minute physical activity and healthy lifestyle education class at both Bubup Wilam for Early Learning and Yappera Children Services, for the three (3) and four (4) year old kindergarten classes. We invest our time and attend weekly because the research tells us that school-based interventions have been at the cornerstone of efforts to prevent the adoption of health-compromising behaviors by young people, including tobacco smoking. The Coach program understands its ability to be of influence and uses weekly sessions at both Bubup Wilam and Yappera to deliver key messages surrounding increasing physical activity, positive nutrition choices and anti-tobacco campaigns.

These messages are not only reaching the primary audience, being the children present, but also their families as a secondary target. Considering that 41% of Aboriginal and Torres Strait Islander people are smokers, the anti-tobacco message within the Coach program is a prominent theme. A prime example of this is creating 'Smoke Free Plates' with the children that they could then take to display within their homes. Whilst the groups decorated their plates, we discussed what happens when we smoke and why we make positive lifestyle choices instead of smoking. The children have become very familiar with the slogan "You Smoke, You Choke!" and they take great pride in chanting it back to the coaches leading the session.



*Tahila Murray-Crilly with her smoke free home sign.*



*Ngalu with her "This home is smoke free" plate*



Feedback from parents after implementing the Smoking Plates Lesson Plan was almost instant as the below email was received the following day:

*"Your messages are getting across to the little kids at Yappera. Yesterday my son and I got out of our car and could smell a fire burning. The first thing he said was "If you smoke, you choke!!" Great work guys!!! I thought I would pass this on to you to let you know the kids are definitely listening to your messages, he loves the program the Healthy Lifestyle Team run at Yappera. The little lunchbox card and medal he brought home both gave him enormous pride when showing his family. Great work to all of the team."*

The Coach program is consistent with its aims and through implementing the program within a structured schooling environment, these messages are being well received. The program has also been an excellent platform for building relationships between VAHS and the Aboriginal families that the Coach program engages with. The children that participate in the sessions are more likely to come and say hello to the coaches at Community events at our health promotion marquee. This opens the opportunity for the Healthy Lifestyle Team to introduce themselves to parents and families and can begin conversations about their own healthy lifestyles and smoking attitudes and perceptions.

## VAHS Oxfam Teams

In April, with support from the VAHS Healthy Lifestyle Team two (2) Koorie teams were entered into the Oxfam Trailwalker event. Teams had to walk 100kms in 48 hours. This is a grueling event and the teams were hiking and training hard for months preparing themselves for this event. With an amazing support crew made up of VAHS Staff and families, six (6) of the eight (8) Oxfam walkers crossed the finish line. It was an amazing effort and experience for everyone involved.

The teams were:

- Team VAHS Sole Survivors: Kyeema Coombs, Joanne Dwyer, Aimee McCartney and James Dokona Moorehead
- Team VAHS Djarmbiis: Coen Brown, Paul Stewart, Luke Isaacs and Grady Walsh



*VAHS Sole survivors and VAHS Djarmbiis are ready for the Oxfam Trailwalker Challenge.*

## VAHS Northern Health Community Fun Run

On Sunday the 31st May, 2015 (World No Tobacco Day) the Community braved the cold to join us in what was another successful Community event promoting healthy lifestyles and being smoke free. This is the second year the VAHS Healthy Lifestyle Team was a major sponsor and partner of the Northern Health Community Fun Run. This sponsorship arrangement allowed for VAHS to showcase Aboriginal culture through a range of performances along the running track and a festival at the end. This was a landmark event because it had our highest participation (270 registrations) of Aboriginal Community members and the event celebrated Aboriginal health and culture within the City of Whittlesea.

Although, we are setting new records in terms of participation, it's when you take the time to listen to the Community member's stories and hear how they ended up at the fun run you get a real appreciation of the impact and difference the Healthy Lifestyle Team is making. We also had a team of twelve (12) from Framlingham and Dandenong take part and they said they will be back.



Here is an excerpt of an email from a non-Indigenous City of Whittlesea staff member:

*Just a quick note to say thank you for my VAHS running singlet – I really do wear it with pride and support for all that VAHS do in promoting healthy lifestyles but also enabling access to participation for community members and their families. The exposure and participation of Aboriginal families engaging in healthy activities and events is growing and you've no doubt made a massive contribution in this regard and to the team at VAHS. It's so obvious to see now, it's like a 'health movement'!!*

As usual we had some fun with social media to engage Community in our activities and health promotion messages. Fifteen (15) staff at VAHS Preston were involved in promotional video clip advertising the fun run (<https://www.youtube.com/watch?v=lbYKK34hJJw>). If you want more information about the VAHS Northern Health Fun Run (2014) <https://www.youtube.com/watch?v=JkFG-ugLJvU> (YouTube: Victorian Aboriginal Health Service VAHS Healthy Lifestyle Team Northern Health Community Fun Run).



VAHS Northern Health Community Fun Run Event 2015

## VAHS Smoke Free Tram Evaluation and VicHealth Health Promotion Award Nomination

The VAHS Smoke Free Tram twelve (12) week campaign to encourage Aboriginal and Torres Strait Islander smokers to kick the habit, featured local Aboriginal respected role models who had quit smoking. This campaign was in partnership with Quit. An evaluation of the impact of the VAHS Smoke free tram as a health promotion tool was conducted in September, 2014 and five hundred and six (506) people were surveyed.

The Healthy Lifestyle Team also submitted an application for the VAHS Smoke Free Tram to the Victorian Health Promotion Foundation Awards. This application was accepted, shortlisted and selected as a finalist in the Preventing Tobacco Use category. VAHS being a finalist at an event of this calibre was great recognition for VAHS and highlighted the innovation in our approach to tackle tobacco in the Aboriginal Community.

If you want more information: The VAHS Smoke Free Tram NITV news clip <https://www.youtube.com/watch?v=Mv8890xavv0> (YouTube: VAHS Healthy Lifestyle Team Quit Smoke Free Tram).



## Team Sponsorships and Inaugural Fitzroy Stars Healthy Lifestyles Award

The VAHS Healthy Lifestyle Team continued to provide sponsorship to the Fitzroy Stars Football/Netball Club, Melbourne Stars Junior Basketball Club and VAHS Healthy Lifestyle Angels Junior Netball Club. In addition, we sponsored the Thomastown Junior Football Club, Koorie Roses Basketball Team and supported the development of a new open mixed touch football team (Wangal United) as a way of connecting Aboriginal people in the western suburbs of Melbourne. This partnership with Wangal United has had positive impacts on the connectedness and engagement of the VAHS Healthy Lifestyle in the West Metro Suburbs which is now growing.

The sponsorship agreement with the Melbourne Stars Junior Basketball Club allowed the Team to discuss soft drink free events with the Club. Melbourne Stars supported this idea and on Presentation Night only water was available. The Team also presented to the approximately one hundred fifty (150) children and their families about sugary drinks and why water is the best choice. This was a great outcome for the Healthy Lifestyle Team and the Melbourne Stars as we worked together to create a health promoting club.

The Healthy Lifestyle Team strengthened its partnership with the Fitzroy Stars Football/Netball Club during 2015. We partnered with them and Cricket Victoria to deliver a junior cricket program over summer. We also sponsored and supported preseason activities for the Netballers (6 Week Netball Skills Boot camp) and with the footballers we went on a two (2) day camp to Sandy Point, Victoria. If you want some preseason camp highlights: <https://www.youtube.com/watch?v=iw363DvXoVY> (YouTube Clip: Fitzroy Stars Pre-season Camp 2015 Highlights).

After the grand final losses in 2013 and 2014, this camp was designed to challenge the players physically and emotionally, and explore what some of the barriers to success were. This camp provided an opportunity to build a solid foundation of team work allowing the natural leaders to emerge. This holistic preseason training camp focused on health and wellbeing, including building of cultural identity and creating a legacy for future generations.



*Top right: Fitzroy Stars Players, coaching staff and support crew at the conclusion of the camp.*

*Right: Wangal United kids waiting to participate in the International Four Nations Rugby League game.*



## The Inaugural 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 area of health, fitness and role modelling. This award is based on the principle 'what gets rewarded gets repeated' and for this reason the VAHS Healthy Lifestyle Team acknowledges excellent healthy lifestyle behaviours to encourage continued performance and influence. The winners of this award were Coree Thorpe and Bonnie Lovett- Kairouz.



*Coree Thorpe and Bonnie Lovett-Kairouz winners of the 2014 VAHS Healthy Lifestyle Awards.*

This award celebrates an individual who consistently makes better choices for their health. This individual would also be a role model within their Community who is actively inspiring and creating opportunities for others to participate in a healthier lifestyle. The individual who wins this award will be positive, be brave, be focused, be strong, be deadly, be smoke free and drink responsibly.

## Healthy Lifestyle Presentations, Health Promotion, Programs, Presentations and Events

The Healthy Lifestyle Team has a weekly timetable of physical activity programs which is reviewed every term. These exercise classes include, Boot Camp, Cardio Circuit, Yoga, Open Gym and Active Elders. These classes operate out of seven (7) workplaces Bubup Wilam, MAYSAR, Aborigines Advancement League, VACSAL, VACCA, VAHS Fitzroy and VAHS Preston.

In addition to our timetabled classes the Team has:

- Delivered twenty-two (22) presentations on healthy lifestyles and tobacco cessation focusing on an audience of youth and pregnant women;
- Attended forty six (46) events to deliver health promotion information and set up our marquee or table e.g. Healthy Lifestyle and Tobacco Cessation Presentations, Health Promotion and community/sport activities.

## Staff and training

There was a staff recruitment freeze during this financial year.

Some of the training undertaken by the Team included; Certificate IV in Aboriginal Health Worker Training (VACCHO), Certificate IV Population Health (VACCHO), Centre for Excellence in Indigenous Tobacco Control (CEITC) Training, Quit Skills Training, Certificate IV Community Development and Leadership training with Kangan TAFE and First Aid Training.

### Regional Coordinator

Laura Thompson started May 2013.

### Health Lifestyle Workers

#### Tobacco Action Workers

Kelli McGuinness Jnr

June 2012- Nov 2014

Julie Phillips July 2013 –

Greg Semmler June 2012 –

Ben Harper July 2013 – July 2014

Sarah Sheridan student placement Sept – Nov 2014

Brodie Cook July 2014 – Dec 2014 – June 2015 (3 days per week)



*Greg Semmler, Laura Thompson and Sarah Sheridan*



*VAHS Healthy Lifestyle Team 1000 Steps Community Excursion*





## **FINANCIAL REPORT**

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FOR THE YEAR  
ENDED 30 JUNE 2015



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

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**DIRECTORS' REPORT**

Your directors present their report on the Victorian Aboriginal Health Service Co-operative Limited ("VAHS") for the financial year ended 30 June, 2015.

The deficit amounted to \$327,039 (2014 deficit: \$345,800). Grants and other revenue increased by \$1,566,902 (12%) largely due to the commencement of service delivery at Bunjilwarra in collaboration with YSAS, combined with new programs related to alcohol and other drugs, parenting and Comprehensive Assessment and Care for Aboriginal Children with Complex Care Needs, a program only partially funded in its first year which the VAHS Board and management consider has the capacity to significantly enhance service delivery for children and young people in future years.

There were some reductions in revenue notably caused by changes introduced by the Commonwealth Government in respect of individual patient consent required as a condition of participation in the Practice Incentives Program Indigenous Health Initiative. VAHS Board and management considered these changes to be unacceptable and culturally unaware and therefore chose not to ask Community members to sign the consent forms resulting in a reduction in Practice Incentive Payments of nearly \$200,000. In addition annual funding of \$80,000 for Koori Maternity Services ceased at 30 June 2014 and to date no funding has been sourced to replace it; however VAHS Board and management decided to maintain the services and fund them from VAHS' reserves whilst seeking new sources of future funding.

Expenditure in the same period rose by \$1,548,141 (11%) again partly as a result of the new programs driving the 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 two 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 2015 annual funding indexation was around 1.5% compared to the Australian Bureau of Statistics published rate for CPI in respect of health services costs of 4.3%.

No dividends have been paid or recommended during the year. During the year 8 shares were issued (2014:11 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, Lynette Briggs, Ronald Briggs, Brad Brown, Michael Graham, Jimi Peters, Alan Thorpe and Karin Williams. The secretary is Karin Williams.



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

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**DIRECTORS' REPORT (continued)**

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.

During the year, the Board had also seen some changes to its membership and its executive. Alan, Michael and Lynette ceased as directors during the year and their service is acknowledged. Two new Directors, Linda and Jimi 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 Warrangesda 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 is regularly sought by individuals and families and agencies within the Aboriginal community as well as the broader community including government and mainstream agencies and services.

Lynette Briggs

Lynette is a proud Wiradjuri Yorta Yorta woman who has over 35 years' experience in the Aboriginal health field. She joined VAHS in 1984 as a clinical health worker and worked in a number of senior positions before leaving in 2008 as manager of the Women's and Children's Unit. She has been a past board member of a number of Aboriginal Organisations, Elizabeth Hoffman House Women's Refuge, VACCA and Yappera Children's Services. Lynette has worked as a project officer with Mercy Health New Directions Program and is currently working as manager at the Aborigines



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

	Advancement League Neighbourhood House Gurwidji.
<b>DIRECTORS' REPORT (continued)</b>	
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.
Brad Brown	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.
Michael Graham	Michael Graham has been part of the Melbourne Aboriginal Community all of his life. He has worked in Community organisations for over 20 years. Michael now works as a Koori Education Officer for the DEECD and is passionate about improving outcomes for his people. Michael has been the Chairman of Fitzroy Stars Aboriginal community youth club gymnasium, and a Director of Victorian Aboriginal Youth Sport And Recreation Co-operative Limited. A number of organisations for whom Michael has worked within the Aboriginal Community are VACCA, VAEAI, VAHS, VACSAL, VALS.
Jimi Peters	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. Jimi has been employed at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) for over 15 years in many area's such as, 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. 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.
Alan Thorpe	Alan spent 15 years working at Ngwala Willumbong Co-operative Ltd in the capacity of an Alcohol and Other Drugs worker and helped establish the Tiddas Djambi Mentoring Program. Previous to this he worked for 8 years with the Aborigines Advancement League in the Home and Community Care program. Alan was also involved in assisting Swinburne University by co-training the Certificate IV in Alcohol and Other Drugs and Indigenous Family Violence. Alan is currently self-employed with Dardi Munwurro - a program designed to help Aboriginal men and youth to develop their strengths and vision so they can become role models in their communities. Alan's qualifications include a Certificate IV in Alcohol and Other Drugs, Community Development Diploma and Graduate Diploma in Men's Behavioural from Swinburne University.
Karin Williams	Karin was with Koori Kolij in 1985 before joining VAHS where she was an Aboriginal health worker for 18 years. She spent 4 years as a Koori youth justice worker with VACSAL/ Bert Williams Aboriginal Youth Service. Karin has been on the Boards of Yappera for over 10 years, Koori Diabetes Service for over 5 years and Fitzroy Stars Gym and MAYSAR for over 3 years.

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

DIRECTORS' REPORT (continued)

During the financial year, 4 meetings of directors were held.

Attendances were:

Director

Troy Austin

Brad Brown

Linda Bamblett

Lynette Briggs

Ronald Briggs

Michael Graham

Jimi Peters

Alan Thorpe

Karin Williams

Directors' meetings	
Number eligible to attend	Number of meetings attended
4	3
4	4
2	2
0	0
4	2
2	2
2	2
3	1
4	4

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 8<sup>th</sup> day of October, 2015



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#### 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 2015 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  
McLean Delmo Bentleys Audit Pty Ltd

James Ridley  
James Ridley  
Partner

Hawthorn  
9 October 2015



A member of Bentley's, an association of independent accounting firms in Australia. The member firms of the Bentley's association are affiliated only and not in partnership. Liability limited by a scheme approved under Professional Standards Legislation. A member of Kreston International, A global network of independent accounting firms.





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

**INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2015**

	Note	2015 \$	2014 \$
Revenue grants received	2	13,192,476	11,644,900
Other revenue	2	1,566,615	1,547,289
Employee benefits expense		(10,967,793)	(9,098,948)
Depreciation expense	4	(639,328)	(627,613)
Communications expense		(162,425)	(140,918)
Travel and accommodation expense		(102,136)	(99,131)
Medical and dental supplies		(278,432)	(306,971)
Repairs and maintenance		(227,512)	(248,739)
Cleaning expense		(102,610)	(145,534)
Professional and consulting fees		(582,024)	(720,462)
Computer software		(54,312)	(40,385)
Rent		(14,300)	(15,600)
Computer Services		(253,969)	(85,312)
Electricity usage		(110,906)	(191,677)
Program specific expenses		(503,509)	(803,376)
Pharmacy Supplies		(146,694)	(135,920)
Motor Vehicle Expenses		(175,432)	(160,001)
Photocopy and stationery expenses		(120,843)	(85,115)
Rates		(16,447)	(45,386)
Food Supplies		(78,126)	(60,732)
Materials and Stores		(20,988)	(38,535)
Community Canteen and Provisions		(45,007)	(44,803)
Other expenses		(430,941)	(488,212)
(Loss)/Profit on sale of assets		(52,396)	45,381
Deficit for the year		(327,039)	(345,800)

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 2015**

	Note	2015 \$	2014 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents – specific purposes	5	1,769,705	2,252,691
Cash and cash equivalents – others	5	4,471,111	4,783,072
Trade and other receivables	6	230,889	261,757
Other assets	7	30,000	87,750
<b>TOTAL CURRENT ASSETS</b>		<b>6,501,705</b>	<b>7,385,270</b>
<b>NON CURRENT ASSETS</b>			
Property, plant and equipment	8	8,160,250	8,018,370
<b>TOTAL NON CURRENT ASSETS</b>		<b>8,160,250</b>	<b>8,018,370</b>
<b>TOTAL ASSETS</b>		<b>14,661,955</b>	<b>15,403,640</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	9	2,401,649	2,975,014
Provisions	10	1,076,964	888,401
<b>TOTAL CURRENT LIABILITIES</b>		<b>3,478,613</b>	<b>3,863,415</b>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	10	165,789	195,641
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>165,789</b>	<b>195,641</b>
<b>TOTAL LIABILITIES</b>		<b>3,644,402</b>	<b>4,059,056</b>
<b>NET ASSETS</b>		<b>11,017,553</b>	<b>11,344,584</b>
<b>EQUITY</b>			
Contributed equity		531	523
Reserves		2,857,443	2,857,443
Retained surplus		8,159,579	8,486,618
<b>TOTAL EQUITY</b>		<b>11,017,553</b>	<b>11,344,584</b>

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 2015**

	Note	2015 \$	2014 \$
Deficit		(327,039)	(345,800)
Other comprehensive income		-	-
Total comprehensive income		(327,039)	(345,800)

**STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2015**

	Contributed Equity \$	Reserves \$	Retained Surplus \$	Total \$
Balance as at 30 June 2013	512	2,857,443	8,832,418	11,690,373
Additional equity contributed	11	-	-	11
Deficit for the year	-	-	(345,800)	(345,800)
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

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 2015**

	Note	2015 \$	2014 \$
<b>Cash Flows from Operating Activities</b>			
Grants received – operating	3	13,040,326	11,507,231
Interest received		224,253	273,255
Other receipts		1,402,394	1,330,945
Payments to suppliers and employees		(14,686,074)	(12,820,076)
<b>Net cash (used in)/ provided by Operating Activities</b>		<b>(19,101)</b>	<b>291,355</b>
<b>Cash Flows from Investing Activities</b>			
Payments for property, plant and equipment		(1,048,854)	(837,551)
Proceeds from disposal of plant and equipment		215,250	260,000
<b>Net cash used in Investing Activities</b>		<b>(833,604)</b>	<b>(577,551)</b>
<b>Cash Flows from Financing Activities</b>			
Proceeds from security deposits		57,750	-
Proceeds from new members		8	11
<b>Net cash provided by Financing Activities</b>		<b>57,758</b>	<b>11</b>
<b>Net decrease in cash held</b>		<b>(794,947)</b>	<b>(266,184)</b>
Cash and cash equivalents at the beginning of the year		7,035,763	7,321,947
<b>Cash and cash equivalents at the end of the year</b>	15	<b>6,240,816</b>	<b>7,035,763</b>

The accompanying notes form part of these financial statements.

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

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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015**

**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>
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.



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

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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015**

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

**(c) Impairment of Assets**

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

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

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

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

**(d) Leases**

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

**(e) Employee Benefits**

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

Contributions are made by the Co-operative to 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.

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

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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015**

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

**(g) Government Grants**

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

**(h) Donations and Other Revenue**

Revenue from donations is accounted for on a cash receipts basis. Interest revenue is recognised on a proportional basis taking into account the applicable interest rates. Revenue from the disposal of assets is recognised at the time of sale of the asset. Medicare revenue is accounted for on 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.

**(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.



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

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

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

(j) Financial Instruments (cont'd)

**Derecognition**

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

(k) Critical Accounting Estimates and Judgments

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

The financial report was authorised for issue on 8 October 2015 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 2015**

	2015	2014
	\$	\$
<b>NOTE 2 REVENUE</b>		
Operating activities		
<b>Grants Received and Receivable - Revenue</b>		
<b>Department of Health and Ageing (DoHA) - Commonwealth</b>		
Health recurrent	3,661,687	3,507,361
FBT	20,000	8,387
Performance and Quality	81,005	88,272
National Diabetes Strategy	44,886	42,958
Koori kids mental health	237,970	230,552
Stolen Generation	-	110,803
Substance use	75,394	92,816
Healthy for life	499,312	477,815
Healthy Life Styles	843,676	972,484
	<u>5,463,930</u>	<u>5,531,448</u>
<b>Department of Health and Human Services (DHHS)</b>		
Adolescent Mental Health	250,000	240,000
Home and Community care (HACC)	1,340,550	1,032,468
Home Based Outreach Support & PDRSS	1,220,482	1,124,819
AIDS/STD	171,228	152,281
Koori Maternity Services	216,366	289,843
Drug & Alcohol	209,370	85,145
Parenting Program	61,867	-
Comprehensive Assessment and Care for Aboriginal Children with Complex Care Needs	37,170	-
Carer Crisis Support	20,689	9,892
AHPACC	163,278	8,972
Minajaku project funding	26,877	100,150
Minajaku capital grants	-	8,000
Youth Justice M/H Project (NR)	147,967	141,661
Case Coordination	-	48,629
IT consulting	81,846	34,620
Regional Partnership manager	40,000	58,986
Dardi Munwurro Mens Health	121,525	115,894
Indigenous family violence	318,148	260,917
	<u>4,427,363</u>	<u>3,712,277</u>
<b>Department of Education and Training (DET)</b>		
In Home support	344,032	337,174
Maternal and Child Health Services	229,285	294,320
Paediatric consultancy	12,028	12,325
	<u>585,345</u>	<u>643,819</u>

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

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015**

	2015	2014
	\$	\$
<b>NOTE 2 REVENUE (continued)</b>		
<b>Other Specific Grants</b>		
RACP Specialist training program	100,000	100,000
VMA/RACGP FMP Program	216,110	148,522
RACMA Specialist training program	55,000	-
DSS - Emergency relief	17,561	14,875
DSS - Financial Counselling	119,937	135,629
DPMC - Stolen Generation	110,804	-
Trainee grant refund	19,202	26,000
Victorian Responsible Gambling Foundation	353,612	368,348
Department of Justice - Strong relationships, strong community	180,000	177,000
Dental Health Services Victoria	113,432	113,881
ACIR Immunisation	1,536	1,422
Qumax	20,443	18,501
Affiliated Government Grants	158,496	168,333
COATS	76,967	44,733
NHMRC	-	109,363
NMML	172,500	205,195
REACCH	34,000	1,316
YSAS	874,935	-
Miscellaneous grants	91,303	124,238
	<u>2,715,838</u>	<u>1,757,356</u>
Total Grants Received and Receivable - Revenue	<u>13,192,476</u>	<u>11,644,900</u>
<b>Other Revenue</b>		
Donations	125	1,175
Interest received - other	216,558	273,256
Insurance Recovery	39,163	-
Medicare reimbursements	954,528	810,674
Sundry income	158,660	41,526
Workcover Recovery	-	18,728
PIP Payments	73,180	235,412
Administration services provided	124,401	166,518
Total Other Revenue	<u>1,566,615</u>	<u>1,547,289</u>

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

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015**

	2015	2014
	\$	\$
<b>NOTE 3 GRANTS</b>		
Grants received during the financial year comprise:		
<b>Department of Health and Ageing (DoHA) - Commonwealth</b>		
Health recurrent	3,661,687	3,504,973
FBT	20,000	8,387
Performance and Quality	81,005	88,272
National Diabetes Strategy	44,886	42,958
Koori kids mental health	237,970	227,725
Stolen Generation	-	110,803
Substance use	75,394	72,148
Healthy for life	499,312	477,815
Healthy Life Styles	843,676	700,425
	<u>5,463,930</u>	<u>5,233,506</u>
<b>Department of Health and Human Services (DHHS)</b>		
Adolescent Mental Health	250,000	240,000
Home and Community care (HACC)	1,042,197	995,754
Home Based Outreach Support & PDRSS	1,165,203	1,124,819
AIDS/STD	161,885	149,277
Koori Maternity Services	216,366	289,843
Drug & Alcohol	258,365	700,145
Parenting Program	248,127	-
Comprehensive Assessment and Care for Aboriginal Children with Complex Care Needs	360,000	-
Carer Crisis Support	20,689	9,892
AHPACC	130,186	127,302
Minajalku capital grants	-	8,000
Koolin Ballit	-	80,701
Youth Justice M/H Project (NR)	147,967	141,661
Dardi Munwurro Mens Health	121,525	115,894
Indigenous family violence	134,180	128,011
Indigenous family violence (Men's)	134,180	128,011
	<u>4,390,870</u>	<u>4,239,310</u>
<b>Department of Education and Training (DET)</b>		
In Home support	344,032	337,174
Maternal and Child Health Services	229,285	243,111
Paediatric consultancy	12,263	12,089
	<u>585,580</u>	<u>592,374</u>



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

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015**

	2015 \$	2014 \$
<b>NOTE 3 GRANTS (continued)</b>		
<b>Other Specific Grants</b>		
RACP Specialist training program	110,000	100,000
VMA/RACGP FMP Program	216,111	148,522
RACMA Specialist training program	55,000	-
DSS - Emergency relief	17,561	14,875
DSS - Financial Counselling	119,937	135,629
DPMC – Stolen Generation	110,804	-
Trainee grant refund	2,500	26,000
Victorian Responsible Gambling Foundation	295,724	279,948
Department of Justice - Strong relationships, strong community	180,000	90,000
Dental Health Services Victoria	113,432	113,881
ACIR Immunisation	1,536	1,422
Qumax	20,443	18,501
Affiliated Government Grants	158,496	150,074
COATS	76,967	44,733
NMML	172,500	205,195
REACCH	34,000	-
YSAS	874,935	-
Miscellaneous grants	40,000	113,261
	<u>2,559,946</u>	<u>1,442,041</u>
Total Grants Received and Receivable - Revenue	<u>13,040,326</u>	<u>11,507,231</u>

**NOTE 4: SURPLUS/(DEFICIT)**

Surplus/(deficit) has been determined after:

Charging as expenses / crediting as revenue:

Depreciation of property, plant and equipment	638,328	626,613
Amortisation of copyright	1,000	1,000
Total depreciation and amortisation	<u>639,328</u>	<u>627,613</u>
Rental expense on operating leases	14,300	15,600
Loss/(profit) on disposal of plant and equipment	52,396	(45,381)

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

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015**

	2015	2014
	\$	\$
<b>NOTE 5 CASH AND CASH EQUIVALENTS</b>		
Cash on hand	800	450
Cash at bank	6,240,016	7,035,313
	<u>6,240,816</u>	<u>7,035,763</u>
Cash is on hand or available on demand		
Non-interest bearing	800	450
Interest bearing	6,240,016	7,035,313
	<u>6,240,816</u>	<u>7,035,763</u>
<b>Specific purpose cash assets</b>		
Cash and cash equivalents are held for the following specific purposes:		
Unexpended grants and grants received in advance (Note 9(a))	1,769,705	2,252,691
Total specific purpose cash and cash equivalents	<u>1,769,705</u>	<u>2,252,691</u>
Other cash and cash equivalents	<u>4,471,111</u>	<u>4,783,072</u>
<b>NOTE 6 TRADE AND OTHER RECEIVABLES</b>		
Sundry debtors	230,889	261,757
No interest is payable on overdue debtors.		
<b>NOTE 7 OTHER CURRENT ASSETS</b>		
Security deposits	<u>30,000</u>	<u>87,750</u>

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

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015**

		2015 \$	2014 \$
<b>NOTE 8: PROPERTY, PLANT AND EQUIPMENT</b>			
Land at independent valuation	(b)	2,050,000	2,050,000
Land at cost		320,000	320,000
		<u>2,370,000</u>	<u>2,370,000</u>
Building at independent valuation	(b)	2,450,000	2,450,000
Less: accumulated depreciation		(162,774)	(89,370)
Buildings at cost		4,028,094	4,028,094
Less: accumulated depreciation		(2,157,795)	(2,029,030)
		<u>4,157,525</u>	<u>4,359,694</u>
Furniture and equipment at cost		2,706,140	2,157,814
Less: accumulated depreciation		(2,026,232)	(1,807,645)
		<u>679,908</u>	<u>350,169</u>
Copyright of floor design at cost		20,000	20,000
Less: accumulated amortisation		(17,000)	(16,000)
		<u>3,000</u>	<u>4,000</u>
Motor vehicles at cost		1,280,644	1,178,498
Less: accumulated depreciation		(330,827)	(243,991)
		<u>949,817</u>	<u>934,507</u>
Total property, plant and equipment		<u>8,160,250</u>	<u>8,018,370</u>

**(a) Movement in carrying amounts**

2015	Land	Buildings	Furniture & equipment	Copyright of floor design	Motor Vehicles	Total
	\$	\$	\$	\$	\$	\$
Opening Balance	2,370,000	4,359,694	350,169	4,000	934,507	8,018,370
Additions	-	-	550,827	-	498,027	1,048,854
Depreciation	-	(202,169)	(220,196)	(1,000)	(215,963)	(639,328)
Disposals	-	-	(892)	-	(395,880)	(396,772)
Writeback of depreciation	-	-	-	-	129,126	129,126
Closing balance	<u>2,370,000</u>	<u>4,157,525</u>	<u>679,908</u>	<u>3,000</u>	<u>949,817</u>	<u>8,160,250</u>

**(b) Asset revaluation**

The Board valuation of freehold land and building was based on an independent valuation conducted by Julian Valmorbidia Certified Practising Valuer of Wallace Commercial (Vic) Pty Ltd on 7 October 2014.  
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 2015**

	2015	2014
	\$	\$
<b>NOTE 9 TRADE AND OTHER PAYABLES</b>		
Trade creditors	158,309	232,427
Accruals	426,536	481,563
GST Payable	47,099	8,333
Unexpended grants and grants received in advance (a)	1,769,705	2,252,691
	<u>2,401,649</u>	<u>2,975,014</u>
(a) Unexpended grants and grants received in advance:		
Unexpended grants are grants received on or before 30 June 2013 for which plans have been established for utilisation on or before 30 June 2016. Grants received in advance are grants received in the year to 30 June 2015 to be used in the year to 30 June 2016.		
<b>Department of Health and Human Services (DHHS)</b>		
AHPACC	300,419	559,510
Alcohol and drugs pilot	303,996	615,000
Annual Provisions	-	238,930
AIDS/STD (BBV)	-	9,343
Parenting Program	226,260	-
Comprehensive Assessment and Care for Aboriginal Children with Complex Care Need	322,830	-
Koolin Ballit	-	40,703
Minajalku Program Costs	176,000	26,877
Youth Justice M/H Project (NR)	14,698	14,698
Allied Health	34,212	34,212
Flexi Service Response	-	105,324
IT Consulting	-	81,846
Homebased Outreach - PDRSS	55,196	110,476
Regional Partnership Manager	-	40,000
Men's Health Family Violence Funds	80,520	135,203
Indigenous Family Violence	5,000	5,000
HACC MAYA Services (Family Violence Funding)	99,676	99,676
	<u>1,618,807</u>	<u>2,116,798</u>
<b>Other specific grants</b>		
Victorian Responsible Gambling Foundation	-	57,893
Department of Justice – Strong relationships, strong community	138,000	84,000
Healing Foundation	-	(6,000)
Other	12,898	-
	<u>150,898</u>	<u>135,893</u>
Total unexpended grants and grants received in advance	<u>1,769,705</u>	<u>2,252,691</u>



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

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015**

	2015	2014
	\$	\$
<b>NOTE 10 PROVISIONS</b>		
<b>CURRENT</b>		
Provision for annual leave	644,309	540,573
Provision for long service leave	432,655	347,828
	<u>1,076,964</u>	<u>888,401</u>
<b>NON-CURRENT</b>		
Provision for long service leave	165,789	195,641

	1 July 2014	Additional provisions	Amounts used	30 June 2015
	\$	\$	\$	\$
Movement in leave provisions				
Annual leave	540,573	812,041	708,305	644,309
Long service leave	543,469	110,553	55,578	598,444
	<u>1,084,042</u>	<u>922,594</u>	<u>763,883</u>	<u>1,242,753</u>

**NOTE 11: RESERVES**

**Building project**

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

**Capital Reserve**

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

	2015	2014
	\$	\$
<b>NOTE 12 AUDITORS' REMUNERATION</b>		
Audit fees for auditing the financial statements	27,500	77,212
Fees for other consulting services	-	8,630
	<u>27,500</u>	<u>85,842</u>
<b>NOTE 13 KEY MANAGEMENT PERSONNEL COMPENSATION</b>		
Salary	570,894	589,873
Superannuation	50,251	50,582
	<u>621,145</u>	<u>640,455</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	6,240,816	7,035,763
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**VICTORIAN ABORIGINAL HEALTH SERVICE CO-OPERATIVE LIMITED**  
**ABN 51 825 578 859**

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015**

	2015	2014
	\$	\$
<b>NOTE 16: LEASE COMMITMENTS</b>		
Payable - minimum lease payments		
Not later than 1 year	16,225	17,700
Later than 1 year but not later than 5 years	-	16,225
	<u>16,225</u>	<u>33,925</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.

An employee has lodged a claim alleging dismissal under a general protection with the Federal Circuit Court. The claim is being vigorously defended and at this stage it is unclear that any liability will occur.

**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. VAHS does not subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities at fair value on a non-recurring basis.

**Non-Financial Assets**

Freehold land	2,050,000	2,050,000
Freehold buildings	2,360,630	2,360,630
<b>Total non-financial assets recognised at fair value</b>	<u>4,410,630</u>	<u>4,410,630</u>

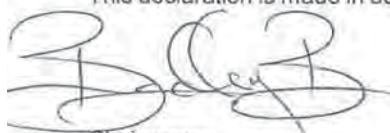
- (i) For freehold land, the fair value has been determined using a market approach using recent observable market data for similar properties. Significant inputs are price per square metre.
- (ii) For freehold building, the fair value has been determined using a market approach using recent observable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

## 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 22:
  - (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 2015 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 <sup>5<sup>th</sup></sup> day of October, 2015



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 2015, 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 *Division 60 of the Australian Charities and Not-for-profits Commission Act 2012*.



**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 2015 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*  
**McLean Delmo Bentleys Audit Pty Ltd**

*James Ridley*  
**James Ridley**  
Partner

**Hawthorn**  
9 October 2015







### **VAHS Fitzroy**

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