



# Victorian Aboriginal Health Service

Co-operative Limited

Annual Report 2016 - 2017





### **Acknowledgement**

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

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

## The NAIHO Definition of Holistic Health

“Aboriginal health means not just the physical well-being of an individual but refers to 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 a total well-being of the their community. It is the whole-of-life view and includes the cyclical concept of life-death-life (NAIHO, 1989).”

### The World Health Organisation (WHO) 1948

**WHO definition of health** - “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

– WHO Constitution.

VAHS lives and works by this description. It is a philosophy that separates VAHS and other Aboriginal Health Services from other primary health care providers. Its holistic model of care was identified as a must and that model of care continues today.

### DID YOU KNOW.....?

Aboriginal community controlled models of health care were established and in operation in Australia since the early 1970's. This model of care pre-dates and embodies the application of the Alma Mata Declaration of 1978 on primary health endorsed by the World Health Organisation.

***The Victorian Aboriginal Health Service Co-operative Limited was one of the earlier Aboriginal Community Controlled Health Services in Australia (the first being the Redfern Aboriginal Medical Service in Sydney).***

***It is believed these models of care preceded the government-run Community Health Centre models set up well after the establishment of The Victorian Aboriginal Health Service Co-operative Limited and the Redfern Aboriginal Medical Service.***

***These services were needed because of the experiences of our community members and their treatment by mainstream services that inspired a group of concerned Aboriginal leaders and some non-Aboriginal supporters to establish a culturally safe and appropriate medical service model that would help meet the health needs of Aboriginal people. These services are still needed today.***







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### Disclaimer

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

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



# THE VAHS BOARD MEMBERS PROFILES



## **JIMI PETERS CHAIRPERSON**

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 VACCHO for over 15 years in many roles and areas including Aboriginal Eye Health Statewide Coordinator, Cultural Awareness Trainer, Medicare Enhancement Officer, Corporate Services, Indigenous Health Project Officer and currently the Manager of Public Health and Research. 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.



## **BRAD BROWN VICE CHAIRPERSON**

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 Chief Executive Officer of Gippsland and East Gippsland Aboriginal Cooperative Limited (GEGAC) 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.



## **RON BRIGGS TREASURER**

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.



## **DOREEN LOVETT**

Doreen a proud Gunditjmara woman from Western Victoria, was born and raised her entire life in Melbourne, and spent most of her upbringing in Fitzroy. Doreen's employment career began with VAHS, as one of the first dental assistants in the 1970s. Doreen has been working in the Alcohol and Other Drugs sector for the past eleven years, and is the current Koori Community AOD Worker in the Northern and Western Metropolitan Regions, at Ngwala Willumbong Ltd.





### **ROSS MORGAN**

Ross Morgan a Proud Yorta Yorta man who has lived and worked in Melbourne for the last 20 years and originally from Shepparton is currently working with VACCA and Link-up Victoria connecting our people back to the Family and country. A current board member of VAHS and on the Yorta Yorta Nations Elders committee and a tireless worker for Aboriginal people.



### **ANTHONY MCCARTNEY**

Tony was born in a remote community in a small town in the north west of NSW. Tony's heritage originates from the Watchabaluk tribe in the western part of Victoria on his great grandfathers side and from his great grandmothers side which is the Nari Nari tribe that come from Lake Mungo in NSW. Tony is a father to 5 sons and 4 daughters and has 10 grandchildren. Tony left high school at a young age to come to Melbourne to pursue other career options. Tony has worked in a number of industries such as; Transportation, Automotive manufacturing, youth services, drug & alcohol, employment, advocacy, housing, health, higher education and the vet sector.

Tony has held senior management roles in a number of Aboriginal Organisations in Victoria and has been the Chairperson of both VACCHO and NACCHO. Tony has advocated for his people at local state, national and international forums. Tony is committed to giving back to his community and holds a number of governance roles in Health Junior Football, Theatre and Early Learning. Tony is the current President of Bubup Wilam Early Learning and Family

### **JASMIN WRIGHT**

Jasmin Wright is a Gunditjmara woman. Jasmin is a Koori Cultural Advisor for the Department of Education and Training (Victoria). Jasmin has over six years' experience in Aboriginal youth programs, including in justice and regulation, local government and education. Jasmin has a Diploma in Youth Work and a Bachelor of Social Work (in progress).





### **NGARRA MURRAY**

Ngarra Murray is a Wamba Wamba (Gourmjanyuk) Yorta Yorta (Wallithica) woman who grew up in Victoria. She has strong family links to her traditional country at Muymer Lake Boga and Cummeragunja along the Murray River. She is a mother of four children.

Ngarra has passionately worked in community for the past two decades and currently works at Oxfam Australia as the Aboriginal and Torres Strait Islander, National Program Lead. Oxfam is one of Australia's largest independent non-government organisations focusing on international aid and development. Oxfam has a strong commitment to the rights of Aboriginal and Torres Strait Islander peoples and has been working to support self-determination for over 35 years. Oxfam works in the areas of Indigenous women's leadership and capacity building, with Aboriginal and Torres Strait Islander young people, as well as advocacy for policy and practice change. Oxfam works in Indigenous-led coalitions and on campaigns like Close the Gap, to support Aboriginal and Torres Strait Islander self-determination, health equality, and social justice.

Along with her work with Oxfam, Ngarra volunteers for the Pastor Sir Douglas and Lady Gladys Nicholls Memorial Project, is a National NAIDOC Committee member, and a passionate artist involved in numerous cultural heritage and arts projects in her community. As an Aboriginal woman, she has a strong interest in protecting her cultural heritage and passing this knowledge on to the younger generation. As a strong advocate for her people and an active community member she contributes to programs and projects that focus on positive outcomes for her people, and that improve the lives of Aboriginal people across the country, in particular young people.





## CHAIRPERSON'S REPORT

Jimi Peters,  
Chairperson

In opening The Victorian Aboriginal Health Service Co-Operative Limited (VAHS) Annual General Meeting I would like to acknowledge and pay my respects to the traditional owners of the land that we are meeting on today the Wurrundjeri people of the Kulin Nation, their elders past and present and to thank you for your Welcome to Country today. I extend this welcome to and thank the members of VAHS and community members who are also in attendance today.

As part of my Report I want to provide a snapshot summary of VAHS. VAHS is the largest provider of holistic health care to Aboriginal and Torres Strait Islander people in Victoria as we see 25% of the 25,119 Aboriginal and Torres Strait Islander people that live across metropolitan Melbourne. This year VAHS provided 33,395 episodes of care (client contacts) and some of our clients are travelling nearly 2 hours to receive our services. Leading into the year 2026, the population of Aboriginal and Torres Strait Islander people will increase by 26%. Clearly, the VAHS Board needs to provide leadership, direction, and positioning of the organisation to be able to respond to the needs of our people.

VAHS continues to receive grants from government and various funding agencies to provide holistic health services to Aboriginal and Torres Strait Islander people within the state of Victoria and across metropolitan Melbourne. As Chairperson, I am pleased to announce that over the last financial year VAHS's revenue has increased by 11% (\$1.56 million) expanding our

existing services.

For the 2016/2017 financial year, the Board has worked on the strategic directions of the organisation by overseeing the:

- Reviewing the "Towards 2020 – Making a Difference" and developing the VAHS Strategic Plan "Caring for the Community" 2017 – 2022 providing strategic direction for the next 5 years;
- Reviewing our Organisational systems and structure to position our sustainability over the next 5 years;
- Reviewing and identifying gaps within our service delivery and model of care to increase our response in meeting the needs of our clients and those who currently are not receiving a service;
- Commissioning the development of the VAHS Metropolitan Service Delivery Plan to expand our services in response to our clients' needs and identified service gaps;
- Positioning VAHS through our collective advocacy efforts with Commonwealth, State and Local Governments, Primary Health Networks, Hospitals and other key stakeholders.

The VAHS Strategic Plan is guided by the principles of Aboriginal Community Control, self-determination, and holistic health with the overarching vision:

*"Creating and inspiring healthy Aboriginal people and families through quality, effective*



*community health services, education and training. VAHS will achieve this with a flexible approach that is innovative, embraced by community and sets a standard as a Centre of Excellence for Aboriginal Health internationally."*

Our purpose is to achieve the best possible health and social, emotional and spiritual wellbeing outcomes for our people through four strategic goals

- Extend our reach and improve access
- Build a program and service excellence
- Invest in our workforce
- Ensure the future of VAHS is supported by first class system

Through the building blocks of Governance and Leadership, Sustainability and Partnerships. The Strategic Plan provides the monitoring and accountability framework for the board to track outcomes and challenges of

- Sustainability
- Access and Reach
- Client Outcomes
- Services and Programs
- Workforce

## Government Reform Challenges

Both Commonwealth and State Governments have been implementing major reforms that have a direct impact on our service delivery systems and the types of services we deliver. There is a trend for governments to move away from block grant funding to organisations for them to deliver services to clients, to be replaced with consumer owned and directed funding for choice and control over purchasing of services from providers in contestable 'markets'. Examples of this are the Aged Care Reforms for Home Care Packages and the National Disability Insurance Scheme (NDIS). At the same time, the Commonwealth Department of Health is moving forward with changing its funding formula for Aboriginal Community Controlled Health Services such as VAHS under the Indigenous Australians' Health Programme (IAHP). This 'new funding allocation methodology' will not just affect future growth funding but it will upset the historical base grant funding. These significant changes coincide with the Commonwealth Department of Prime Minister and Cabinet reviewing the Council of Australian Government's (CoAG) Closing the Gap targets.

The Victorian State Government publicly announced \$27 million towards the implementation of the Korin Korin Balit-Djak Aboriginal health, wellbeing and safety strategic plan 2017-2027 with the purpose to realise the Victorian Government's vision for "Self-determination, healthy and safe Aboriginal people and communities in Victoria. This

strategic plan accompanies the "Balit Murrup" Aboriginal social and emotional wellbeing framework 2017-2027.

In response to these current Government Reform changes, the Board of VAHS commissioned the development of the VAHS Melbourne Metropolitan Service Delivery Plan to:

- Respond to the identified service gaps and clients' needs for Disability services, Aged Care and holistic primary health care services of Aboriginal and Torres Strait Islander people across metropolitan Melbourne;
- Reduce the impact of impending changes to the VAHS allocation as part of the proposed Commonwealth and State government funding model changes;
- Position VAHS for future growth and investment by Commonwealth and State government agencies

In closing I would like to acknowledge VAHS's outgoing Chairperson Karin Williams, previous CEO Jason King, and thank the current Board and incoming CEO Michael Graham for their ongoing commitment and support. I also give a special acknowledgement to the VAHS staff who work tirelessly in keeping our community healthy.

Yours in solidarity

**Jimi Peters**  
Chairperson



**VISION:** Creating and inspiring healthy Aboriginal people and families through quality, effective community health services, education and training. VAHS will achieve this with a flexible approach that is innovative, embraced by community and sets a standard as a Centre for Excellence for Aboriginal Health internationally

**PURPOSE:** To achieve the best possible health and social and emotional wellbeing outcomes for our people

## WHERE WE ARE TODAY

**The Aboriginal population in Melbourne is young and growing**  
There are approximately 55,000 Aboriginal and Torres Strait Islander people living in Victoria. It is estimated this will grow to over 70,000 by the year 2026 - a 25% increase from where it is today. The population is young and growing rapidly. Almost half of the Victorian Aboriginal population lives in greater metropolitan Melbourne. At the same time Aboriginal people are living longer, but often living with complex health care issues.

**Access to VAHS services is not easy**  
VAHS provides the majority of its services from its Fitzroy and Preston sites. VAHS has over 6,500 clients, servicing about 25% of the Aboriginal population of greater Melbourne. Some clients in the outer suburbs of Melbourne travel long distances to visit VAHS while a large number of Aboriginal people in the VAHS catchment area are not currently accessing our services and programs.

**VAHS is under increasing financial pressure from our major funding sources**  
VAHS annual revenue has not increased for over 10 years despite the growth in client numbers, programs and services. Client-directed care models of health service provision are becoming the norm. Funding is shifting away from block funding to "payment on delivery". The funding formula for core health funding will also change in 2018 resulting in less funding for all urban based Aboriginal Health Services across Australia including VAHS. Changes in health policy and funding models are demanding significant changes to the way VAHS does business.

**We still need to close the Gap**  
A significant proportion of VAHS clients have diagnosed chronic illnesses including:  
- Asthma & other chronic lung diseases  
- Depression / Anxiety  
- High blood pressure and heart disease  
- Diabetes  
Many of VAHS clients are dying too young. Managing chronic illness well, especially as clients/patients age is a key priority for VAHS. The incidence of poor mental health and social and emotional well-being amongst community members is also unacceptably high and requires increased effort.

**Shifting investment from crisis care to prevention**  
We know we need to increase efforts in the areas of health promotion, prevention and early intervention to help reduce the onset of illness later in life and the need for a system of care based on crisis intervention. Promoting the benefits of health lifestyles and helping patients/clients reduce or stop risky behaviours such as smoking and poor eating are important. Activities that are inclusive of connection to culture and country (which help build SEWB and contribute to better health outcomes) need to be embedded in all programs and services in VAHS.

## PRINCIPLES

Our service and program design and delivery are guided by the principles of:  
**Aboriginal Community Control: Holistic Health: Wellbeing and Healing: Self-Determined Health: Cultural Integrity**

## VALUES

**Respectful and Caring: Collaborative and Inclusive: Accountable and Responsible: Learning and Sharing: Honest and Trustworthy: Strength in Diversity**

## STRATEGIC GOALS

**EXTEND OUR REACH AND IMPROVE ACCESS**

**BUILD PROGRAM AND SERVICE EXCELLENCE**

**INVEST IN OUR WORKFORCE – MAKING SURE OUR STAFF ARE SKILLED AND SUPPORTED**

**ENSURE THE FUTURE OF VAHS IS SUPPORTED BY FIRST CLASS SYSTEMS**

## KEY FOCUS AREAS

**Engaging our People** so they continue to constructively contribute to service and program improvement and VAHS growth:  
- Community Accountability  
- Community Inclusion  
- Communication Strategy

**Service Growth** – ensuring our programs and services meet the existing and emerging needs of our community and are delivered in locations and ways that optimise patient/ client access:  
- Establish new sites and improve service/ program access  
- Expand, enhance and develop new programs

Culturally informed and evidenced based **Programs and Services** are designed to deliver positive health and wellbeing outcomes and high quality clinical performance:  
- Cultural Framework to inform program and service development and delivery  
- Embed VAHS System of Care across the service  
- Strengthen the VAHS Evidence Base  
- Benchmarking, planning and continuous improvement

**VAHS Systems** support superior management of patient data, and improve the efficiency and effectiveness of programs and services:  
- Improve patient/ client information management across VAHS  
- Develop and enhance back of house systems  
- Develop and enhance systems and processes to support specific program and service management

**Our Workforce** needs to grow, develop new skills and ways of working and be valued for what they do:  
- Redesign and grow the VAHS workforce  
- Support the VAHS workforce to develop new skills

## BUILDING BLOCKS

### Governance and Leadership

- Develop and support VAHS leaders and emerging leaders
- Redesign organisational and leadership structure
- Engage experts/ advisors to support the VAHS Board drive the strategic plan
- Establish governance arrangements for satellite clinics
- Develop VAHS Governance Charter

### Sustainability

- Increase quality and timeliness of performance reporting
- Leadership accountability for achievement of nKPIs
- Increase non-government revenue

### Partnerships

- Review and strengthen partnerships with other service providers across health and related sectors
- Increase advocacy impact through strong relationships with key stakeholders

## KEY OUTCOMES

### Sustainability

- Number of clients doubled
- Revenue base increased to \$25m
- Medicare revenue optimised
- Revenue base broadened
- Compliance with legislation, standards, & service agreements
- Strategic partnerships in place

### Access/ Reach

- At least 2 new VAHS sites in Metro Melbourne
- After hours clinics operating
- Outreach in majority of programs/ services
- Clients accessing aged care packages and assisted to access NDIS support

### Client Outcomes

- 80% of clients have a current health check
- Clients in need, have a chronic disease management plan
- Reduction in incidence of smoking in clients across all age groups
- Increase in clients involved in health lifestyle activities
- Reduction in incidence of poor mental health, suicide, and chronic disease
- Health and well being of Elders improved
- Increased capacity of relevant clients to deal with grief, trauma and loss

### Services and Programs

- Cultural framework informing service design and delivery
- Increase in medical, dental, mental health and AOD services
- Youth programs in place
- Healing programs for all age groups
- Flexible Care Provider in Aged Care
- AGPAL accreditation maintained

### Workforce

- Multi-disciplinary teams established
- Staffing profile in key positions reflects best practice
- Wage parity achieved
- Leadership and learning programs in place



## CEO/REPORT

Michael Graham,  
VAHS Chief Executive  
Officer

I would like to acknowledge the traditional owners of the land on which we are meeting today - the Wurrundjeri people of the Kulin Nations, their elders past and present and for the welcome that you have provided us.

This year's Annual Report is a consolidation of activities, achievements and challenges for the 2016/2017 financial year. It addresses the strategic and new directions of VAHS including a snapshot of our overall service provision, our continuous quality improvements and showcasing our Preventative Health and Health Promotion, Primary Health Care – VAHS Model of Care and Social and Emotional Wellbeing.

As the CEO working alongside the Board, my focus has been on implementation of:

- Reviewing the “Towards 2020 – Making a Difference” and developing the VAHS Strategic Plan “Caring for the Community” 2017 – 2022 providing strategic direction for the next 5 years;
- Reviewing our Organisational systems and structure to position our sustainability over the next 5 years;
- Reviewing and identifying gaps within our service delivery and model of care to increase our response in meeting the needs of our clients and those who currently are not receiving a service.
- Commissioning the development of the VAHS Metropolitan Service Delivery Plan expanding our services in response to our clients' needs and identified service gaps;

- Positioning VAHS through our collective advocacy efforts with Commonwealth, State and Local Government, Primary Health Care Networks, Hospitals and other key stakeholders;

### VAHS Strategic Plan Caring for the Community 2017-2022 Implementation

As CEO I have been mandated to implement the new VAHS Strategic Plan “Caring for the Community” 2017-2022 which has 4 Strategic Goals that are aligned to five key thematic outcomes. These key outcomes focus on Sustainability, Access and Reach, Client Outcomes, Service and Programs and Workforce. As part of the implementation process the goals and outcomes are reflected in the VAHS New Directions within the Annual Report.

### Health and Funding Reforms

VAHS funding from government is shifting away from block funding to “payment on delivery”. There are also major changes to aged care and disability services and these are about to happen. This will also affect other health service/program areas.

The funding formula for core health funding will also change in 2018 resulting in less funding for all urban-based Aboriginal Health Services across Australia including VAHS.

Changes in health policy and funding models are demanding significant changes to the way



VAHS manages its business. Now is a critical time for VAHS where we will build our program and services, extend our reach and improve access to our services, invest in our workforce, making sure our staff are skilled and supported, and we are working to ensure that the future of VAHS is supported by first class systems. To do this we need to shape VAHS as a professional, sustainable, well-led and well-governed organisation, and to develop and foster partnerships that add value to our service capacity.

### VAHS Service Gap Analysis

To assist in understanding the current needs and identify service gaps, VAHS commissioned a mapping analysis to identify where Aboriginal families are living in Melbourne and used that information to commit to a multi-clinic access strategy now known as the VAHS Metropolitan Service Delivery Plan which highlighted the following:

- VAHS clients were travelling over 2 hours one way to access our services
- Aboriginal and Torres Strait Islander people residing in outer metropolitan areas were receiving limited or no GP services
- VAHS clients require targeted services to support management of chronic conditions, to reduce hospital presentations and admissions
- VAHS's model of care must be expanded to improve availability, accessibility and affordability for Aboriginal

and Torres Strait Islander people residing in metropolitan Melbourne

The analysis also utilised the information provided by the Australian Bureau of Statistics Census (ABS, 2016), that reported approximately 48,000 Aboriginal and Torres Strait Islander people are living in Victoria.

With an expected 26% population growth to 70,000 by 2026 and the highest age group between 15 – 25 years, there is a requirement for VAHS to identify adolescent and youth services as well as increased parenting and family support services.

From this analysis, VAHS has been able to utilise the information to develop the VAHS Metropolitan Service Delivery Plan highlighting the need for VAHS to expand its existing services to be located where Aboriginal and Torres Strait Islander people currently live. This means opening up new clinics in Melbourne's inner and outer north, and in the west and south-east.

In closing, I would like to thank the board and staff of VAHS who have bought in to the changes we have to make to respond to all of the reforms emanating from governments.

**Michael Graham**  
Chief Executive Office



# VAHS MODEL OF CARE

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## Overview

The Victorian Aboriginal Health Service (VAHS) is the largest service provider of holistic primary health care for Aboriginal and Torres Strait Islander people residing in metropolitan Melbourne and across Victoria. Currently the Victorian Aboriginal Health Service (VAHS) provides services to 6,500 clients annually, with over 33,395 episodes of care (client contacts) provided this year alone and employs 200 health professionals across 4 of our sites Fitzroy, Thornbury, Preston and Hastings.

The VAHS Service model provides:

- Medical Services
- Dental Services
- Allied Health Services
- Community Services
- Mental Health and Social Emotional Wellbeing Services
- Alcohol and Other Drugs
- Rehabilitation
- Early Years
- Parenting Support
- Maternity Services
- Home and Community Care
- Aged Care Clinical Support Services
- Women's Health
- Men's Health
- Financial Wellbeing
- Transport

VAHS clients are travelling up to 2 hours one way to access services located in Fitzroy and Preston.

Of all VAHS client 85% have more than one chronic condition, with the top five chronic conditions being:

1. Asthma
2. Mental Health
3. Social Emotional Wellbeing
4. Hypertension (high blood pressure)
5. Heart Disease

VAHS existing challenges are sustaining and maintain existing services whilst planning for service provision expansion to ensure VAHS are able to respond to the needs of a growing Aboriginal and Torres Strait Islander community and clients. VAHS needs to build its capacity and capability to respond to these increasing demands. The "VAHS New Directions" provides the opportunity to address the current challenges.







# VAHS NEW DIRECTIONS



## VAHS Metropolitan Service Delivery Plan

The VAHS Metropolitan Service Delivery Plan has been an outstanding call to action by our members, clients and community members that is now being developed and implemented. Our existing services based at Fitzroy and Preston are inclusive of the Plan with enhancements to and expansion of services.

The Plan has prioritised three Local Government Areas (LGA's) as part of the initial expansion of services sites - City of Whittlesea, City of Melton and City of Darebin.

### Local Government Area (LGA) City of Whittlesea

VAHS is seeking an appropriate site to establish a Clinic that is accessible by public transport and close to hospitals and community health services. VAHS has approached and presented the VAHS Melbourne Metropolitan Service Delivery Plan to the City of Whittlesea Council representatives, their local Aboriginal Reconciliation Group and the Northern Health Consortium chaired by the Northern Hospital seeking support for the proposal, funding, infrastructure and future development and planning.

VAHS data has shown that within the Local Government Area (LGA) of City of Whittlesea:

- 5 in 8 Aboriginal people living in the City of Whittlesea are already clients of VAHS

- 2 out of 3 Aboriginal females living in the City of Whittlesea are already clients of VAHS
- 66% of all Aboriginal people aged 10 – 24 years living in the City of Whittlesea are clients of VAHS
- VAHS has had almost 13,000 client contacts in the past 2 years from Aboriginal residents of Whittlesea.
- Travel time to reach our services located in Fitzroy is 2 hours one way
- A new VAHS clinic located in the City of Whittlesea will see an increase of episodes of care

### Local Government Area (LGA) City of Melton

VAHS is seeking an appropriate site to establish a Clinic that is accessible by public transport and close to hospitals and community health services. VAHS, in collaboration with Kirrip Aboriginal Corporation, has approached and presented the VAHS Melbourne Metropolitan Service Delivery Plan to the City of Melton Council representatives and their local Aboriginal Reconciliation Group seeking support for the proposal, funding, infrastructure and future development and planning.

VAHS data has shown that within the Local Government Area (LGA) of City of Melton:

- 132 Aboriginal people living in the City of Melton are already clients of VAHS
- Aboriginal people living in the City of Melton have limited or

no access to holistic primary health care services



- The greatest barriers for Aboriginal people living in the City of Melton to holistic primary health care are due to available, accessible, affordable and culturally appropriate services
- Travel time to reach our services located in Fitzroy or Preston is 2 hours one way
- Demand for services will increase due to Aboriginal population growth projected for 2026
- A new VAHS clinic located in the City of Melton will see an increase in episodes of care

The Mobile Outreach Clinic is a demonstration of the VAHS commitment to primary health care service delivery in this area and VAHS will be identifying options to establish a fixed Clinic in Melton in 2018.

### Local Government Area (LGA) City of Darebin

VAHS is reviewing the VAHS Preston site to expand GP and After Hours services or retain the current VAHS Preston site as a speciality Family Counselling Service only and establish another Clinic to deliver GP and After Hours services at a site that is accessible by public transport and close to hospitals and community health. VAHS has approached and presented the VAHS Melbourne Metropolitan Service Delivery Plan to the City of Darebin Council representatives, and the Northern Health Consortium





chaired by the Northern Hospital seeking support for the proposal, funding, infrastructure and future development and planning.

As part of our advocacy efforts, the VAHS Metropolitan Service Delivery Plan has been presented to both Commonwealth and State Ministers and representatives from government agencies to secure funding for implementation with submissions decisions pending.





# **VAHS CONTINUOUS QUALITY IMPROVEMENT (CQI)**



VAHS prides itself on delivering high quality holistic primary health care to Aboriginal and Torres Strait Islander people residing in metropolitan Melbourne and across Victoria. Continuous Quality Improvement cycles ensure VAHS is able to review our current governance, systems, clinical governance and model of care to ensure we are maintaining our standards.

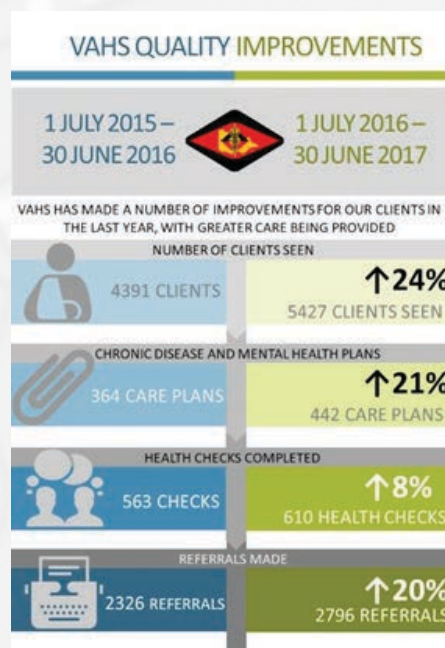
Over the last financial year VAHS's quality improvements have contributed to an increase 24% in the number of clients seen, an 8% increase in the number of health checks conducted, a 21% increase in the number of care plans developed and a 20% increase of referrals. To improve our cycle of care, VAHS is encouraging every community member to have their annual health check, care plan and team care arrangements which improve the coordination of wrap-around services for each individual patient's journey.

### Accreditation Standards

VAHS is required to meet 5 different Commonwealth and State Accreditation Standards with over 300 quality indicators that are audited by an Independent Assessor every three years. VAHS has successfully maintained our AGPAL Accreditation and the Australian Aged Care Quality Agency Interim Review. In the next few months VAHS will be assessed for Men's Health and Oral Health (Dental Service).

New Commonwealth and State Accreditation Standards are developed regularly and VAHS will also be applying for

Accreditation Standards for Early Years and Mental Health as part of our new strategic direction in the next financial year 2017/2018.



### VAHS Patient Feedback Survey

As part of our Continuous Quality Improvement (CQI) cycles and accreditation processes, VAHS undertakes reviews and formal accreditation every three years. The review process requires VAHS to conduct a Patient Feedback Survey that informs the service on a patient's experience utilising VAHS services and where improvements can be made. In 2016/2017 financial period VAHS conducted a Patient Feedback Survey specifically for the Medical Clinic as part of our AGPAL Accreditation, with 98 current clients who participated. The Survey contained twenty six questions ranging from appointment types, GPs, approach by staff, health promotion, treatment options,

confidentiality, and waiting times.

The overall results highlighted the following:

- 72% of our current VAHS clients had been using our services for over 10 years with only 3% being clients in the last 2 years;
- 70% of clients that participated in the survey were aged between 15 – over 50 years;
- 93% said that Clinic Staff were friendly and polite
- 79% said that they were provided with enough information about their health
- 85% said that they felt well looked after when very unwell or upset
- 90% said that Clinicians involved clients in their health decisions
- 84% said that privacy was respected by clinic staff
- 58% said that they had to wait too long without explanation
- 65% said that reception staff let you know about delays while waiting
- 89% said that they felt respected and care for as a person

#### Key Issues:

- **Waiting times to see GP**
- **Six week appointment waiting lists**
- **Availability of GP's**

*Client response "Doctors booked out all the time, got to wait too long"*

*Client response "Provided I book*



*well in advance especially for Dental"*

*Client response "Although it is possible to book an appointment, you don't get seen for a few weeks"*

- **Workforce development**
- **Response processes such as triage upon client presentation**

*Client response "Although they are usually polite, many of the admin staff need training"*

*Client response "It gets very busy and admin staff are not properly trained to triage"*

- **Privacy/Confidentiality in open areas**

*Client response "The waiting area is too open as is the Reception"*

*Client response "No privacy in treatment room when other community members in there. We know each other"*

*Client response "Depends on your space, not in the treatment room"*

The VAHS Survey results will be used as part of our overall and internal review processes to improve the quality of services being delivered by VAHS to ensure we are being responsive to the needs of our clients and community.



# **VAHS SERVICES DELIVERY ACHIEVEMENTS FOR 2016/2017**





VAHS has provided over 33,000 episodes of care to 6,500 Aboriginal and Torres Strait Islander clients over the 2016/2017 financial year through the range of service delivery programs across the organisation. These service delivery achievements have been highlighted through 3 thematic areas of Preventative Health and Health Promotion, Service Delivery and Mental Health and Social Emotional Wellbeing programs.

## VAHS Preventative Health and Health Promotion

### Oral Health Promotion

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

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

### VAHS Parenting Project

The VAHS Parenting Project has continued to go from strength to strength over the past 12 months. In addition to running three programs, four information sessions and six support groups

for mums, dads, carers and staff at VAHS, we also ran for the first time three information sessions for Aboriginal dads at the Metropolitan Remand Centre.

Project staff have also provided and attended several professional development sessions to increase parenting knowledge and ideas to pass on to other staff and parents. As highlighted by the quotes below, parents have consistently reported enjoying and getting a lot out of our programs and are keen to keep coming back:

*"I felt supported and respected in the group and learned a lot"*

*"I now realise it's not just my daughter that needs to manage her anger, I need to too"*

*"This program has taught me to pause and respond more calmly to my kids"*

*"These groups are fantastic. I am using the tools I have learned, and they work"*

*"It's good to come to more than one program. You learn new things every time."*

Parents have also continued to enjoy watching and learning from the VAHS Koori Parenting DVD (pictured below), which has been successfully trialled in our groups over the past 18 months. We are looking forward to another exciting year ahead of providing new ways to support our parents, carers and families.



Image: Participants from the VAHS Circle of Security Parenting program



# BREAKING the CYCLE of TRAUMA

## KOORI PARENTING: WHAT WORKS FOR US?



### WHY KOORI PARENTING RESOURCES?

The Victorian Aboriginal Health Service (VAHS) recognises that many Aboriginal parents have experienced trauma in their lives, including childhood trauma, and historical trauma and loss resulting from the impact of colonisation. Many parents and others working in Aboriginal health have argued that trauma can be transmitted across generations, and that intergenerational trauma

can have a significant impact on parent and child wellbeing and parenting practices. Despite this, many parents are able to draw upon multiple strengths and resources in order to break the 'cycle of trauma' in their own parenting practices. However, information to assist other parents is scarce.

### PARTICIPANTS AND KEY FINDINGS

Koori parents living in Melbourne who have experienced healing and are breaking the cycle of trauma within their families were invited to yarn about parenting. Participants provided insight into the strategies, values and necessary support that enabled them as parents to achieve positive parenting practices. Consistent with local and international research findings, practices included:

- Personal strategies (related to healthy mind, emotions and actions)
- Parenting practices
- Cultural and community practices
- Understanding history
- One's own healing, and
- Safety needs.

Analysis of findings from five yarning circles with seven Koori parents were then developed into a set of community based health promotion resources (poster, booklet and postcards). To our knowledge, this is the first time this information has been gathered within the context of parenting. It is hoped the strategies may be helpful for other Aboriginal parents. We recognise that the value of these strategies is likely to vary in relation to different types of trauma, different stages of healing, and different cultural contexts (e.g. urban, rural, contemporary, and traditional settings).

### BACKGROUND

The Breaking the Cycle of Trauma: Koori parenting: What works for us resources were developed as part of a 12 month trauma and education project, funded by the National Aboriginal and Torres Strait Islander Healing Foundation in 2013.

The project was developed and implemented by the VAHS Family Counselling Service staff in collaboration with the Victorian Aboriginal Child Care Agency (VACCA) and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).

### COMMUNITY-BASED RESOURCES

The Breaking the Cycle of Trauma: Koori parenting: What works for us resources have been disseminated widely in Victoria and to some organisations in different states. Strategies to support local organisations to use these resources

in their work with Koori parents are still being explored. Free copies of these resources can be downloaded via: <http://www.vahs.org.au>. Limited hard copies are also available to purchase via this website at cost price, while stocks last.



### ACKNOWLEDGEMENTS

Yarning circle participants: Seven Koori parents | Yarning Group Facilitators: Graham Gee, Radhika Santhanam-Martin  
Project Coordinator: Raelene Lesniowska | Resource design: Sista Girl Productions







# Tackling Indigenous Smoking and Healthy Lifestyle Team (HLT) AGM Report 2016-2017



/vahshealthylifestyleteam



@vahs\_healthylifestyleteam



Search: Victorian Aboriginal Health Service



@VAHSLT



## COACH AND DEADLY DAN

It was a big year for our Coach program! The kids from Yappera Children's Service helped us launch "Deadly Dan at the League," a place-based children's book about our Aboriginal, health promotion, smoking cessation superhero: Deadly Dan.

Coach also won The Minister's Early Years Award from the Victorian state government! It was great to be formally acknowledged for the early years work we do with Bubup Willam for Early Learning and Yappera Children's Service every week.



Be sure to check out an SBS news clip about Deadly Dan on our VAHS YouTube channel: <https://www.youtube.com/watch?v=hCpGUGMy7ww&t=1s>

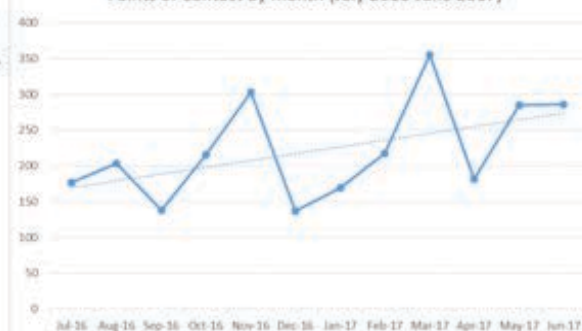
Download a digital copy of Deadly Dan At The League from [www.vahs.org.au/deadly-dan-book](http://www.vahs.org.au/deadly-dan-book)

## GYM ATTENDANCE

Overall, gym attendance increased over the financial year. Community made **2,669** points of contact in the gym! These points of contact were made by approximately **67** people each month on average, who attended the gym more than **3** times each month, on average. We usually offer **7** weekly classes plus open gym.

Approximately **51%** of clients using the gym had been a Family Counselling Services client between July 2014 and July 2017.

Points of Contact by month (July 2016-June 2017)



**Right:** Gym points of contact by month, with peaks during HLT Signature Programs.  
**Below:** Mob after using the gym during regular gym sessions.

"The people are what makes this place great. It is very much a traditional Aboriginal style of things. Its very much a family and very open when you come here. You don't have to pretend to be something you're not" -Regular gym client, 2017





## SPORTS SPONSORSHIPS

The HLT sponsored over 30 sports teams, reaching **986** Aboriginal people. Research shows that connecting with 1 player in a sporting club enables a message to reach up to 10 Community members.

The HLT provided teams with uniforms that include full branding and healthy lifestyle messaging. Each player also signs a contract to commit to healthy lifestyle values throughout the season and becomes a healthy lifestyle ambassador. The HLT captures their participation on social media.

Two major achievements in the sporting space this year were assisting in the reestablishment of the Fitzroy Stars Juniors after 20+ years, and partnering with the Collingwood Knights to create Aboriginal designed football jumpers. The Knights will wear these jumpers in every round demonstrating the club's commitment towards Reconciliation and closing the gap for Aboriginal people.



**Above left:** A Fitzroy Junior Stars player sporting his Healthy Lifestyle jumper. **Above right:** The Collingwood Knights wearing their Aboriginal designed football jumpers; artwork by Kahlii Luttrell

## COMMUNITY ENGAGEMENT

### Events

The Healthy Lifestyle Team was busy this year and put on, or participated in a total of **137** events, which reached **16,005** people. That's more than 2 events per week!



### Facebook

Our social media presence has increased this year! The HLT facebook page likes increased by over **700**. This year, we started measuring engagement, and we had an average of **5,293** engaged users\* each month. This is nearly **DOUBLE** the number of people who like the page. **In June, there were nearly 10,000 engaged users.**



HLT posts reach\* over **30,000** people each month, and reach increases during our Healthy Lifestyle signature programs\*.



**Top:** Stephen Glasby-Ellis, Shane Williams, and Shakiah Williams at the Western VACCA Children's Day, with Healthy Lifestyle marquee. **Left:** Deadly Dan with mob at the National Indigenous Uni Games, 2017, in front of the Healthy Lifestyle marquee.

\*Engaged users are the number of people who click on or create a story from our page during a given time-frame.

\*Reach means the number of people who have seen any content associated with our page, within a given time-frame.

\*Signature programs include: The Six Week Challenge and #HerTribe.



# SIGNATURE PROGRAMS

## Six Week Challenge

The Six Week Challenge was back this year in Preston! **128** people participated in at least one Challenge session, with **318** points of contact across the six weeks.

After the November challenge, participants reported:

- 77%** Achieved their challenge goal.
- 80%** Reduced their smoking during the challenge.
- 100%** Felt more confident and informed about nutrition, physical activity, and lifestyle choices.

**Below:** Cerrin Karpany and her daughter Lavarah during a Six Week Challenge session. This Challenge took place in November, so participants got to enjoy the nice weather and exercise in the park!



## #HerTribe



The HLT ran #HerTribe, a 16-week women's health and empowerment program. #HerTribe made **1,070** points of contact with Aboriginal women and children, and had many positive effects on women's physical and mental health. The HLT utilised Graham Gee's Aboriginal Resilience and Recovery Questionnaire, among other scales, to measure the mental health effects of #HerTribe.



### Increase

Cardiovascular fitness  
Total strengths  
Personal strengths  
Relationship-cultural strengths  
Cultural determinants  
Self-care factors



### Decrease

Psychological distress



**Above right:** Tammy Hunter and Georgia Cappochi-Hunter, #HerTribe participants, hugging it out after a workout during Community camp.

**Below:** #HerTribe participants rocking their retro wear at Throwback Thursday at Northcote Indoor Sports Centre.



"HerTribe was by far one of the best experiences of my life! I'm so proud to say I completed it and that I made it to the end! I feel so honoured and I'm so privileged to be able to say that I was surrounded with such a deadly bunch of woman and be led by the most caring, supporting and encouraging Healthy Lifestyle Team that exist! I formed friendships that I will forever hold close to my heart and I will forever carry the memories and smiles we all shared!"

-HerTribe participant on the facebook group, 2017

## SMOKING CESSATION REFERRAL PATHWAY





## VAHS SERVICE DELIVERY

### Maternal and Child Health (MCH)

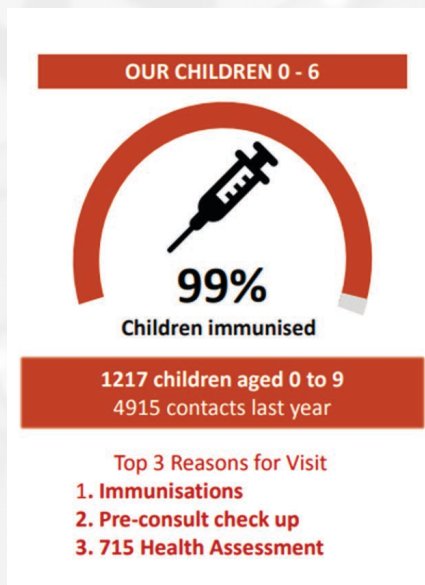
The program provided services for over 400 children in the last financial year in the absence of birth notices (birth notices are only sent to Local Councils so it makes it difficult for VAHS to access new-borns as soon as they return home). VAHS is treated the same by the larger Metropolitan Hospitals.

It once again proves that clients prefer to use the MCH service at VAHS than other services because they feel culturally safe and are in a community facility which helps them connect with other community members and extended families.

The program is seeking to increase the KAS checks and especially encouraging and promoting the yearly health checks for children.

The MCH service has been able to align this with the MBS715 checks as the 4 years old checks coincide with these items. The cooperation with GP's at this level has been helpful and increasing the MBS715 checks for the community in the 1 -6 year old age group.

VAHS is proud to note that the VAHS immunisation rates remain high in comparison to other service providers.



### MATERNITY PROGRAM

In the Maternity program we were pleased to welcome 39 babies into community. All babies reached at least 35 weeks gestation and 35 out of 39 babies were over 2.5kg in weight. We continue to provide hypnotherapy sessions, mainly clients wishing to stop smoking. There are some really positive success stories out there in the community of clients who have quit smoking. This contributing to the increased gestation and birth weights. Our breastfeeding rates have increased with most mothers planning to breastfeed and many sticking with it for well beyond 6 weeks. A new program has been rolled out at the Women's Hospital – Baggarook Team, that provides one- on-one midwifery support to Aboriginal women and babies. This is an exciting initiative that has been well received by Koori Maternity Strategy clients and families. Women also report a higher level of satisfaction with this model of care.

VAHS and VACCHO are currently working together to strengthen our care pathways with the Mercy Hospital and the Nangnak Baban Murrup clinic in order to ensure best care for all VAHS families who use this service. As well as the Mercy Hospital we have had women birthing at the Women's Hospital, the Northern, Sunshine and the Monash Hospitals over the 12 months.



### General Practice

VAHS conducted 2,420 sessions GP totalling 9680 hours to Aboriginal and Torres Strait Islander people from across metropolitan Melbourne predominately at the VAHS Fitzroy site. The model of care is supported by initial screening and health checks upon presentation by a team of Aboriginal Health Workers and Nurses out of the health room. The VAHS Fitzroy site, GP waiting lists are between 2 – 6 weeks depending on the GP and the Duty Doctor that attends to all the walk in's is generally booked out by mid-afternoon. Due to the increase demand and patient feedback provided for GP services VAHS is currently reviewing our requirements to



meet the needs of our clients across the whole of VAHS including after-hours services and working with the Commonwealth Government Indigenous Australian's Health Program (IAHP) to address this issue.

### Allied Health

VAHS Allied Health Services continue to support our clients as part of the holistic care. The current services available are Speech Pathology, Podiatry, Diabetes Educator and Nutritionist. Allied Health Services are available for clients utilising clinics and for those eligible to receive services under Commonwealth and State Aged Care programs. Speech Pathology services are currently in high demand with over 130 children and families accessing these types of services. VAHS Allied Health services are providing support to families in accessing the National Disability Insurance Scheme (NDIS). The demand is contributing to the number of outreach servicing request received which are being provided on a fortnightly basis at YAPPERA and Bubup Wilam Early Childhood Centre. To increase the number of Speech Pathologists attending VAHS, VAHS has a partnership arrangement with the Australian Catholic University for student placements for terms 3 and 4. VAHS is currently in negotiations with the Rural Workforce Agency of Victoria (RWAV) seeking to expand our Allied Health Outreach Services within the next financial year.



### Specialist and Visiting Specialist Services

VAHS continues to provide Specialist and Visiting Specialist Services improving availability, accessibility, affordability and appropriate services as part of cycles of care, to enhance the patient journey experience and improve health outcomes. VAHS clients are able to be referred by our GP's to see Cardiologists, General Surgeon, Geriatrician, Dermatologist, and Oral Surgeon which are available on a monthly basis. Our Paediatricians can be accessed through the Women's and Children's Unit who are more frequently available than the other visiting specialists.

The Women's and Children's Unit are working to expand VAHS Paediatric services seeking the following:

- 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.

- Further three year STP funding from the Royal Australasian College of Physicians and Federal Department of Health for our Paediatric Registrar position.

VAHS in collaboration with the Rural Workforce Agency of Victoria are working to expand and increase our current specialist services. The types of services currently being explored are, Respiratory, Endocrinologist, Renal and Psychiatry Specialist Services as a target approach in response to our clients growing needs and improving the availability, accessibility, affordability and appropriate delivery of quality services for our clients.

### Oral Health

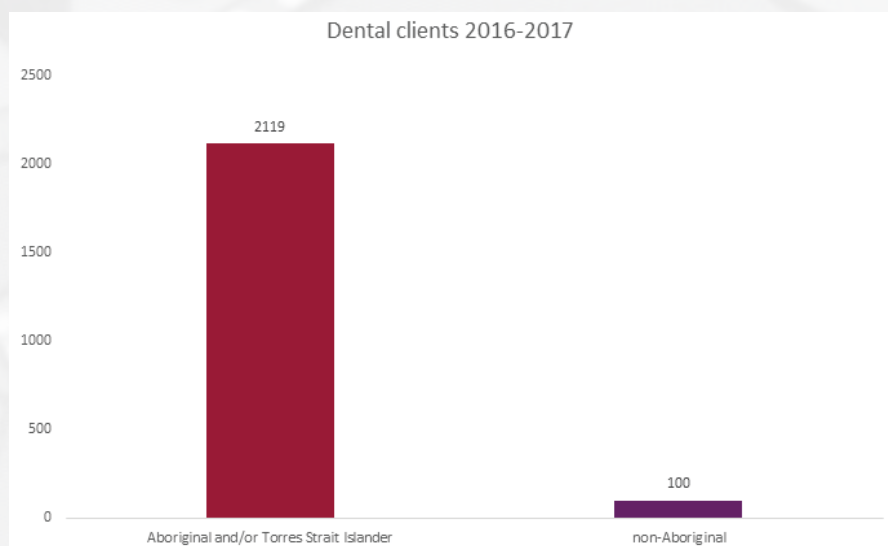
Over this financial year, VAHS saw a total of 3,000 patients for a variety of treatments. Waiting lists remain at 3 months which are continuously being reviewed and patients prioritised. The

Continuous Quality Improvement Cycle of the Oral Health Team has been embedded as part of our ongoing quality processes ensuring that we deliver the highest standards of care. Clinical audits are an essential element of this process. Our Audits are in line with the State's average as we provide a Dental Record Keeping Audit (DRKA), to the Royal Dental Hospital Melbourne (DHSV) that is measured against the State of Victoria.

### Oral Health Outreach Service

The VAHS Oral Health Unit continues to provide valuable oral health treatment for our women from Dame Phyllis Frost Women's Prison. The women attend VAHS regularly for necessary treatment. The Unit has also received requests from individuals from the Men's Prisons to have VAHS provide their dental care.

Each year our numbers are increasing and below is a snapshot for the year:



Aboriginal	2075
Aboriginal and Torres Strait Islander	34
Torres Strait Islander	10
Non-Aboriginal	100
<b>Total Appointments</b>	<b>2258</b>

Over this period the VAHS Oral Health Unit saw a total of **3,000** patients for a variety of treatments.





## Mental Health and Social Emotional Wellbeing

Over the last financial year, VAHS provided 9,042 episodes of care (client contacts) to Aboriginal and Torres Strait Islander people requiring Mental Health and Social Emotional Wellbeing services. These types of services are more likely to be delivered at the Family Counselling Services site in Preston, with phone consultations and outreach services also being provided. There also was an increase in the number of Aboriginal males utilising such services compared to Aboriginal women. The range of services provided were:

- Adult Mental Health
- Child Adolescent Mental Health
- Koori Kids
- Parenting Support
- Social Emotional Wellbeing
- Alcohol and other drugs
- Aboriginal Metropolitan Ice Pilot Partnership Project
- Bunjilwarra Alcohol and other Drug Residential Rehabilitation
- Partners in Recovery
- Financial Wellbeing

Preston Family Counselling Episodes of Care	Sub Total	Male	Female
Aboriginal Health Service	6793	3771	3022
Client's Home	5	3	2
Court	1		1
Hospital All Types	1		1
Hostel	1		
Other	180	60	120
Outreach	496	477	19
Telephone	1219	531	688
<b>Koori Kids</b>			
Aboriginal Health Service	262	86	176
Other	131	71	60
<b>Total Episodes of Health Care</b>	<b>9089</b>	<b>4,999</b>	<b>4089</b>

To support Family Counselling services to understand what are the needs specifically relating to clients that utilise the service, we have recently commenced reviewing the types of presentation which can be used to address workforce requirements example additional Allied Health Services, Psychiatrist, Child Therapist. Over the course of the financial year an overview of types of referral was reviewed to assist in this process which identified the following:

- Moderate – Severe Behaviour Problems
- Trauma/Grief and Loss
- Learning/Education Problems
- Cognitive and education assessments
- Mood and emotional problems including anxiety and depression
- Family and Parenting support
- Psychiatric/Clinical Assessments
- Allied Health
- Youth Justice

The next phase of the review will include model of care provided, that includes entry points, assessment processes, treatment options and referral pathways to ensure we are maintaining a high quality service and responding to need. Family Counselling Services are currently undertaking and preparation for Accreditation which will also provide assistance in strengthening and enhancing service model and delivery.

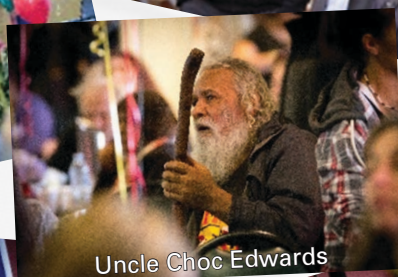


# VAHS COMMUNITY EVENTS



## VAHS Sorry Day Event 2017 - "20th Anniversary of the Bringing Them Home Report and National Sorry Day"

On the 26th of May 2017 marked the 20th Anniversary of the Bringing Them Home Report and National Sorry Day. To commemorate VAHS hosted this significant event in partnership Darebin Council, Link Up, Connecting Home and the Aborigines Advancement League with over 375 community members in attendance support the Stolen Generation.



## VAHS Hosting Oxfam International Executive Director Winnie Byanyima

VAHS hosted a special visit from Oxfam International Executive Director Winnie Byanyima. Winnie has served on the Ugandan Parliament and African Union Commission and as the Director of Gender and Development at the United Nations Development Program. Winnie is a leader on women's rights, democratic governance and peace building and chairs the UN taskforce on gender aspects of the Millennium Development Goals and Climate Change.



### After hearing Gary's powerful recount of the rich and proud history of VAHS this is what Winnie had to say:

"What inspires me and what I'm taking away is the love, I always have faith in community. It is powerful and has touched my heart and I'm taking that away with me. I felt the love of community in this building and in this work, faith/belief in community, past present and future, I felt that within myself powerful. Oxfam fights alongside Indigenous communities. The power is in the love of community"



### VAHS hosts Clinton Pryor "Walk for Justice"

Clinton Pryor is a Wajuk, Balardung, Kija and a Yulparitja man from Western Australia who walked over 5,600 km from Perth to Canberra in protest against the forced closures of Aboriginal communities seeking a meeting with the Prime Minister to create something big that hadn't been done before. Clinton gained national and international attention bringing Aboriginal issues to the spotlight. VAHS was one of many Aboriginal organisations visited along the way providing opportunity to hear his story and shared concerns."







# AUDIT REPORT

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FOR THE YEAR ENDED  
30 JUNE 2017



**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, 2017.

Total revenue increased by \$1.57 million (11%) as the VAHS grew its programs for holistic health service delivery. Expenses for the period rose by \$1.5 million (10%) as part of the increased activity. The VAHS reported an operational deficit of \$345,596 however this is an improvement of \$65,896 from the operational deficit reported last year of \$411,492. The total comprehensive income for the 2016 financial year of \$449,008 which is reflective of the gains from the revaluation of freehold land and buildings.

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 operational deficits of the past three years 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.

No dividends have been paid or recommended during the year. During the year no shares were issued.

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: Karin Williams, Linda Bamblett, Ronald Briggs, Brad Brown, Michael Graham, Doreen Lovett, Jimi Peters, Tony McCartney, Jasmin Wright, Ross Morgan.

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

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



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

**DIRECTORS' REPORT (continued)**

During the year, the Board had also seen some changes to its membership, Linda Bamblett, Doreen Lovett, Karin Williams and Michael Graham ceased as directors during the year and their service is acknowledged. Two Directors Ross Morgan and Jasmin Wright were elected at the AGM. The Board elected Tony McCartney in March 2017, when Michael Graham resign from the Board to take up the position of CEO at VAHS.

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

Karin Williams	Karin was with Koori Koollij in 1985 before joining VAHS where she was an Aboriginal health worker for 18 years. She spent 4 years as a Koori youth justice worker with VACSAL/ Bert Williams Aboriginal Youth Service. Karin has been on the Boards of Yappera for over 10 years, Koori Diabetes Service for over 5 years and Fitzroy Stars Gym and MAYSAR for over 3 years.
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Linda Bamblett	Linda is a proud Bangerang/ Wiradjuri woman. Her mother Esmeralda (Lulla) (nee Morgan) was born on Cummeragunja Mission and her father Alfred was born on Warrangeda Mission. She has extended kinship connections across Victoria and NSW.
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Linda has worked in the Aboriginal community for almost 40 years in Shepparton and Melbourne across all streams of education throughout her career including as an Aboriginal Educator, TAFE Liaison Officer and as a Koorie Education Development Officer.

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

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

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

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



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

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**DIRECTORS' REPORT (continued)**

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	<p>Michael Graham, a proud Dja Dja Wrung/ Wurundjeri man, has been part of the Melbourne Aboriginal Community all of his life and is passionate about improving outcomes for his people.</p> <p>He has worked in Community organisations for over 20 years including VACCA, VAEAI, VAHS, VACSAL and VALS and was recently appointed Director of the Education Unit at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).</p> <p>Michael has been the previous VAHS Chair, Chair of Fitzroy Stars Aboriginal community youth club gymnasium, and a Director of Victorian Aboriginal Youth Sport And Recreation Co-operative Limited, Michael is currently on the Board of the Bendigo and District Aboriginal Co-op.</p>
Doreen Lovett	Doreen, a Kerrup-jmara woman of the Gunditjmara people of Western Victoria, was born and raised her entire life in Melbourne, and spent most of her upbringing in Fitzroy. Doreen's employment career began with VAHS, as one of the first dental assistants in the 1970s. Doreen has been working in the Alcohol and Other Drugs sector for the past eleven years, and is the current Koori Community AOD Worker in the Northern and Western Metropolitan Regions, at Ngwala Willumbong Ltd.

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

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**DIRECTORS' REPORT (continued)**

Jimi Peters	<p>Jimi Peters is a proud Yorta Yorta man from the Shepparton area, and is a descendant of the Briggs and Cooper Clan. Jimi has been working in Aboriginal Health at many levels for over 20 years including starting at VAHS in the early 1990s and at St Vincent's Hospital as the AHLO.</p> <p>Jimi has been employed at the VACCHO for over 15 years in many roles and areas including Aboriginal Eye Health Statewide Coordinator, Cultural Awareness Trainer, Medicare Enhancement Officer, Corporate Services, Indigenous Health Project Officer and currently the Manager of Public Health and Research.</p> <p>Jimi is a strong believer in Aboriginal Community Control and believes that Aboriginal health is best achieved by Aboriginal people being empowered to address their own health needs at a local level.</p>
Tony McCartney	<p>Tony was born in a remote community in a small town in the north west of NSW.</p> <p>Tony's heritage originates from the Watchabaluk tribe in the western part of Victoria on his great grandfathers side and from his great grandmothers side which is the Nari Nari tribe that come from Lake Mungo in NSW.</p> <p>Tony is a father to 5 sons and 4 daughters and has 10 grandchildren.</p> <p>Tony left high school at a young age to come to Melbourne to pursue other career options.</p> <p>Tony has worked in a number of industries such as;</p> <p>Transportation, Automotive manufacturing, youth services, drug &amp; alcohol, employment, advocacy, housing, health, higher education and the vet sector.</p> <p>Tony has held senior management roles in a number of Aboriginal Organisations in Victoria and has been the Chairperson of both VACCHO and NACCHO.</p> <p>Tony has advocated for his people at local state, national and international forums.</p> <p>Tony is committed to giving back to his community and holds a number of governance roles in Health Junior Football, Theatre and Early Learning.</p> <p>Tony is the current President of Bubup Wilam Early Learning and Family</p>
Jasmin Wright	<p>Jasmin Wright is a Gunditjmara woman. Jasmin is a Koori Cultural Advisor for the Department of Education and Training (Victoria). Jasmin has over six years' experience in Aboriginal youth programs, including in justice and regulation, local government and education. Jasmin has a Diploma in Youth Work and a Bachelor of Social Work (in progress).</p>
Ross Morgan	<p>Ross Morgan a Proud Yorta Yorta man who has lived and worked in Melbourne for the last 20 years and originally from Shepparton is currently working with VACCA and Link-up Victoria connecting our people back to the Family and country. A current board member of VAHS and on the Yorta Yorta Nations Elders committee and a tireless worker for Aboriginal people.</p>



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

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**DIRECTORS' REPORT (continued)**

During the financial year, 15 meetings of directors were held.

Attendances were:  
Director

Directors' meetings	
Number eligible to attend	Number of meetings attended
Brad Brown	9
Linda Bamblett	2
Ross Morgan	6
Jasmin Wright	7
Ronald Briggs	9
Michael Graham	3
Doreen Lovett	15
Jimi Peters	15
Tony McCartney	2
Karin Williams	6

**Auditor's Independence Declaration**

A copy of the auditor's independence declaration as required under section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 is set out on page 6.

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

Chairperson



Treasurer



Dated this 13<sup>th</sup> day of November, 2017



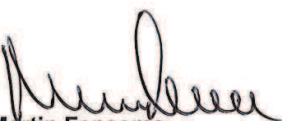
McLean Delmo Bentleys  
Audit Pty Ltd  
Level 3, 302 Burwood Rd  
Hawthorn Vic 3122  
PO Box 582 Hawthorn Vic 3122  
ABN 54 113 655 584  
T +61 3 9018 4666  
F +61 3 9018 4799  
info@mcdab.com.au  
mcleandelmobentleys.com.au

**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 2017 there have been:

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

  
McLean Delmo Bentleys Audit Pty Ltd

  
Martin Fensome  
Partner

Hawthorn  
13 November 2017



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

**INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2017**

	Note	2017 \$	2016 \$
Revenue from operating activities	2	15,914,087	14,488,665
Revenue from non-operating activities	2	470,690	326,866
Employee benefits expense		(12,007,763)	(11,456,694)
Depreciation expense	4	(541,814)	(625,871)
Communications expense		(143,865)	(156,197)
Travel and accommodation expense		(105,244)	(176,359)
Medical and dental supplies		(445,044)	(442,409)
Repairs and maintenance		(232,538)	(163,809)
Cleaning expense		(167,994)	(168,708)
Professional and consulting fees		(581,773)	(461,460)
Computer software		(140,950)	(36,208)
Rent & Rates		(31,331)	(16,547)
Computer Services		(328,319)	(290,796)
Electricity usage		(122,919)	(80,480)
Program specific expenses		(1,027,007)	(425,890)
Motor Vehicle Expenses		(154,017)	(170,187)
Photocopy and stationery expenses		(112,048)	(106,801)
Food Supplies		(114,162)	(58,439)
Materials and Stores		(19,308)	(18,979)
Other expenses		(424,090)	(386,279)
(Loss)/Profit on sale of assets		(30,187)	15,090
Deficit for the year		(345,596)	(411,492)

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2017**

	2017 \$	2016 \$
Deficit	(345,596)	(411,492)
Other comprehensive income – changes in asset revaluation reserves	-	860,500
Total comprehensive income	(345,596)	449,008

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 2017**

	Note	2017 \$	2016 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents – specific purposes	5	2,638,050	2,162,894
Cash and cash equivalents – others	5	4,828,939	4,390,887
Trade and other receivables	6	551,270	549,442
<b>TOTAL CURRENT ASSETS</b>		<b>8,018,259</b>	<b>7,103,223</b>
<b>NON CURRENT ASSETS</b>			
Property, plant and equipment	7	8,012,988	8,459,744
<b>TOTAL NON CURRENT ASSETS</b>		<b>8,012,988</b>	<b>8,459,744</b>
<b>TOTAL ASSETS</b>		<b>16,031,247</b>	<b>15,562,967</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	8	3,521,924	2,740,344
Provisions	9	1,261,733	1,218,515
<b>TOTAL CURRENT LIABILITIES</b>		<b>4,783,657</b>	<b>3,958,859</b>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	9	126,625	137,547
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>126,625</b>	<b>137,547</b>
<b>TOTAL LIABILITIES</b>		<b>4,910,282</b>	<b>4,096,406</b>
<b>NET ASSETS</b>		<b>11,120,965</b>	<b>11,466,561</b>
<b>EQUITY</b>			
Contributed equity		531	531
Reserves	10	3,632,443	3,632,443
Retained surplus		7,487,991	7,833,587
<b>TOTAL EQUITY</b>		<b>11,120,965</b>	<b>11,466,561</b>

The accompanying notes form part of these financial statements.



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

**STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2017**

	Contributed Equity \$	Reserves \$	Retained Surplus \$	Total \$
Balance as at 30 June 2015	531	2,857,443	8,159,579	11,017,553
Additional equity contributed	-	-	-	-
Revaluation of freehold land and buildings	-	775,000	85,500	860,500
Deficit for the year	-	-	(411,492)	(411,492)
Balance as at 30 June 2016	531	3,632,443	7,833,587	11,466,561
Additional equity contributed	-	-	-	-
Revaluation of freehold land and buildings	-	-	-	-
Deficit for the year	-	-	(345,596)	(345,596)
Balance as at 30 June 2017	531	3,632,443	7,487,991	11,120,965

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 2017**

	Note	2017 \$	2016 \$
<b>Cash Flows from Operating Activities</b>			
Grants received and operating activities	3	16,073,521	14,560,331
Interest received		168,593	160,519
Other receipts		2,302,891	235,159
Payments to suppliers and employees		(17,506,552)	(14,623,267)
<b>Net cash provided by/(used in) Operating Activities</b>		<b>1,038,453</b>	<b>332,742</b>
<b>Cash Flows from Investing Activities</b>			
Payments for property, plant and equipment		(271,245)	(111,396)
Proceeds from disposal of plant and equipment		146,000	61,619
<b>Net cash provided by/(used in) Investing Activities</b>		<b>(125,245)</b>	<b>(49,777)</b>
<b>Cash Flows from Financing Activities</b>			
Proceeds from security deposits		-	30,000
<b>Net cash provided by/(used in) Financing Activities</b>		<b>-</b>	<b>30,000</b>
<b>Net increase/(decrease) in cash held</b>		<b>913,208</b>	<b>312,965</b>
Cash and cash equivalents at the beginning of the year		6,553,781	6,240,816
<b>Cash and cash equivalents at the end of the year</b>	14	<b>7,466,989</b>	<b>6,553,781</b>

The accompanying notes form part of these financial statements.



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

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017**

**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. The Co-operative is a charity registered with the Australian Charities and Not-for-profits Commission.

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

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

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

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

<i>Class of Fixed Asset</i>	<i>Depreciation Rate</i>
Freehold buildings	2.5% to 15%
Leasehold buildings	2.5% to 15%
Furniture and equipment	0% to 40%
Motor vehicles	18.75% to 33 %
Copyright of floor design	5%

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

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

**(c) Impairment of Assets**

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

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

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

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

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

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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017**

**NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**(d) Leases**

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

**(e) Employee Benefits**

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

Contributions are made by the Co-operative to a number of superannuation funds chosen by employees and are charged as an expense when incurred.

**(f) Cash**

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

**(g) Government Grants**

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

**(h) Donations and Other Revenue**

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

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

**(i) Goods and Services Tax (GST)**

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

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

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



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

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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017**

**NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**(j) Financial Instruments**

**Initial recognition and measurement**

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

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

**Classification and Subsequent Measurement**

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

**Derecognition**

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

**(k) Critical Accounting Estimates and Judgments**

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

The financial report was authorised for issue on 10 November 2017 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 2017**

	2017	2016
	\$	\$
<b>NOTE 2 REVENUE</b>		
<b>Revenue from operating activities - Grants and program revenue</b>		
<b>Commonwealth Government departments, funded agencies and authorities</b>		
Department of Health		
Indigenous Primary Health Care Services	4,760,959	4,690,608
Tackling Indigenous Smoking	1,049,039	475,414
Commonwealth Home Support Programme	904,823	-
Service Maintenance Program/Continuous Quality Improvement	135,245	5,850
Department of Human Services		
Medicare	984,864	938,008
Practice Incentive Programs	203,814	261,040
Department of Social Services	137,652	137,532
Department of Prime Minister and Cabinet	52,791	-
Grants and program revenue from other Commonwealth funded agencies and authorities		
Eastern Melbourne Primary Healthcare Network	336,000	172,500
Australian General Practice Training	279,846	249,761
Other	8,024	16,590
	8,853,057	6,947,303
<b>Victorian Government departments, funded agencies and authorities</b>		
Department of Health and Human Services	4,529,022	4,670,623
Department of Education and Training	595,480	592,674
Department of Justice	141,369	174,000
Victorian Responsible Gambling Foundation	332,803	315,459
Dental Health Services Victoria	118,214	116,417
	5,716,888	5,869,173
<b>Non-Government program revenue</b>		
Youth Support and Advocacy Service – Bunjilwarra	1,033,207	1,002,456
Royal Australian Colleges of Physicians	101,190	148,606
Other Non-Government program revenue	209,745	521,127
	1,344,142	1,672,189
<b>Total Revenue from operating activities</b>	15,914,087	14,488,665
<b>Revenue from non-operating activities</b>		
Donations	650	6,077
Expense recoveries	53,904	80,234
Interest received	168,593	161,096
Rent	56,232	54,691
Sundry sales and income	191,311	24,768
<b>Total Revenue from non-operating activities</b>	470,690	326,866

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



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

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016
	\$	\$
<b>NOTE 3 GRANTS</b>		
<b>Grants and program revenue received during the financial year comprise</b>		
<b>Commonwealth Government departments, funded agencies and authorities</b>		
Department of Health	4,760,959	4,690,608
Indigenous Primary Health Care Services	835,007	689,446
Tackling Indigenous Smoking	904,823	-
Commonwealth Home Support Programme	150,000	105,000
Service Maintenance Program/Continuous Quality Improvement		
Department of Human Services	984,864	938,008
Medicare	203,814	61,040
Practice Incentive Programs	137,652	137,532
Department of Social Services	110,803	27,701
Department of Prime Minister and Cabinet		
Grants and program revenue from other Commonwealth funded agencies and authorities	439,528	166,942
Eastern Melbourne Primary Healthcare Network	212,521	-
North Western Melbourne Primary Healthcare Network	279,846	223,156
Australian General Practice Training	8,024	16,590
Other	9,027,841	7,056,023
<b>Victorian Government departments, funded agencies and authorities</b>	4,617,431	4,816,720
Department of Health and Human Services	595,480	592,673
Department of Education and Training	100,000	27,000
Department of Justice	332,803	315,121
Victorian Responsible Gambling Foundation	118,214	116,417
Dental Health Services Victoria	5,763,928	5,867,931
<b>Non-Government program revenue</b>		
Youth Support and Advocacy Service – Bunjilwarra	1,033,207	981,419
Royal Australian Colleges of Physicians and Medical Administrators	50,000	136,941
Other Non-Government program revenue	198,545	518,017
	1,281,752	1,636,377
<b>Total Grants and program revenue received</b>	16,073,521	14,560,331

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

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

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016
	\$	\$
<b>NOTE 4 SURPLUS(DEFICIT)</b>		
Surplus/(deficit) has been determined after:		
Charging as expenses / crediting as revenue:		
Depreciation of property, plant and equipment	540,814	624,871
Amortisation of copyright	1,000	1,000
Total depreciation and amortisation	541,814	625,871
Rental expense on operating leases	31,331	14,300
Loss/(profit) on disposal of plant and equipment	30,187	(15,090)
<b>NOTE 5 CASH AND CASH EQUIVALENTS</b>		
Cash on hand	800	2,300
Cash at bank	7,466,189	6,551,481
	7,466,989	6,553,781
Cash is on hand or available on demand		
Non-interest bearing	800	2,300
Interest bearing	7,466,189	6,551,481
	7,466,989	6,553,781
<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 8(a))	2,638,050	2,162,894
Total specific purpose cash and cash equivalents	2,638,050	2,162,894
Other cash and cash equivalents	4,828,939	4,390,887
<b>NOTE 6 TRADE AND OTHER RECEIVABLES</b>		
Sundry debtors	551,270	549,442
No interest is payable on overdue debtors.		



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

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017**

		2017 \$	2016 \$
<b>NOTE 7 PROPERTY, PLANT AND EQUIPMENT</b>			
Land at independent valuation	(b)	3,200,000	3,200,000
Freehold building at independent valuation	(b)	2,775,000	2,775,000
Less: accumulated depreciation		(309,774)	(236,274)
		<u>2,465,226</u>	<u>2,538,726</u>
Leasehold buildings at cost		3,669,079	3,648,094
Less: accumulated depreciation		(2,291,811)	(2,185,214)
		<u>1,377,268</u>	<u>1,462,880</u>
Furniture and equipment at cost		2,757,511	2,725,220
Less: accumulated depreciation		(2,375,048)	(2,235,320)
		<u>382,463</u>	<u>489,900</u>
Copyright of floor design at cost		20,000	20,000
Less: accumulated amortisation		(19,000)	(18,000)
		<u>1,000</u>	<u>2,000</u>
Motor vehicles at cost		1,127,543	1,232,860
Less: accumulated depreciation		(540,512)	(466,622)
		<u>587,031</u>	<u>766,238</u>
Total property, plant and equipment		<u>8,012,988</u>	<u>8,459,744</u>

**(a) Movement in carrying amounts**

2017	Land	Freehold buildings	Leasehold buildings	Furniture & equipment	Copyright of floor design	Motor Vehicles	Total
	\$	\$	\$	\$	\$	\$	\$
Opening Balance	3,200,000	2,538,726	1,462,880	489,900	2,000	766,238	8,459,744
Additions	-	-	20,985	32,291	-	217,969	271,245
Depreciation	-	(73,500)	(106,597)	(139,728)	(1,000)	(220,989)	(541,814)
Disposals	-	-	-	-	-	(176,187)	(176,187)
Closing balance	<u>3,200,000</u>	<u>2,465,226</u>	<u>1,377,268</u>	<u>382,463</u>	<u>1,000</u>	<u>587,031</u>	<u>8,012,988</u>

**(b) Asset revaluation**

The Board valuations of freehold land and building were based on independent valuations conducted by Julian Valmorbida Certified Practising Valuer of Wallace Commercial (Vic) Pty Ltd on 7 October 2014 and 7 October 2016.  
Refer to Note 20 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 2017**

	2017	2016
	\$	\$
<b>NOTE 8 TRADE AND OTHER PAYABLES</b>		
Trade creditors	393,810	132,279
Accruals	404,512	363,927
GST Payable	85,552	81,244
Unexpended grants and grants received in advance (a)	2,638,050	2,162,894
	3,521,924	2,740,344
(a) Unexpended grants and grants received in advance:		
Unexpended grants are grants received on or before 30 June 2016 for which plans have been established for utilisation on or before 30 June 2018. Grants received in advance are grants received in the year to 30 June 2017 to be used in the year to 30 June 2018.		
<b>Commonwealth Government</b>		
Department of Health		
Tackling Indigenous Smoking	-	214,032
Service Maintenance Program/Continuous Quality Improvement	113,905	99,150
Department of Prime Minister and Cabinet	85,713	27,701
Other Commonwealth grants	-	45,000
<b>Victorian Government</b>		
Department of Health and Human Services	2,006,225	
North West Metropolitan Primary Health Network	212,521	1,582,613
Eastern Melbourne Primary Health Network	201,055	185,196
Department of Justice	18,631	-
Other non-government program revenue		9,202
Total unexpended grants and grants received in advance	2,638,050	2,162,894
<b>NOTE 9 PROVISIONS</b>		
<b>CURRENT</b>		
Provision for annual leave	705,272	714,118
Provision for long service leave	556,461	504,397
	1,261,733	1,218,515
<b>NON-CURRENT</b>		
Provision for long service leave	126,625	137,547
<b>NOTE 10 RESERVES</b>		
<b>Building project</b>		
The building project reserve of \$2,157,443 represents funds for the replacement of buildings and revaluations of land and buildings.		
<b>Capital Reserve</b>		
The capital reserve of \$1,475,000 represents the fair value of the Smith Street property acquired at no cost.		



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

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017**

**NOTE 11 AUDITORS' REMUNERATION**

Audit fees for auditing the financial statements	27,500	27,500
Fees for other consulting services	-	-
	<u>27,500</u>	<u>27,500</u>

**NOTE 12 KEY MANAGEMENT PERSONNEL COMPENSATION**

Salary	689,783	627,683
Superannuation	52,181	50,925
	<u>741,964</u>	<u>678,608</u>

**NOTE 13 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 14 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	7,466,989	6,553,781
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**NOTE 15 LEASE COMMITMENTS**

Payable - minimum lease payments

Not later than 1 year	51,393	51,393
Later than 1 year but not later than 5 years	102,786	154,179
The office equipment leases are non-cancellable leases with up to three-year terms.	<u>154,179</u>	<u>205,572</u>

**NOTE 16 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 19 CONTINGENT LIABILITIES**

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

**NOTE 20 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	2,880,000	2,880,000
Freehold buildings	2,685,830	2,685,830
<b>Total non-financial assets recognised at fair value</b>	<u>5,565,830</u>	<u>5,565,830</u>

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.

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

**VICTORIAN ABORIGINAL HEALTH SERVICE CO-OPERATIVE LIMITED**  
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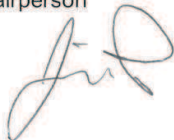
**DIRECTORS' DECLARATION**

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

1. The financial statements and notes, as set out on pages 7 to 19:
  - (a) comply with Australian Accounting Standards - Reduced Disclosure Requirements, the Co-Operatives National Law Application Act 2013 and the Australian Charities and Not-for profits Commission Act 2012; and
  - (b) give a true and fair view of the financial position as at 30 June 2017 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 13<sup>th</sup> day of November, 2017



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

### **Opinion**

We have audited the financial report of Victorian Aboriginal Health Service Co-operative Limited, which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information, and the directors' declaration.

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 Division 60 of the *Australian Charities and Not-for-profit Commission Act 2012*, including:

- (a) giving a true and fair view of the Co-operative's financial position as at 30 June 2017 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements, the *Co-operatives National Law Application Act 2013* and Division 60 of the *Australian Charities and Not-for-profit Commission Regulation 2013*

### **Basis for Opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

In conducting our audit, we have complied with the independence requirements of the Australian Charities and Not-for-profits Commission Act 2012.

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

### **Responsibilities of the Directors for the Financial Report**

The Directors of the Entity 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 Australian Charities and Not-for-profits Commission Act 2012 and the *Co-operatives National Law Application Act 2013* and for such internal control as the directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.



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

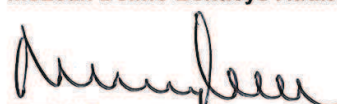
**Auditor's Responsibilities for the Audit of the Financial Report**

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

  
McLean Delmo Bentleys Audit Pty Ltd  
Martin Fensome  
Partner

Hawthorn  
13 November 2017











### **VAHS Fitzroy**

186 Nicholson Street, Fitzroy, 3065

**phone:** 03 9419 3000 **email:** [info@vahs.org.au](mailto:info@vahs.org.au)

### **VAHS Preston Site**

238-250 Plenty Rd, Preston VIC 3072

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

### **Minajalku**

8 Rossmoyne St, Thornbury VIC 3071

**phone:** 03 8459 3800